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

April 27, 2016

The Housing Authority of Cook County (HACC) is now accepting pre-applications for persons who are 18 years of age or older, for public housing wait lists for **two (2), three (3), four (4) and five (5) bedroom** units at the following **Family Site**. The Head of Household or Co-Head of Household/Spouse must be 18 years of age or older.

**Vera L. Yates  
 1055 Berkeley  
 Ford Heights, IL 60411**

**To qualify for the wait list:**

- *The head of household or co-head/spouse must be 18 years of age or older;*
- *Household will be required to pay rent equal up to 30% of their adjusted annual income or the flat rent applicable to the property;*
- *Annual Income cannot exceed income limits listed in the chart below:  
 \*income limits are subject to change per HUD Guidelines.*

<b>Cook County, Illinois FY 2016 Income Limits Summary</b>							
<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>Very Low</b>							
\$26,950	\$30,800	\$34,650	\$38,450	\$41,550	\$44,650	\$47,700	\$50,800
<b>Extremely Low</b>							
\$16,150	\$18,450	\$20,750	\$24,300	\$28,440	\$32,580	\$36,730	\$40,890
<b>Low</b>							
\$43,050	\$49,200	\$55,350	\$61,500	\$66,450	\$71,350	\$76,300	\$81,200

**HACC has established preferences for admission to public housing (other than date of application), in order of priority, as follows:**

- *Applicants who meet the definition of homelessness = 4 points*
- *Age 62 and older and persons with disabilities = 3 points*
- *Veterans and veterans' widows/widowers = 2 points*
- *VAWA applicants and victims of reprisals or hate crimes = 1 point*

*Applicants will be selected from the waiting list based on the highest number of preference points and based on the date the application was received by the HACC. Preferences are cumulative. For applications with no preference indicated, the applicant will be placed on the waiting list according to the date the application was received by the HACC. Received applications are dated and will be ranked in order received by HACC's current computer software program.*

**Completed Wait List Pre-Applications must be hand-delivered or mailed to the following locations only:**

**Vera L. Yates**  
1055 Berkeley  
Ford Heights, IL 60411  
**BUSINESS HOURS**  
Monday to Friday  
(Closed on Wednesday)  
8:30 am to 4:30 pm

**HACC/Public Housing Wait List & Leasing Department**  
175 West Jackson Blvd., Suite 350  
Chicago, IL 60604  
**BUSINESS HOURS**  
Monday, Tuesday, Thursday, Friday  
8:30 am to 4:30 pm  
(Closed on Wednesday)

**OR**  
**Faxed to (312) 542-4752**

**The wait list pre-applications can also be downloaded from the HACC website: [www.thehacc.org](http://www.thehacc.org)**  
(look for LIPH in top menu bar and "wait list information") or request a pre-application by calling (312) 542-4786.

**HACC will accept up to 100 wait list pre-applications per each bedroom size**

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

Sincerely,

*Public Housing Wait List and Leasing Department*



## Public Housing Wait List Pre-Application to reside at:

**Vera L. Yates**  
1055 Berkeley  
Ford Heights, IL 60411  
*Wait Lists Opened on February 9, 2016*

Vera L. Yates is a **Family Site** with one-five bedroom units. HACC is currently accepting pre-applications for families in need of **two (2), three (3), four (4) and five (5) bedroom** units only. **HACC will accept up to 100 wait list pre-applications per each bedroom size.**

**The Head of Household or Co-Head of Household/Spouse must be 18 years of age or older.**

### Contact Information:

1. Name of Head of Household: \_\_\_\_\_

2. Name of Adult (age 18 or older) Co-Head of Household/Spouse: \_\_\_\_\_  
\_\_\_\_\_

3. Current Street Address: \_\_\_\_\_

Apt# \_\_\_\_\_ Current City, State and Zip: \_\_\_\_\_

4. Please provide telephone information:

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Family Composition:

5. Beginning with you, please list all persons who will live in the public housing unit. Each box must be completed for each family member applying to live in the public housing unit.



**Required Information: Please complete in its entirety.**

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.		Head				
2.						
3.						
4.						
5.						
6.						

6. 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
	1-2-3-4-5	1-2
	1-2-3-4-5	1-2
	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:**

7. 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

**HACC Preferences:**

8. Please select any preferences that apply to the head of household or co-head/spouse.

**Applicants who meet the definition of homelessness-** An individual who lacks a fixed, regular and adequate nighttime residence and whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; OR an institution that provides a temporary residence for individuals intended to be institutionalized; OR a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Age 62 and older and/or Disabled Family-** 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.

- U.S. Military Veteran or their surviving spouse
- VAWA applicants and victims of reprisals or hate crimes

**9. Other Information:** Some units are designated as adaptable units in accordance with the UFAS standards of increased accessibility or adaptability. A unit is considered “adaptable” when it

can accommodate features that allow greater accessibility for your safety and comfort. The following are examples:

- You can request to have alternative heights of your unit's kitchen counter and the sink (both can be lowered) to allow you full access to the sink and counter when using a wheelchair. The cabinets and bases under the sink, lavatories and under the counters can be removed to allow more wheelchair access.
- You can request the installation of grab bars near toilets, in bathtubs and in showers in your unit's bathroom.
- You can request to have a visual emergency alarm installed in your unit if you are hearing impaired.
- You can request to have a higher toilet seat installed for greater safety

Are you in need of an adaptable unit?  Yes  No

If **yes**, please provide example(s) of the type of unit that would be convenient for you: \_\_\_\_\_

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**Pre-Applicant Certification:**

**WARNING:** 18 U.S.C. 1001 provides, among others, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both.

I/We hereby certify that the information I/We have provided in this wait list pre-application is true and accurate. I/We understand that my/us having provided any false information will result in denial of my wait list pre-application. I/We understand that at the time I/We rise to the top of the waiting list, I/We will be required to verify the information I/We provided here. I/We accept responsibility for keeping The Housing Authority of Cook County informed of my/our address and contact information and I/We understand that my/our pre-application may be cancelled if I/We fail to do so.

**SIGNATURE(S):**

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

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

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

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

