

Lake County Housing Authority
Pre-Application for Low Rent/Public Housing

Elderly/Disabled Site

Shiloh Tower

33928 North Route 45

Grayslake, IL 60030

Tel 847 223-1170

Fax 847 223-1174

TTD 847 223-1270

www.lakecountyha.org

Shiloh Towers only
1525 27th Street, Zion, IL

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					

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, Veronika Shirkevich, Ext. 202)

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

Mobility

Visual

Hearing

Mailing Address:
Telephone:

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

- _____ White
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/Other Pacific Islander
- _____ American Indian/Alaska Native
- _____ Hispanic



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.

I wish to be added to the waiting list for Shiloh Towers 1525 27th Street, Zion, IL.

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

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

