



Housing Authority of the County of DeKalb

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**Housing Authority of
the County of DeKalb**

Open the Door to Independence

Public Notice

On **Monday, January 6, 2014 beginning at 8:30 AM**, the Housing Authority of the County of DeKalb (HACD) will open its Low Income Public Housing 1, 2, and 3 bedroom waiting lists. Applicants must be income eligible AND qualify for 2 or more local preferences. Applications **WILL NOT BE ACCEPTED** if the applicant does not qualify for 2 or more local preferences.

Additionally, the Housing Authority of the County of DeKalb (HACD) will open its Housing Choice Voucher Waiting List to:

1. Individuals and families that are either Elderly (over the age of 62) or have a **DISABLED ADULT** within the household
- OR
2. Individuals or families that have been involuntarily displaced by a government action or natural disaster
- Applications will be accepted on-line at www.dekcohousing.com. If you are a person with disabilities and require an accommodation to apply to our programs please contact the Housing Authority of the County of DeKalb at 815.758.2692. If you do not have a computer, you may access the web site through any computer connection at the public library or at the Authority's main office.
 - Applicants will need an e-mail address to complete the on-line process. E-mail will be the primary means of communicating with applicants; therefore, applicants **MUST** monitor their email for waiting list updates as well as their standard mailing address.
 - At this time there is no end date
 - Local Preferences are:
 - **Family Preference** = one or more minor children in the household. Elderly (62) and/or disabled head, spouse or co-head qualify for this point.
 - **Working Preference** = head, spouse, or sole member of the household is employed 30 or more hours a week. Elderly (62) and/or disabled head or spouse qualifies for this point.
 - **Residency Preference** = applicant family resides or works (permanent non-temporary job) within the County of DeKalb Illinois.
 - **Involuntary Displacement** = applicant family has been displaced by a government action or natural disaster.
 - **Rent Burden**=applicant family is paying more than 50% of their family/household income for rent
 - **DeKalb Continuum of Care**=applicant/family is residing in 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, etc and have received a written letter of recommendation from said agency, not less than 30 days old at the time of interview.



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