

Lake County Housing Authority

Low Rent/Public Housing

33928 North Route 45

Grayslake, IL 60030

Tel 847 223-1170

Fax 847 223-1174

TTD 847 223-1270

www.lakecountyha.org

Add my application to the
**Public Housing Senior Unit
Waiting List.**

**All Household Members must be
at least 55 years of age.**

LCHA use only:	Appl # _____
	Rcvd _____
	Bedroom Size _____

List yourself and only those people who will be living with you in assisted housing.					
Name	Sex M/F	Date of Birth	Social Security Number	Disabled Yes/NO	Relationship To Applicant
1					Head of Household
2					
3					
4					
5					
6					
7					

We are committed to providing reasonable accommodations to persons with disabilities both in housing and in program accessibility. Please indicate what, if any, reasonable accommodation you or your family might require: (Section 504 Contact, Jeneen Smith-Underwood, Ext. 254)

Do you or any member of your household require unit accommodations for:

Mobility

Visual

Hearing

What is your race or ethnicity? Check all that apply:

_____ White

_____ Black/African American

_____ American Indian/Alaska Native

_____ Asian

_____ Native Hawaiian/Other Pacific Islander

_____ Hispanic



Address:	Mailing Address if different:
Telephone:	

Current Landlord Name & Telephone _____

Has any member ever received public housing or rental assistance from this Authority before?

Yes

No

If yes, where & when?

Has any member ever been assisted under **any** other federal housing program?

Yes

No

If yes, where & when?

Has any member ever been evicted from public or assisted housing?

Yes

No

If yes, when, where and for what reason?

Has any member ever engaged in drug-related criminal activity or violent criminal activity?

Yes

No

If yes, give date, place & description.

List each person's yearly income and source of income. Sources of income include: Wages, Social Security, TANF or Public Aid, Salary, SSI, SSDI, Unemployment, VA Benefits, Pension, Child Support, Alimony, Workman's Comp, Cash Contributions or any other monies coming into the household.		
Name	Yearly income	List the Source of Income If Working – List Name & Address of Employer

Mark all of the following preferences that apply to you or your spouse. Your rank is determined by total *Preference Points* claimed. Proof of all preferences will be required when your application rises to the top of a waiting list.

_____ (15 Points) Residency. Head or Spouse lives in Lake County, IL **or**
 Head or Spouse works in Lake County, IL **or**
 Head or Spouse has been hired to work in Lake County, IL

_____ (5 Points) Veteran. Head or Spouse is a US Veteran, not dishonorably discharged.

_____ (10 Points) Nursing Home. Head or Spouse resides in nursing home and remains there due to inability to afford housing elsewhere.

Changes to this application can only be made by sending them in writing and must include your signature and social security number. Mail changes to:

Lake County Housing Authority
 Waiting List
 33928 North Route 45
 Grayslake, IL 60030

I do hereby certify that all the information I have provided is **true and complete** to the best of my knowledge. I understand any false or misrepresented information I have provided may cause denial of a preference or termination of housing assistance.

 Signature and Date

