



The Housing Authority of Cook County
175 W. Jackson Blvd., Suite 350
Chicago IL 60604
312-663-5447
www.thehacc.org

Project Based Voucher Wait List Opening Southwick Apartments

The Housing Authority of Cook County (HACC) will be re-opening its site-based wait list for studio, one bedroom, and two bedroom project-based voucher (PBV) units at the Southwick Apartments, a permanent supportive housing community, located at 5150 Southwick Drive in Matteson IL 60443. The PBV Program is a rental assistance program where the resident pays 30% of his/her income towards the rent to the owner and the HACC subsidizes the remainder.

The units at the Southwick Apartments are fully accessible and the building is barrier free. To be eligible for the Southwick Apartments, applicants **MUST** have a disability. Applicant's income may not exceed the very low income limit (50% AMI), which is \$31,200 for a 1 person household; \$35,650 for a 2 person household; \$40,100 for a 3 person household; and \$44,550 for a 4 person household.

Priority preference will be given to applicants who would most benefit from the features of the accessible units and to applicants who are currently on the HACC's Housing Choice Voucher (HCV) wait list. Preference will also be given to families who are literally homeless; who are Veterans; or who are victims of domestic violence, dating violence, sexual assault, or stalking (referred to as VAWA collectively). Applicants claiming a preference must be able to demonstrate they qualify for the preference. Those claiming to be literally homeless must submit the HACC's Homeless Verification Form along with supporting documentation **at the time of application**. Those claiming VAWA must submit the VAWA Certification, Form HUD-5382, along with supporting documentation **at the time of application**. Preferences are assigned a point value and applied cumulatively before the time/date of application.

Application packages, which consist of the Pre-Application, Homeless Verification Form if applicable, and the VAWA Certification Form if applicable, are available for download on the HACC website at www.thehacc.org. Click on *See Our Open Wait List* link on the Home Page and scroll down to the *Project Based Voucher* section for the Southwick Apartments application package. Completed application packages will be **accepted by mail or email only** at the addresses listed below beginning on **Friday, September 20, 2019 at 10:00am**. Application packages submitted before 10:00am will be rejected. The wait list will remain open until we receive 150 completed application packages, which must be submitted by one of the following methods:

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

By Email:
pbvwaitlist@thehacc.org
Subject: Southwick PBV Application

Applications mailed or emailed to any other address will be rejected.

If you need assistance or require a reasonable accommodation, please send an email to pbvwaitlist@thehacc.org, with Southwick Reasonable Accommodation as the subject.





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



Southwick Apartments

Southwick Apartments is a barrier free housing community serving people with disabilities. All units are fully accessible for people with disabilities. The head of household, co-head, or spouse must have a verifiable disability. Household income may not exceed 50% of the area median income (AMI), which is \$31,200 for 1 person; \$35,650 for 2 people; \$40,100 for 3 people; and \$44,550 for 4 people.

If you need assistance completing this form, require an alternate form of a reasonable accommodation, or need this form in an alternate language, please email pbvwaitlist@thehacc.org or call (312) 542-4695.

HEAD OF HOUSEHOLD (HOH) INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____ Email: _____

How did you hear about us? _____

Are you a Colbert Class Member? ☐ Yes ☐ No

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 a unit designed for wheelchair users? ☐ Yes ☐ No

Would any member of your family benefit from any other accessibility features, such as grab bars? ☐ Yes ☐ No

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



List all sources of income (employment, disability, pension, working for cash, etc.) for all household members:

Household Member	Type of Income	Source of Income	Monthly Income

List all sources of assets (checking/savings, IRA's, etc) for all household members:

Household Member	Type of Asset	Account Number	Current Balance

PREFERENCES: check all that apply; must be able to provide verification

☐ HACC Housing Choice Voucher Program Applicant – If this box is checked, the HACC will verify in its system

☐ Homeless – To qualify as homeless, applicants must complete the HACC's Homeless Verification Form **at the time of application** and also supply supporting documentation to verify homeless status. Applicants must be literally homeless and meet the following definition:

An individual or family that lacks a fixed, regular, and adequate nighttime residence due to one of the following:

- Has a primary nighttime residence that is a public or private place not designed 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 or ordinarily used as a regular sleeping accommodation for human beings

☐ Victim of Domestic Violence, Dating Violence, Sexual Assault, and Stalking (collectively referred to as VAWA) – To qualify for this preference, the VAWA situation must be current. The HACC uses the form HUD-5382 for VAWA verification. Applicants must submit the form along with supporting documentation **at the time of application**.

☐ Veterans/Veteran's Widow(er) of the U.S. Armed Forces – If this box is checked, the applicant will need to supply proof at the time the applicant is selected for eligibility determination.

Signature: Head of Household

Print Name

Date

Signature: Co-Head / Spouse

Print Name

Date

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.



Homeless Verification Form (To be completed by Service Provider)



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

To be eligible for the homeless preference in admissions to the HACC's housing programs, applicants must meet the following definition 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. If this verification form is being used as a self-certification, the applicant must check the appropriate box and sign below. Additionally, as part of the self-certification, the applicant must participate in homeless assessment interview and provide a detailed narrative description of homeless status as a part of the eligibility process.

Definition of Homeless - Literally Homeless – check the appropriate box that fits your circumstances

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

Recordkeeping Requirements for Verification of Homeless Status:

Check the appropriate box for the documentation you will supply

<input type="checkbox"/>	Written observation by the outreach worker, including when observed, where observed, and how often
<input type="checkbox"/>	Written referral by another housing or service provider attesting to the homeless status
<input type="checkbox"/>	Certification by the head of household or individual seeking assistance that he/she was living on the streets, in a shelter, or another place not designed for or ordinarily used as a regular sleeping accommodation for human beings; how long this occurred; and the last permanent address with the dates living there

For Individuals Exiting an Institution

Provide one of the forms of evidence above AND one of the following:

<input type="checkbox"/>	Discharge paperwork or written referral from the institution
<input type="checkbox"/>	Written record of intake worker's due diligence to obtain above evidence AND certification by the individual that they exited the institution

Staff Signature: _____ Printed Name: _____

Agency Name: _____ Position: _____

Contact Phone Number: _____ Contact Email: _____

For Self-Certification Only: My signature below indicates the information provided on this form is true and correct and that knowingly providing false information may result in denial of housing assistance.

Applicant Signature (self-certification only): _____

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.

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.