



WAUKEGAN HOUSING AUTHORITY

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

PUBLIC ASSISTANCE VERIFICATION

Date: _____ Applicant/Participant Information

Company Address: _____ Name: _____

DHS/Department of Human Services _____ Address: _____

2000 North Lewis Ave. _____

Waukegan, IL 60087 _____ City/St/Zip: _____

_____ Date of Birth: _____

_____ Social Security #: _____ - _____ - _____

_____ Applicant/Participant Signature _____ Date

I hereby authorized the Illinois Department of Public Aid to furnish the Waukegan Housing Authority the information requested hereon. I acknowledge that the original of this authorization is on file with the Housing Authority and agree that a faxed copy of this authorization may be used for the purpose stated below.



Please provide the following information in order that we might determine eligibility and rent assistance for the above mentioned Tenant/Applicant:

Effective Date of Grant: _____ Amount of Grant: \$ _____

Address shown on case record: _____

Number in Family covered by Grant: _____ Child Support: \$ _____

Income from Employment/VA/SSI/or SS Benefits: _____

Grant reduced to: \$ _____ Sanctioned: Yes _____ No _____

Beginning _____ Ending _____

_____ Completed By _____ Title/Date

Please return this form via Fax to 847-623-7525 Attn: _____