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## **Project Based Voucher Wait List Opening Wisdom Village Housing for Seniors in Calumet Park**

The Housing Authority of Cook County (HACC) will be opening a site-based wait list for one and two bedroom project-based voucher (PBV) units at Wisdom Village, a senior housing community serving people 55 years of age and older, located at 12445 S. Morgan Street, Calumet Park IL 60827. This site-based wait list will be used to fill vacant PBV units only.

To be eligible for Wisdom Village PBV units, applicants **MUST** be 55 years of age or older and have income that does not exceed 50% of the AMI, which is \$25,350 for a single person household and \$29,000 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](http://www.thehacc.org). Completed applications will be accepted on **Tuesday, February 10, 2015** from **10:00am – 3:00pm** at Wisdom Village only, located at 12445 S. Morgan Street, Calumet Park IL 60827. Applications submitted before 10:00am will be rejected. If we do not receive 100 applications by 3:00pm on February 10<sup>th</sup>, we will continue accepting applications by **mail only** until we receive 100. After 3:00pm on February 10<sup>th</sup>, completed applications may be mailed to the following address only:

The Housing Authority of Cook County  
Attention: WV 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](http://www.thehacc.org)

HOUSING AUTHORITY OF COOK COUNTY



#theHACCtweets





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

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

**Wisdom Village (WV)  
12445 S. Morgan Street, Calumet Park IL 60827**

WV is a senior housing community serving people **55 years old and older**. To be eligible for the one and two bedroom PBV units at WV, applicants must have an income that **does not exceed 50% of the AMI** (\$25,350 for 1 person and \$29,000 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:**

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
		<b>HEAD OF HOUSEHOLD</b>									

- \* 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**
- Working family  Unable to work due to age/disability  Homeless  VAWA – Domestic Violence  Veteran/ Veteran's Widow(er)
- HACC Housing Choice Voucher Program Applicant

Signature: Head of Household \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature: Co-Head / Spouse \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_