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175 W. Jackson Blvd., Suite 350 • Chicago, IL 60604-3042 • (312) 663-5447

The Housing Authority of Cook County (HACC) will be accepting applications for its site-based wait list for studio, one bedroom, and two bedroom project-based voucher (PBV) units at the Country Club Hills Wellness Center (CCHWC) located at 4411 W. Gatling Blvd in Country Club Hills IL 60478. 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.

The CCHWC is a permanent supportive housing community serving the homeless. To be eligible for the CCHWC, applicants **MUST** meet the federal definition of homeless under the HEARTH Act, which can be found at www.cchwellnesscenter.org. Homeless status **must** be verified with supporting documentation at the time of application and at the time of admission.

Homeless applicants who are currently on any of the HACC's other wait lists for housing will receive a preference over all other applicants. Additionally, applicants who are chronically homeless, meaning applicants who have experienced homelessness for at least twelve consecutive months or who have experienced at least four episodes of homelessness in the last three years and have a disabling condition, will receive a preference over other homeless applicants.

Applications and homeless verification forms will be available for download beginning Monday, June 29, 2015 at 10:00am on the HACC website at www.thehacc.org and the Country Club Hills Wellness Center website at www.cchwellnesscenter.org. Completed applications and homeless verification forms with supporting documentation must be mailed to the following address only any time after 10:00am on June 29th:

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

Applications sent to any other address will be rejected without further notification. A completed homeless verification form with supporting documentation **must** be submitted with the completed application. Incomplete applications or applications submitted without the homeless verification form and documentation will be rejected.



Visit our website: www.thehacc.org

HOUSING AUTHORITY OF COOK COUNTY

#theHACctweets





Housing Authority of Cook County (HACC)



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

Country Club Hills Wellness Center (CCHWC), 4411 W. Gatling Blvd, Country Club Hills IL 60478

CCHWC serves low income homeless individuals and families. To be eligible for housing at CCHWC, you **MUST** meet the federal definition of homeless (see attached) and income that does not exceed 50% AMI:

1 person - \$26,600

2 people - \$30,400

3 people - \$34,200

4 people - \$38,000

If you have any questions, need assistance completing this form, or require another form of reasonable accommodation, please call (708) 365-9570.

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:

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 Program Applicant - must be verified by the HACC

Chronically Homeless Unable to work due to age/disability Working Family VAWA - Domestic Violence Veteran/ Veteran's Widow(er)

Signature: Head of Household

Print Name

Date

Signature: Co-Head / Spouse

Print Name

Date



Category	Definition	Recordkeeping Requirements
1 – Literally Homeless	<p>Individual or family who lacks fixed, regular, and adequate nighttime residence and:</p> <ul style="list-style-type: none"> • Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings • Is living in a supervised publicly or privately operated shelter • Is exiting an institution where (s)he temporarily resided (90 days or less) and was residing in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings 	<ul style="list-style-type: none"> • Written observation by the outreach worker; or • Written referral by another housing or service provider; or • Certification by the individual/family seeking assistance stating that (s)he was living on the streets or in a shelter <p>For individuals/families exiting an institution – one of the forms of evidence above AND:</p> <ul style="list-style-type: none"> • Discharge paperwork or written/oral referral; or • Written record of intake worker’s due diligence to obtain above evidence and certification by the individual/family that they exited an institution
2 – Imminent Risk of Homelessness	<p>Individuals or families who will imminently lose their primary nighttime residence provided that:</p> <ul style="list-style-type: none"> • Residence will be lost within 14 days of date of application AND • No other residence has been identified & lacks resources or support network to obtain PH 	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual/family that they must leave; or • For individuals/families leaving a hotel/motel, evidence that they lack financial resources to stay; or • A documented and verified oral statement; AND • Certification or other written documentation that no other residence has been identified and the individual/family lacks the financial resources and support necessary to obtain permanent housing
3 – Homeless under Other Federal Statutes	<p>Unaccompanied youth under 25 years or families with children and youth who are defined as homeless under the Runaway and Homeless Youth Act, the Head Start Act, the Violence Against Women Act, the Public Health Services Act, the Food and Nutrition Act, or the Child Nutrition Act AND meet all 3 eligibility criteria:</p> <ul style="list-style-type: none"> • Have not had a lease, ownership interest, or an occupancy agreement in PH during the 60 days prior to application • Experience persistent instability – 2 or more moves during 60 days prior to application • Expected to continue in such status for an extended period of time because of: <ul style="list-style-type: none"> ○ chronic disabilities, physical or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, presence of a child or youth with a disability, OR ○ 2 or more barriers to employment - lack of high school degree or GED, illiteracy, low English proficiency, history of incarceration, detention for criminal activity, history of unstable employment 	<ul style="list-style-type: none"> • Certification by a non-profit or state/local government agency that the individual/family seeking assistance met the criteria for homelessness under another federal statute; AND • Certification of no permanent housing in last 60 days; AND • Certification by the individual/family and any available supporting documentation that they have moved two or more times in the past 60 days; AND • Documentation of special needs or two or more barriers to finding housing
4 – Fleeing or Attempting to Flee Domestic Violence	<p>Any individual/family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence AND:</p> <ul style="list-style-type: none"> • Has no other residence and • Lacks the resources or support networks to obtain other permanent housing 	<p>For victim service providers:</p> <ul style="list-style-type: none"> • An oral statement from the individual/family seeking assistance which states they are fleeing, have no subsequent residence, and they lack resources. Statement must be documented by self-certification or a certification by the intake worker. <p>For non-victim service providers:</p> <ul style="list-style-type: none"> • An oral statement by the individual/family seeking assistance which states that they are fleeing; • Statement must be documented by self-certification or by the caseworker. <p>Where the safety of the individual/family is not jeopardized, the oral statement must be verified; AND</p> <ul style="list-style-type: none"> • Certification or other written documentation that no other residence has been identified and the individual/family lacks the financial resources and support necessary to obtain permanent housing



Homeless Verification Form

(To be completed by Service Provider or Agency Staff)

Applicant: _____ **Last 4 Digits of SSN:** _____ **Date** _____

To be eligible for housing at the Country Club Hills Wellness Center, applicants must meet one of the following definitions of homeless. Please check the appropriate box and attach supporting documentation from the list of Recordkeeping Requirements. Documentation must be on an agency's letterhead.

Note: Applicants who are chronically homeless will be prioritized over other applicants. Appropriate documentation must be attached.

Category 1 – Literally Homeless Individual or family who lacks a fixed, regular, and adequate nighttime residence due to which of the following:	
<input type="checkbox"/>	Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
<input type="checkbox"/>	Is living in a supervised publicly or privately operated shelter
<input type="checkbox"/>	Is exiting an institution where (s)he temporarily resided (90 days or less) and was residing in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
Category 2 – Imminent Risk of Homelessness Individual or family who will imminently lose their primary nighttime residence, provided that:	
<input type="checkbox"/>	Residence will be lost within 14 days of date of application AND no other residence identified & lacks resources or support network to obtain PH
Category 3 – Homeless Under Other Federal Statutes Unaccompanied youth under 25 years or families with children and youth who are defined as homeless under the Runaway and Homeless Youth Act, the Head Start Act, the Violence Against Women Act, the Public Health Services Act, the Food and Nutrition Act, or the Child Nutrition Act AND meet all 3 eligibility criteria:	
<input type="checkbox"/>	<ol style="list-style-type: none">1. Have not had a lease, ownership interest, or occupancy agreement in PH during the 60 days prior to application2. Experience persistent instability – 2 or more moves during 60 days prior to application3. Expected to continue in such status for an extended period of time because of:<ul style="list-style-type: none">• chronic disabilities, physical or mental health conditions, substance addiction, history of domestic violence or childhood abuse, presence of a child or youth with disability, OR• 2 or more barriers to employment - lack of high school degree or GED, illiteracy, low English proficiency, history of incarceration, detention for criminal activity, history of unstable employment
Category 4 – Fleeing/Attempting to Flee Domestic Violence Any individual/family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence AND :	
<input type="checkbox"/>	Has no other residence AND lacks the resources or support networks to obtain other permanent housing

Staff Signature: _____

Printed Name: _____

Agency Name: _____

Position: _____

