

**Housing Authority of Joliet
Public Housing Program – Waiting List Update Form**

Return To: Housing Authority of Joliet
6 South Broadway Street
Joliet, Illinois 60436
Attn: Public Housing Program – Waiting List Update Form

Directions: This form must be filled out in ink and signed by the head of household. Please print all information legibly. Use the correct legal name of each family member listed within your household as it appears on their social security card (**DO NOT USE** an individual's nickname) when completing this document.

Section 1: General Applicant Household Information

Applicant Name: _____ Date of Birth: _____
Maiden Name: _____ Gender: _____
Soc. Sec. No. _____

If your mailing address has changed or needs to be corrected, please enter the new address here:

New/Corrected Mailing Address: _____

Telephone Number to Contact You: _____

Emergency Telephone Number to Contact You: _____

Check this box if you would like to be removed from the public housing program waiting list and please sign, date and return this document to the Housing Authority of Joliet.

Check this box if you would like to be remain on the public housing program waiting list. Provide any update information relative to your households and then please sign, date and return this document to the Housing Authority of Joliet.

Please check one or more boxes for each public housing waiting list you are interested in:

- Heritage Place – 400 through 420 North Bluff Street, Joliet, Illinois 60435 (0 – 2 Bedrooms)
- Riverside Center – 311 North Ottawa Street, Joliet, Illinois 60432 (0 – 4 Bedrooms)
- John F. Kennedy Terrace – 2200 Oneida Street, Joliet, Illinois 60435 (1 – 2 Bedrooms)
- Adlai Stevenson Gardens – 102 Stryker Avenue, Joliet, Illinois 60436 (1 – 2 Bedrooms)

Please Note: The Housing Authority of Joliet no longer offers 5 bedroom rental units.

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Section 2: Household Composition Information

As the head of household, list your name on line number one. List all other household members who will reside with you in your dwelling unit on the remaining lines. For the area of the chart designated as “Relationship to Head of Household” please use the following codes: **Head**, **Spouse**, **Co-Head** (partner), **Live-In-Aide**, **Child** (0 -17 years of age), **Foster** (child), and/or **Other Adult** (over 18 years of age).

	Household Member Full Name (Last, First, MI)	Relationship to Head of Household	Birth Place City and State	Date of Birth	Age	Sex	Social Security Number
1		HEAD		- -			- -
2				- -			- -
3				- -			- -
4				- -			- -
5				- -			- -
6				- -			- -
7				- -			- -
8				- -			- -
9				- -			- -
10				- -			- -

Is there anyone else who resides with you who is not listed above? Yes No

If you answered YES to the above question, please explain. _____

Head of Household Race: White Black Asian Pacific Islander
 American Indian Alaskan Indian

Head of Household Ethnicity: Hispanic Non-Hispanic

Reasonable Accommodation and Limited English Proficiency (LEP) Requests

Does any member of your household require a reasonable accommodation due to a disability? (This question is used only to determine if a reasonable accommodation is necessary to process the pre-application or obtain housing assistance, i.e. interpreter or sign language services, an accessible unit, handrails, large print, braille, live-in-aide, etc.)

Yes No

If you answered YES to the above question, please identify the reasonable accommodation you are requesting.

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Do you require an alternate form of communication i.e. large print, spoken word instead of print, interpreter services for a language other than English, etc.? _____ Yes _____ No

If you answered YES to the above question, please identify the alternate form of communication you are requesting.

If a free language interpreter service is necessary in order to conduct business with the Housing Authority of Joliet, please identify which language(s) would be necessary for an interpreter to read/speak to assist your household.

Section 3: Household Income Information

In the chart below, please list all of the income sources for each household member you listed under **Section 2: Household Composition Information**. Identify the frequency an income source or payment is received, i.e. weekly, bi-weekly (every two weeks), monthly, or annually. The category of Other includes pensions, child support payments, alimony, social security disability payments, Veteran’s Benefits, etc.

Household Member Full Name (Last, First Middle Initial)	Wage Amount	Public Aid Amount	Social Security Amount	Unemployment Benefit Amount	Other Amounts
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per
	\$ per	\$ per	\$ per	\$ per	\$ per

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Does any member of your household receive regular cash payments and/or contributions from an agency or from another individual who is not residing with you? Yes No

If you answered YES to the above question, please explain.

Does anyone from outside your household regularly pay any of your utilities or give you money, checks, or cash on a regular basis to do so? Yes No

If you answered YES to the above question, please explain.

Does any member of your household have a savings or checking account, own stocks, bonds, mutual funds, United States savings bonds, property (homes or rental apartments), annuities, or have joint ownership in any of the above cited situations? Yes No

If you answered YES to the above question, please explain.

Section 4: Housing Program Admission Preferences

Complete the following information as it relates to **your current housing condition TODAY.**

Involuntary Displacement Preference

Are you a victim of a Natural Disaster, such as a flood, tornado, etc.? Yes No

If you answered YES to the above question, please explain.

Is the Federal/State/Local government displacing you from home? Yes No

If you answered YES to the above question, please explain.

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If you are renting, is your landlord requesting you to vacate the premises for his/her personal reasons or reasons such as condo conversion, sale or transfer of the property, non-rental and/or non-residential conversion, or unit rehab? If you are being evicted, you are **NOT** involuntarily displaced. _____ Yes _____ No

If you answered YES to the above question, please explain.

Are you a victim of a Hate Crime or Domestic Violence? _____ Yes _____ No

If you answered YES to the above question, please explain.

Working Family Preference

Are either of the individuals identified as the head of household, spouse, or co-head on this update form at least 62 years of age or older **OR** a person with disabilities? _____ Yes _____ No

Are the individuals who are identified as the head of household, spouse, or co-head **ONLY** on this update form maintaining fulltime employment? _____ Yes _____ No

If you answered YES to the above question, identify the individual, the name and address of their place of employment, and the number of hours worked per week:

Household Member Full Name (Last, First, MI)	Name and Address of Employer	Hourly Wage	Hours Worked Per Week
		\$	
		\$	

Residency Preference

Is the head of household, co-head, or spouse a resident of the City of Joliet? _____ Yes _____ No

Is the head of household, co-head, or spouse currently working within the City of Joliet or have they been hired to work within the City of Joliet? _____ Yes _____ No

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Identification of Language Preference and/or Auxiliary Aid

Head of Household Name: _____

Address: _____

Language Service Rights

The Housing Authority of Joliet must provide free interpreter (language and sign language) services to help you speak with agency staff without an unreasonable delay. If you need free interpreter services in order to speak to staff about your application, benefits, services available or other requirements, please inform us of what language you prefer to speak by filling in the blank below:

___ I speak English and do not need free interpreter services.

___ I speak _____ and I will bring a bilingual individual who can translate my native language to English and back.

___ I speak _____ and need free interpreter services.

Written Language Needs

In addition to free interpreter services, you have a right to receive forms and notices in your native language if they have been translated into that language by the U.S. Department of Housing and Urban Development (HUD) or the Housing Authority of Joliet. Otherwise, the Housing Authority of Joliet will interpret documents (tell you what they say). Please identify the language you prefer for forms and notices.

___ I read English and do not need translated forms or notices.

___ I prefer forms, notices and other available documents translated into the following language: _____.

Auxiliary Aids

You have a right to request, and the Housing Authority of Joliet has an obligation to provide, auxiliary aids (TDD, large print forms/notices, braille translations, etc.) to assist with communication between you and the Housing Authority of Joliet. Please identify any auxiliary aid you may need to assist in communicating with the Housing Authority:

Head of Household Signature

Date

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APPLICANT WARNING:

It is your obligation to inform the Housing Authority, prior to receiving housing assistance, if the criminal status of any household member changes. Providing false statements or information is grounds for application rejection and/or termination of housing assistance if you obtained housing by providing false information to the Housing Authority.

If any information contained within this update form should require an update or change after it has been submitted to the Housing Authority of Joliet for processing, it is the applicant's personal responsibility to contact the Housing Authority of Joliet to obtain, complete and return a new update form. Failure to do so will result in a delay in receiving a housing assistance offer, removal of your household from the Housing Authority of Joliet's Public Housing Program waiting list, and/or termination of housing assistance if you obtained housing by providing false information to the Housing Authority at the time of leasing.

Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. government as to any matter within its jurisdiction.

APPLICANT NOTICE:

It is the applicant's responsibility to notify the Housing Authority of Joliet, in writing, of any change to the mailing address or telephone number(s) while on the Public Housing Program waiting list. Failure to do so shall result in the household being removed from the Public Housing Program waiting list and the household will need to reapply for housing assistance when the appropriate bedroom size waiting list reopens to the general public.

APPLICANT CERTIFICATION STATEMENT:

- I/We certify that all of the information provided to the Housing Authority of Joliet within the categories of General Applicant Household Information, Household Composition Information, Household Income Information, and Housing Program Admission Preferences is accurate and complete to the best of my/our belief.
- I/We understand that providing false statements and information is punishable under Federal and State of Illinois law.
- I/We also understand that providing false statements or information on this update form prior to receiving housing assistance is grounds for application rejection and/or termination of housing assistance if I/We obtained housing assistance by providing false information to the Housing Authority, HUD or the State of Illinois.

Head of Household Signature: _____

Date

Spouse/Co-Head Signature: _____

Date

Instructions for Checking on the Status of Your Filed Update Form

The information you have submitted will be entered into our computer system, ranked and repositioned on the Public Housing Program waiting list. Applicants with a touchtone telephone may check on the status of their current waiting list position 24 hours a day by accessing the Housing Authority of Joliet's automated waiting list system. The automated waiting list telephone number is **(815) 727-2969**.