



310 N. Sixth Street
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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 your assisted household where the head, spouse or sole member of the applicant household have legal custody of a minor child or children **or**:
 - the applicant household's head, spouse or sole member are disabled **or**,
 - the applicant household's head, spouse or sole member are Elderly (age 62 or older)

- Working Preference:** Mark this preference if your assisted household where the head, spouse or sole member of the applicant household is employed and working **or**,
 - the applicant household's head, spouse or sole member are disabled **or**,
 - the applicant household's head, spouse or sole member are Elderly (age 62 or older)

- Residency Preference:** Mark this preference if you can you demonstrate that your primary physical residence is in DeKalb County, Illinois **or**,
 - your assisted household's head, spouse or sole member is working or hired to work in DeKalb County, Illinois. 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 total family/household income for rent and utilities for 90 days or more.

- DeKalb County Supportive Service Preference:** Mark this preference if you are currently residing in a DeKalb County, ILLINOIS Emergency Shelter, Transitional Shelter, Permanent Supportive housing or participating at/in/through a participating DeKalb County Illinois Supportive Service Agency (at the time of verification) and have received a written letter of recommendation from that agency, not less than 30 days 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.