



310 N. Sixth Street
DeKalb, IL 60115
Phone: 815-758-2692
Fax: 815-758-4190
www.dekcohousing.com

Waiting List Preferences

Please print neatly in black or blue ink.

PLEASE READ CAREFULLY

HACD utilizes local preferences, which order the placement of applicants on our Housing Choice Voucher and the Low Income Public Housing Program waiting lists. Families who qualify for the most preferences are considered first when units or vouchers are available. Therefore, families on our waiting lists are in ascending order according to the number of preferences verified and the date and time of their application.

NOTE: Due to the use of preferences, the order of applicants on the waiting list is subject to change. Please ask for assistance with any questions.

Applications are placed on the waiting lists by total number of preferences then date and time of application.

Please read each item in its entirety to ensure you are correctly claiming all preferences you qualify for! Any preferences claimed will be verified when your name reaches the top of the waiting list.

I claim the following preferences:

- Family Preference:** Mark this preference if the head or spouse has legal custody of a minor child or children **or**:
 - head, spouse, or sole member of the household is age 62 or older **or**;
 - head, spouse or sole member of the household is a person with disabilities
- Working Preference:** Mark this preference if head, spouse, or sole member of the household is **EMPLOYED & WORKING or**
 - head, spouse, or sole member of the household is age 62 or older **or**;
 - head, spouse, or sole member of the household is a person with disabilities
- Residency Preference:** Mark this preference if you are currently a resident of DeKalb County, IL **or**;
 - You are currently employed in DeKalb County, IL. Residence and employment must be on a permanent, non-temporary basis.
- Rent Burden:** Mark this preference if you are currently paying more than 50% of your family/household income for rent and utilities.
- DeKalb County Continuum of Care:** Mark this preference if you are currently residing in a **DeKalb County** Emergency Shelter, Transitional Shelter, Permanent Supportive housing or participating in homeless services at/in/through a participating *DeKalb County Continuum of Care* agency such as *Hope Haven, Safe Passage, RAMP, Ben Gordon Center, Community Support Program, DeKalb County Community Action Department, Elder Care Services, Voluntary Action Center* etc. and have received a written letter of recommendation from said agency, not less than 30 days old at the time of interview.

Name: _____
(Clearly print your full name)

SSN#: _____

Phone # _____

Email: _____

Signature: _____

Date: _____

WARNING: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.