

APPLICANT STATEMENT:

I certify that the information I have provided is true and correct and, that failure to provide truthful or correct information is subject to my denial of admission into this housing program.

SIGNATURE OF APPLICANT

DATE

RETURN FORM TO:

HOUSING AUTHORITY OF THE COUNTY OF COOK
PO BOX 430, 1710 EAST END AVENUE
CHICAGO HEIGHTS, ILLINOIS 60412
T: 708-755-1700 F: 708-755-4047 TTY: 708-755-4806

FOR OFFICE USE ONLY

Claim was: Denied Date: _____

Reason being: _____

Claim was: Approved/Processed Date: _____

Reason being: _____

NAME OF PERSONNEL RECEIVING INFORMATION

TITLE

SIGNATURE

DATE



The Housing Authority of the County of Cook does not discriminate in the admission or access to this program on the basis of race, color, religion, ethnic origin, gender, source of income, disability, age or familial status.