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Project Based Voucher Wait List Opening

The Housing Authority of Cook County (HACC) will be opening a site-based wait list for one bedroom project-based voucher (PBV) units at Barrington Horizon, a senior housing community serving people 62 years of age and older, located at 1418 S. Barrington Road, Barrington IL 60010. This site-based wait list will be used to fill vacant PBV units only. The PBV Program is a rental assistance program where the resident pays 30% of his/her income towards the rent and the HACC subsidizes the remainder of the rent to the owner.

To be eligible for Barrington Horizon PBV units, applicants **MUST** be 62 years of age or older and have income that does not exceed 50% of the AMI, which is \$26,600 for a single person household and \$30,400 for a two person household. Preference will be given to applicants who are currently on the HACC's Housing Choice Voucher Program tenant-based wait list.

Applications are available for download on the HACC website at www.thehacc.org and on the Barrington Horizon website at www.barringtonhorizon.com. Completed applications will only be accepted on **Thursday, May 28, 2015** from **10:00am – 3:00pm** at Barrington Horizon located at 1418 S. Barrington Road IL 60010. Applications submitted before 10:00am will be rejected. If we do not receive 100 applications by 3:00pm on May 28, 2015, we will continue accepting applications by **mail only** until we receive 100. After 3:00pm on May 28, 2015, completed applications may be mailed to the following address only:

The Housing Authority of Cook County
Attention: SSB PBV Wait List
175 W. Jackson Blvd., Suite 350
Chicago IL 60604

Applications mailed to any other address will be rejected.



Visit our website: www.thehacc.org

HOUSING AUTHORITY OF COOK COUNTY

#theHACctweets





Wait List Pre-Application for Project Based Voucher (PBV) Rental Assistance

Barrington Horizon (BH) 1418 S. Barrington Road, Barrington IL 60010

BH is a senior housing community serving people **62 years old and older**. To be eligible for the one bedroom PBV units at BH, applicants must have an income that **does not exceed 50% of the AMI** (\$26,600 for 1 person and \$30,400 for 2 people).

If you have any questions, need assistance completing this form, or require another form of reasonable accommodation, please call (312) 542-4695.

HEAD OF HOUSEHOLD (HOH) INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____
Mailing Address: _____ Apt. #: _____ City: _____ State: _____ Zip Code: _____
Primary Phone Number: _____ Secondary Phone Number: _____

Please list all people expected to reside in the household, starting with the HOH, and provide the following: *maximum 2 people*

First and Last Name of Each Household Member who will live in the Dwelling (List Head of Household First)	Disabled - Y or N	Relation to Family Head	Age	Sex M / F	Social Security Number	Date of Birth	Marital Status *	Race Code **	Ethnicity Code ***	Citizenship Code ****	Full-time Student - Y or N
		HEAD OF HOUSEHOLD									

- * Marital Status (S) Single (M) Married (D) Divorced (W) Widowed (X) Legally Separated
- ** Race Code (1) White (2) Black/African American (3) Native American/Alaskan native (4) Asian (5) Hawaiian/Pacific Islander (6) Other
- *** Ethnicity Code (1) Hispanic (2) Non-Hispanic
- **** Citizenship Code (1) U.S. Citizen or Naturalized Citizen (2) Non-U.S. Citizen with Alien Registration Card (3) Other – neither 1 nor 2

Would any member of your family benefit from the features of an accessible unit? Yes No

If yes, please describe the features needed, not the disability: _____

List all sources of income (employment, disability, pension, etc) and assets (checking/savings, IRA's, etc) for all household members:

Household Member	Type of Income	Monthly Income	Type of Asset	Current Balance

PREFERENCES: check all that apply HACC Housing Choice Voucher Program Applicant
 Working family Unable to work due to age/disability Homeless VAWA – Domestic Violence Veteran/ Veteran's Widow(er)

Signature: Head of Household _____ Print Name _____ Date _____

Signature: Co-Head / Spouse _____ Print Name _____ Date _____

