



The Housing Authority of the County of Cook
175 West Jackson Boulevard, Suite 350
Chicago, Illinois 60604
(312) 663-5447
www.thehacc.org

Project Based Voucher Wait List Opening LaGrange Permanent Supportive Housing

The Housing Authority of Cook County (HACC) will be opening a site-based wait list for studio project-based voucher (PBV) units at LaGrange Permanent Supportive Housing (LPSH), a new construction housing community serving the homeless, located at 9601 W. Ogden Avenue, LaGrange IL 60525. The PBV Program is a rental assistance program where the resident pays 30% of his/her income towards the rent and the HACC subsidizes the remainder of the rent to the owner.

To be eligible for the LPSH PBV units, applicants **MUST** meet the following definition of homeless and submit the completed Homeless Verification with the application package:

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; OR
- Is living in a supervised publicly or privately operated shelter; OR
- 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

In addition to meeting the homeless definition, applicants must have a verifiable disability, and cannot have income that exceeds 50% of the Area Median Income (AMI), which is \$27,650 for a single person household and \$31,600 for a two person household. Preference will be given to applicants who are currently on the HACC's wait list who also meet the homeless definition. Occupancy at LPSH is scheduled for March of 2018. It is anticipated the demand for the units will far exceed the units available.

Application packages, which consist of the Pre-Application, Homeless Verification Form, and Criminal Background Authorization, are available for download on the BEDS PLUS website at www.beds-plus.org. Completed application packages will be accepted on Tuesday, January 9, 2018 from 10:00am – 2:00pm at the LaGrange Community Center located at 200 S. Washington, LaGrange IL 60525. Application packages submitted before 10:00am will be rejected. If we do not receive 100 completed application packages by 2:00pm on January 9, 2018, we will continue accepting application packages by mail or email until we receive 100. After 2:00pm on January 9, 2018, completed application packages may be mailed or emailed to the following addresses only:

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

By Email:
pbvwaitlist@thehacc.org
Subject: LPSH 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 LPSH Reasonable Accommodation as the subject.





Wait List Pre-Application for Project Based Voucher (PBV) Rental Assistance
Ogden Avenue Supportive Housing, 9601 W. Ogden Ave., LaGrange IL 60525



Ogden Avenue Supportive Housing (OASH) is a housing community serving people who meet the following definition of homeless:

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

- o 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
- o Is living in a supervised publicly or privately operated shelter
- o 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

To be eligible for the studio PBV units at OASH, applicants **must meet the homeless definition, have a verifiable disability, and have an income that does not exceed 50% of the AMI (\$27,650 for 1 person and \$31,600 for 2 people).**

If you need assistance completing this form or require a 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: _____
 Phone #1: _____ Phone #2: _____ Email: _____

How did you hear about us? _____

Please list all people expected to reside in the household, starting with the HOH, and provide the following: maximum 4 people

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 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; must be able to provide verification HACC Housing Choice Voucher Program Applicant
 Disabled Veteran/Veteran's Widow(er) Victims of Domestic Violence (VAWA) Former Residence in LaGrange or Lyons Township

Signature: Head of Household _____ Print Name _____ Date _____

Signature: Co-Head / Spouse _____ Print Name _____ Date _____



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): _____

**Authorization for the Housing Authority of the County of Cook to access Criminal
Background Reports and/or Credit Reports**

DISCLOSURE AND AUTHORIZATION

By signing below,

You acknowledge, understand and authorize that in connection with your application for Housing Assistance with the Housing Authority of the County of Cook (the HACC), the HACC may now, or at any time you are receiving assistance from the HACC, obtain a "consumer report" and/or an "investigative consumer report" on you from a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for housing assistance purposes.

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living.

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include reasons for your evictions at other residential complexes, if applicable.

You also acknowledge, understand and authorize that information from various federal, state, local and other agencies which contain information about your past activities will be requested.

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in the HACC's files on you at the time of your request by providing proper identification and the payment of any legally permissible fees.

You are further notified that, in the event you are denied assistance, you will be provided the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act which gives you specific rights in dealing with consumer reporting agencies. A summary of the Fair Credit Reporting Act is attached.

You further authorize and request, without reservation, any present or former employer, landlord, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish the HACC with any and all background information in their possession regarding you, so that your residential tenancy qualifications may be evaluated and/or reassessed.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify: (1) that you have read and fully understand this disclosure and authorization; (2) that all of the information you are providing is true, complete, correct and accurate; and (3) that you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The Following information is required in order for the HACC to obtain a complete consumer report:

Print Full Legal Name (First, Middle, Last)

Street Address

City, State, Zip

Social Security Number

Date of Birth

Other or Former Names (a.k.a., Maiden names, married names, surnames, etc.)

Consumer Signature

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051