



# APPLICATION FOR THE CHICAGO HOUSING AUTHORITY



1. Applying for:  Family Site or  Senior Site 2. Primary Language:  English  Spanish  Other: \_\_\_\_\_
3. If head/co-head of household is 62 or over and applying for a (0) or (1) bedroom, list up to (3) site choices: \_\_\_\_\_
4. Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Apt. No.: \_\_\_\_\_
5. Telephone No.: ( ) \_\_\_\_\_ Message No.: ( ) \_\_\_\_\_ Work No.: ( ) \_\_\_\_\_
6. Are you:  A documented victim of domestic violence  An adult member working, attending a job-training program or school full-time  At risk of your children being placed outside the home by DCFS (Norman Families)
7. Have you ever lived in public housing?  Yes or  No If yes, which city?: \_\_\_\_\_
8. Dates: From \_\_\_\_\_ to \_\_\_\_\_ Name of Person(s) on the Lease: \_\_\_\_\_
9. Have you ever been evicted from public housing, section 8 or other subsidized housing?  Yes or  No If yes, reason?: \_\_\_\_\_
10. Notify in case of an Emergency: Name: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship: \_\_\_\_\_
11. Do you require a unit with accessible features (Example: wheelchair accessible, handrails, etc.)?  Yes or  No If Yes, state accessible features needed: \_\_\_\_\_
12. Do you require an alternative form of communication (Example: large print, spoken word instead of print, etc.)?  Yes or  No If Yes, \_\_\_\_\_
13. Have you ever been convicted of a crime?  Yes or  No

	First Name	Last Name	MI	Sex	Date of Birth	Relation to Head of Household	Social Security Number	Total Family Income (Weekly/Monthly/Yearly/Source of Income)	Race	Ethnicity	U.S. Citizen	Alien Reg No.
1.						Head of House	- -	\$ /				
2.							- -	\$ /				
3.							- -	\$ /				
4.							- -	\$ /				
5.							- -	\$ /				
6.							- -	\$ /				
7.							- -	\$ /				
8.							- -	\$ /				
9.							- -	\$ /				
10.							- -	\$ /				

**I/we certify that the statements on this application are true to the best of my knowledge and belief and understand that inquiries must be made to verify them. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Services, the Social Security Office, Police or Law Enforcement Agencies, and/or other business or government entities. By my signature below, I/we authorize CHA to conduct the following for the purpose of determining housing eligibility: criminal background check, credit check and court record inquiries. I also understand that failure to sign this release statement will invalidate my application. I/we understand that any false statements made on this application will cause me/us to be ineligible and if housed subject to eviction.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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*Co-Applicant's Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_