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The Housing Authority of Cook County (HACC) opened its site-based wait list for project-based voucher (PBV) units at PhilHaven, a permanent supportive housing community, located at 2418 Hintz Road, Wheeling, Illinois 60090. The PBV Program is a rental assistance program where the resident pays 30% of his/her income towards the rent to the owner and the HACC subsidizes the remainder. PhilHaven offers supportive services through its partnership with the Kenneth Young Center, a community based mental health provider.

To be eligible for PhilHaven, applicants **MUST** be disabled **and** need support services in order to live independently. Preference will be given to applicants who would most benefit from the supportive services provided on site, which include help with medication monitoring, mental illness and substance abuse symptom management, harm reduction and recovery services, and skill building in the areas of independent community living and benefits assistance. A self-assessment form to determine eligibility for the preference is a part of the application process and must be submitted with the application. Applicants currently on the HACC's Housing Choice Voucher (HCV) Program wait list will also receive a preference over other applicants.

**The wait list for one bedroom units is closed**, but the wait lists for two and three bedroom units remains open. Applications are available for download on the HACC website at [www.thehacc.org](http://www.thehacc.org) and the Kenneth Young Center website at [www.kennethyoung.org](http://www.kennethyoung.org). The wait list for the two bedroom units will remain open until we receive 60 applications. The wait list for the three bedroom units will remain open until we receive 40 applications. Completed applications will be accepted by **mail or email only** at the following addresses:

By Mail:           The Housing Authority of Cook County  
                          Attention: PhilHaven PBV Wait List  
                          175 W. Jackson Blvd., Suite 350  
                          Chicago IL 60604

By Email:          [pbvwaitlist@thehacc.org](mailto:pbvwaitlist@thehacc.org)  
                          Please put PhilHaven Wait List in the subject line of the email

Applications mailed to any other address will be rejected.



Visit our website: [www.thehacc.org](http://www.thehacc.org)

HOUSING AUTHORITY OF COOK COUNTY



#theHACctweets





# Wait List Pre-Application for Project Based Voucher (PBV) Rental Assistance

PhilHaven, 2418 Hintz Road, Wheeling IL 60090



PhilHaven is a permanent supportive housing community offering supportive services through its partnership with the Kenneth Young Center, a community based mental health provider. To be eligible for the 1, 2, and 3 bedroom units at PhilHaven, applicants **MUST** be disabled **and** need support services to live independently; household income must not exceed 50%of the AMI (\$26,950 for 1 person; \$30,800 for 2 people; \$34,650 for 3 people; \$38,450 for 4 people; \$41,550 for 5 people; \$44,650 for 6 people). Preference will be given to applicants who would most benefit from the services provided on site, including help with medication monitoring, mental illness and substance abuse symptom management, harm reduction and recovery services, and skill building in the areas of independent community living and benefits assistance.

**If you have any questions, require assistance completing this application, or require any other form of reasonable accommodation, please call 312-542-4695.**

### HEAD OF HOUSEHOLD (HOH) INFORMATION:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Please list all people expected to reside in the household (attach additional page if necessary) and provide the following:**

First and Last Name of Each Household Member who will live in the Dwelling (List Head of Household First)	Disabled - Y or N	Relation to Family Head	Age	Sex M / F	Social Security Number	Date of Birth	Marital Status *	Race Code **	Ethnicity Code ***	Citizenship Code ****	Full-time Student - Y or N
		<b>HEAD OF HOUSEHOLD</b>									

- \* Marital Status (S) Single (M) Married (D) Divorced (W) Widowed (X) Legally Separated
- \*\* Race Code (1)White (2)Black/African American (3)Native American/Alaskan native (4)Asian (5)Hawaiian/Pacific Islander (6)Other
- \*\*\* Ethnicity Code (1) Hispanic (2) Non-Hispanic
- \*\*\*\* Citizenship Code (1) U.S. Citizen or Naturalized Citizen (2) Non-U.S. Citizen with Alien Registration Card (3) Other – neither 1 nor 2

**Would any member of your family benefit from the features of an accessible unit?**  Yes  No  
If yes, please describe the features needed, not the disability: \_\_\_\_\_

**List all sources of income (employment, disability, pension, etc) and assets (checking/savings, IRA's, etc) for all household members:**

Household Member	Type of Income	Monthly Income	Type of Asset	Current Balance

**PREFERENCES: check all that apply; must be able to provide verification**  HACC Housing Choice Voucher Program Applicant

Working family  Unable to work due to age/disability  Homeless  VAWA – Domestic Violence  Veteran/ Veteran's Widow(er)

Signature: Head of Household \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: Co-Head / Spouse \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



PHILHAVEN SELF-ASSESSMENT



This self-assessment form will be used to determine eligibility for a preference for housing at PhilHaven. Applicants who would most benefit from the supportive services provided on site, which include help with medication monitoring, mental illness and substance abuse symptom management, harm reduction and recovery services, and skill building in the areas of independent community living and benefits assistance will receive a preference. Please read each question carefully and answer truthfully, to the best of your ability. If you have any questions about this self-assessment or need clarification, please contact **Linda Springer** at **847-524-8800**.

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

DOB: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact \_\_\_\_\_

1. Why are you interested in moving to PhilHaven? \_\_\_\_\_  
\_\_\_\_\_

2. Who currently helps or gives you emotional support on a regular basis? **(check all that apply)**

\_\_\_\_\_ Friends      \_\_\_\_\_ Family      \_\_\_\_\_ Heath Care Provider or Social Service Agency  
\_\_\_\_\_ Community Faith/church groups      \_\_\_\_\_ Others (describe) \_\_\_\_\_

3. What benefits do you have to take care of your health needs? **(check all that apply)**

\_\_\_\_\_ Medicaid      \_\_\_\_\_ Managed Medicaid \_\_\_\_\_ (name of company)  
\_\_\_\_\_ Medicare \_\_\_\_\_ with supplemental \_\_\_\_\_ no supplemental  
\_\_\_\_\_ Private Insurance \_\_\_\_\_ (name of company)  
\_\_\_\_\_ No health benefits

4. What sources of income do you have to take care of your living expenses?

\_\_\_\_\_ Social Security(SSI / SSDI /SSA)      \_\_\_\_\_ SNAP Food Stamps      \_\_\_\_\_ General Assistance  
\_\_\_\_\_ Unemployment      \_\_\_\_\_ VA Benefits      \_\_\_\_\_ Wages from Employment      \_\_\_\_\_ Alimony  
\_\_\_\_\_ Child Support      \_\_\_\_\_ Other (explain) \_\_\_\_\_



## PHILHAVEN SELF-ASSESSMENT



5. In what areas of independent community living have you had difficulty in the past and expect needing help or assistance from the support team at PhilHaven? (check any that apply)

- Health Practices – Taking care of your health, understanding your illness/disability, getting to the doctor when ill, taking medications as prescribed
- Nutrition – Buying, preparing and cooking meals to meet my nutrition needs
- Grooming, Dress, Personal Hygiene – keeping yourself and your clothing clean and in good repair
- Alcohol/Drug Use – avoiding abuse, staying in recovery if you abused drugs or alcohol in the past
- Behavior Norms – avoiding fights/arguments with neighbors, co-workers or family
- Housing Stability and Safety – keeping housing clean, clutter free, and maintained
- Managing Time/Productivity – having a regular schedule, routines you follow each day
- Managing Money – paying bills on time, spending within my limits
- Communication – being able to talk to and interact with others to get information, make friends
- Coping and Problem Solving – making good decisions, solving problems of daily living
- Community, Leisure and Social Network – relaxing, finding recreational outlets, learning the community

6. The Kenneth Young Center will provide the following supportive services at PhilHaven to help residents succeed in permanent supported housing. **Please rate the following on a scale of 1 – 5 (with 5 being very important to your success and 1 being not important to your success)**

- Case Management – Help getting and keeping benefits
- Community Support – Learning and practicing independent community living skills
- Employment Services – Career exploration, work readiness, job seeking, job retention
- Supportive Counseling–Symptom management, problem solving, wellness recovery
- Psychiatric Evaluation and Medication Follow-up – Symptom management
- MISA – substance abuse recovery and relapse prevention