

Lake County Housing Authority
Pre-Application for Low Rent/Public Housing

Elderly/Disabled Site

Shiloh Tower

33928 North Route 45

Grayslake, IL 60030

Tel 847 223-1170

Fax 847 223-1174

TTD 847 223-1270

www.lakecountyha.org

Shiloh Towers only
1525 27th Street, Zion, IL

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

List yourself and **only** 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 | | | | | Head of Household |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

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, 847-223-1170 or Email at 504Requests@lakecountyha.org)

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

Mobility

Visual

Hearing

| |
|------------------|
| Mailing Address: |
| |
| |
| Telephone: |

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



