



---

175 West Jackson Boulevard, Suite 350 • Chicago, Illinois 60604 • 312.663.5447

April 27, 2016

The Housing Authority of Cook County (HACC) is now accepting wait list pre-applications for **one (1) bedroom Uniform Federal Accessibility Standards (UFAS) units at the following development:**

**Evanston Senior Redevelopment  
1900 Sherman Ave & 2300 Noyes Ct  
Evanston, IL 60201**

The apartments consist of one bedroom, one bathroom units that include accessible features such as lower cabinets in the kitchen and grab bars with a shower seat in the bathroom. The shower is also set at a height that allows easy access for a wheelchair user to reach. The units have wider doorways for easy wheelchair and walker access and include accessible controls for heating and air conditioning.

**The head of household or co-head/spouse who requires the accessible features of a UFAS unit must be 18 years of age or older.**

The annual income for a one person household cannot exceed \$32,340 and the annual income for a two person household cannot exceed \$36,960.

Households will be required to pay rent equal up to 30% of their adjusted annual income or the flat rent applicable to the property.

**The wait list pre-applications are now available at the following locations during noted business hours:**

**Housing Authority of Cook County**  
*(Office Waiting Area)*  
175 West Jackson Blvd., Suite 350  
Chicago, IL 60604

**BUSINESS HOURS**

Monday, Tuesday, Thursday, Friday  
8:30 am to 4:30 pm  
Closed Wednesdays

**OR**

**Evanston Senior Redevelopment Management Offices:**

*(See Property Managers)*

1900 Sherman Ave. & 2300 Noyes Ct.

Evanston, IL 60201

**BUSINESS HOURS**

Monday to Friday

8:30 am to 4:30 pm

The wait list pre-applications can also be downloaded from the HACC's website: [www.thehacc.org](http://www.thehacc.org) or a wait list pre-application can be requested by calling (312) 542-4786.

Completed wait list pre-applications must be hand-delivered, mailed, or faxed to the following location only:

**HACC Wait List & Leasing Department**

175 West Jackson Blvd., Suite 350

Chicago, IL 60604

Fax (312) 542-4752

**Wait list pre-applications will be accepted until further notice.**

**IMPORTANT**

If you or anyone in your household has a disability and requires a specific accommodation or seeks assistance with the completion of the pre-application, please contact the HACC via any of the methods listed above, or call (312) 542-4786.





---

175 West Jackson Boulevard, Suite 350 • Chicago, Illinois 60604 • 312.663.5447

**UNIFORM FEDERAL ACCESSIBILITY STANDARDS (UFAS)  
WAIT LIST PRE- APPLICATION FOR ONE BEDROOM UNITS  
LOCATED AT 1900 SHERMAN AVE OR 2300 NOYES CT. IN EVANSTON, IL**

***This Section is For Office Use Only***

Date Received:

\_\_\_\_\_

Time Received:

\_\_\_\_\_

---

**Interested person:**

Name (Head of Household):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone (Home):

\_\_\_\_\_

Phone

(Work):

\_\_\_\_\_

Cell phone:

\_\_\_\_\_

E-Mail:

\_\_\_\_\_

**Are you in need of a handicapped accessible unit?**

Yes

No

**Please select all preferences that apply to the Head of Household:**

*Person with a disability-* A disabled family is defined as, one in which the head, spouse, or co-head is a person with disabilities. Applicable federal laws define "disability" with respect to the individual as (1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record of having such an impairment; (3) being regarded as having such impairment; but such terms do not include current illegal drug use or addiction to a controlled substance, or an alcoholic who poses a direct threat to property or safety because of alcohol use.

*Elderly person-* person 62 years of age or older

**Household data:** Please list all persons who will occupy the unit:

First Name & Last Name	Sex M/F	Relation to Head	Person with a Disability  Y/N	Full Time Student  Y/ N	Birth Date	Social Security Number
1.		<b>Head</b>				
2.						

For Statistical Purposes Only:

Family Member Name	Race Code* (circle one)	Ethnicity Code** (circle one)
	1-2-3-4-5	1-2
	1-2-3-4-5	1-2

\* Race Code: 1-White 2-Black 3-American Indian/Alaskan 4-Asian 5-Hawaiian/Pacific Islander

\*\* Ethnicity Code: 1-Hispanic 2-Non-Hispanic

**Family Income Information:** On the next table please list the source and amount of all income expected for the coming 12 months for **all family members, including you**. Include all earnings and benefits received from Employment, Aid to Families with Dependent Children/TANF, VA, Pension, Social Security, SSI, Unemployment, Worker's Compensation, Child Support, Family Support, etc. (Example: Wages, \$150/week, SSI, \$421/month)

Family Member Name	Income Source	Amount \$	Frequency- Specify per Week, Month or Year

**Applicant Certification:** I/We certify that all information and answers to the questions are true and complete to the best of my/our knowledge and the income listed on this application represents all the income available to my/our household. I/We understand that my/our having provided any false information will result in denial of my/our rental application and I/We will be removed from the wait list accordingly.

I/We understand that management is relying on this information to prove my household's eligibility for housing assistance under programs of the U.S. Department of Housing and Urban Development (HUD) and the Illinois Housing Development Authority (IHDA). I/We understand that my/our occupancy is contingent on meeting management's tenant selection criteria, the Rental Assistance Demonstration and the Low Income Housing Tax Credit Programs.

I I/We consent to have management verify the information contained in this application for purposes of proving my/our eligibility for occupancy. I/We will provide all necessary information and expedite this process in any way possible.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification and application form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in Sections 208(a)(6), (7) and 8 the Social Security Act, 42 USC 408 (a) (6), (7) and (8).

**All household members 18 and over must sign below:**

**SIGNATURES:**

Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Head of Household/Spouse: \_\_\_\_\_

Date: \_\_\_\_\_

Other Household Member \_\_\_\_\_

Date: \_\_\_\_\_