

**A SAFE PLACE PROJECT BASED SUBSIDY**

**Lake County Housing Authority**

33928 North Route 45

Grayslake, IL 60030

Tel 847 223-1170 Fax 847 223-1174

[www.lakecountyha.org](http://www.lakecountyha.org)

Referred by: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

LCHA use only:	Appl # _____
	Rcvd: _____
	Bedroom Size _____

**This form must be completely filled out for the Safe Place Project Based waiting list and can only be submitted to LCHA via A Safe Place and their management company.**

If you leave any areas blank, you may not be able to claim a preference. All preferences will be verified by the owner at the time of your full application with them. Applicants referred to A Safe Place must comply with their application process. If you are denied residence or if you decline the unit, your name will be removed from this waiting list.

List yourself and <b>only</b> 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					<b>Head of Household</b>
2					
3					
4					
5					
6					
7					

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, Jeneen Smith-Underwood, Ext. 254)

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

- Mobility       Visual       Hearing

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



Preferences (please check all that apply)

- Displaced from an urban renewal area, disaster (fire or flood that resulted in extensive damage) or by an activity carried on by an agency of the government.
- Displaced due to an action by an owner which resulted in the applicant having to vacate the unit where: \*the reason for the owner's action is beyond the applicant's ability to control or prevent. \*the action occurred despite the applicant's having met all previously imposed conditions of occupancy. \*the action taken is other than a rent increase.
- Actual or threatened physical violence directed against applicant or one or more members of the applicant's household by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence.
- Applicant is living in substandard housing because; \_\_\_\_\_  
\_\_\_\_\_
- Applicant lacks a fixed, regular, and adequate nighttime residence.
- Applicant is paying \$\_\_\_\_\_ in monthly rent which is greater than 50% of the household income.

List each person's <b>yearly</b> income and source of income. Sources of income include: Wages – <b>You MUST include the Name &amp; address of the Employer.</b> Also include 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

Is the Head of Household or Spouse currently enrolled in a certified training program? If so, you must list the name & Address of the program below.	
Name	Name & Address of Certified Training Program

The applicants that have the most preferences claimed will be contacted first when an appropriate unit size becomes available. A Safe Place has targeted program qualifications that must be adhered to. The preferences are;

- Displacement
- Domestic Violence
- Homeless
- Substandard Housing

The Regional Housing Initiative voucher subsidy preferences that apply to A Safe Place are:

- Work within 12 miles of A Safe Place
- Enrolled in a certified training program to work within 12 miles, or
- Disabled, or elderly (62 years of age and older) and are not able to work.

Changes to this application can only be made by sending them in writing and must include your signature and social security number. Mail changes to: Lake County Housing Authority, Attention: Waiting List, 33928 North Route 45, Grayslake, IL 60030

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.




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Signature and Date



**THE SAFE PLACE II APARTMENTS**  
**AUTHORIZATION TO RELEASE INFORMATION**



**To Be Completed by the Office Staff:**

**From: The Safe Place II Apartments**  
**2710 17th Street Suite 100**  
**Zion, IL 60099**  
**phone: 847-445-6427**

**To: ATTN:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City,State,Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_

The undersigned individual(s) have applied for residency at our apartment community. The property is operated under the Internal Revenue Service LIHTC program. We are required to obtain written confirmation of the income of all applicants and other household members. In order to comply with the Federal regulations in regards to all assets, income and allowances, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information may be needed. Verifications and inquiries that may be requested, include but are not limited to the following:

**Credit and Criminal Activity**  
**Student Status**

**Identity and Marital Status**  
**Medical Allowances**

**Residences and Rental Activity**  
**Employment, Income & Assets**

The groups or individuals that may be asked to release an/or verify the above information (depending on the program requirements) include but are not limited to the following:

**Courts & Post Offices**  
**State Unemployment Agencies**  
**Credit Providers & Bureaus**  
**Social Security Administration**  
**Medical Agencies**

**Welfare Agencies**  
**Veteran's Administration**  
**Internal Revenue Service**  
**Utility Companies**  
**Personal References**

**Law Enforcement Agencies**  
**Retirement Systems**  
**Previous Landlords (Including PHA's)**  
**Banks & Other Financial Institutions**  
**Past & Present Employers**

I/We agree that a photocopy of this authorization maybe used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/We understand that I/We have the right to review my/our file and correct any information that can be proven to be incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the LIHTC program.

**Applicant/Resident**

**Co-Applicant/Co-Resident**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Social Security No. \_\_\_\_\_