

For Office Use Only	Date Rcv'd _____
Do Not Write	time Rcvd _____
In this Box	1 BR _____ 2 BR _____ Rcvd By: _____

Circle Building(s) you wish to apply for: **Belden**, Hill Arboretum (Evanston, IL), **Gustafson (Waukegan)**, **Matteson (Matteson IL)**, **Harrison Sq (Rockford)**, Freeport Senior Housing (over 62 years of age) **Northern Point (Harvard IL)** Rolling Prairie Freeport II Southwick Apartments you must apply to the Housing Authority of Cook County

## APPLICATION FOR HOUSING ADMISSION AND RENTAL ASSISTANCE

APPLICANT NAME \_\_\_\_\_

CO-APPLICANT NAME \_\_\_\_\_

CURRENT MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

If I cannot be reached at above number(s), please contact: PERSON TO CONTACT  
PHONE (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

In case of an EMERGENCY please contact: PERSON TO CONTACT \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- List YOURSELF (Head of Household) and all other members who will be living in the unit. Give the relations of each family member to the head.

Member	Member's Full Name	Relationship	Birth Date	Monthly income	Social Security Number
You		Head			

Type of Unit Requested: [ ] One Bedroom [ ] Two Bedroom  
[ ] Barrier-free Unit [ ] Hearing Impairment Unit

- Will you be the only person to occupy the unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

ELIGIBILITY

Eligibility for admission requires that the applicant be mobility impaired disabled household.

I am eligible for admission based on the definition of:

- 1. "Mobility Impairment", a mobility impaired household with at least one disabled adult (over the age of 18) who is in need of a barrier free unit.

[        ] Mobility Impaired household requiring barrier free unit

Does applicant or any household member need reasonable accommodation for a mobility accessible or hearing impairment unit? [    ] Yes [    ] No     If yes, please indicate the type of reasonable accommodation needed.

Have you or any household member lived or are currently living in a government subsidized facility? \_\_\_\_\_

How did you hear OTR Accessible Apartments? \_\_\_\_\_

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our lease agreement.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

By my/our signature below I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me because of compliance with this authorization and request to release information or any attempt to comply with it.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

Prior to interviewing for an available unit you will need to submit a state picture ID, birth certificate to verify your age, a social security card, and verification of all income, assets and medical expenses. We will also need to contact your doctor to verify your need of barrier free housing.