

# Public Housing Wait List Pre-Application-2009

Please complete application in its entirety and print legibly.

## **PART I**

### APPLICANT INFORMATION

NAME OF APPLICANT: \_\_\_\_\_  
Last First M. I.

STREET ADDRESS: \_\_\_\_\_ APT NO: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ ALTERNATE NO: \_\_\_\_\_

## **PART II**

### FAMILY COMPOSITION

List names of all persons who will be occupying dwelling, including self.

NAME	SEX	RACE CODE* <small>(circle one)</small>	ETHNICITY CODE** <small>(circle one)</small>	DATE OF BIRTH	PLACE OF BIRTH <small>(City/State/Country)</small>	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER
1.		1-2-3-4-5	1-2			SELF	
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

## **PART III**

### EMPLOYMENT INFORMATION

If employed, please complete Section A. If unemployed, please complete Section B.

**Section A.:** List all employment, for all persons, in the household during the past 12 months.

NAME OF EMPLOYED HOUSEHOLD MEMBER	NAME OF EMPLOYER	EMPLOYER ADDRESS	MONTHLY WAGES
1.			\$
2.			\$

### OTHER MONETARY SOURCES

**Section B.:** Do you, or any member of your household receive Social Security, Pension, Support, Self-employment, Unemployment, Child Support, or any other contributions from relatives or friends? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please indicate name of person receiving other income, each source and amount received below.

NAME	SOURCE	MONTHLY AMOUNT
1.		\$
2.		\$
3.		\$

## **PART IV**

### SCHOOL/JOB TRAINING INFORMATION

List all family members (18 years of age or older) who are in school or in a job-training program.

NAME OF STUDENT	NAME OF SCHOOL(S) / JOB-TRAINING PROGRAM(S)	STATUS	PERIOD <small>(mm/dd/yyyy)</small>	
			FROM	TO
1.		Full-time / Part-time		
2.		Full-time / Part-time		

(OVER)

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## **PART V**

### **HACC PREFERENCES**

HACC has established the following preferences. Please check the ones that apply to you. NOTE: You will be asked to verify the information you provide.  
Are you a...

- Resident who live and/or work in the jurisdiction.
- U.S. Military Veteran or their surviving spouse.
- Working family, where the head, spouse, co-head, or sole member is employed at least 20 hours per week. (As required by HUD, families where the head, spouse, co-head, or sole member is a person age 62 or older, or is a person with disabilities will also be given the benefit of the working preference.)

## **PART VI**

### **OTHER INFORMATION:**

Are you or any member of your household disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please check appropriate line. \_\_\_\_\_ wheelchair unit needed \_\_\_\_\_ wheelchair accessible unit needed.

If you or anyone in your family becomes disabled and would require a specific accommodation other than a wheelchair accessible unit in order to fully utilize our program and services, please notify the Housing Authority of Cook County either in writing to 175 West Jackson, Suite 350, Chicago, Illinois 60604 or by calling (312) 663-5447.

### **CERTIFICATION OF APPLICANT:**

I/We hereby certify that the information I/We have provided in this wait list pre-application form 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 current address, and I/We understand that my/our application may be cancelled if I/We fail to do so.

PRE-APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-PRE-APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN FORM TO:**  
HOUSING AUTHORITY OF THE COUNTY OF COOK  
175 WEST JACKSON, SUITE 350  
CHICAGO, IL 60604  
WAIT LIST AND LEASING DEPARTMENT  
T: (312) 663-5447 F: (312) 542-4752



The Housing Authority of the County of Cook does not discriminate in the admission or access to this program on the basis of race, color, religion, ethnic origin, gender, source of income, disability, age or familial status.