



# WAUKEGAN HOUSING AUTHORITY

## PUBLIC ASSISTANCE VERIFICATION

Executive Director/CEO  
Charles J. Chambers, Jr.

Chairman  
Eleanor Murkey

Vice-Chairman  
Michelle Obleton

Commissioners  
Kittie Harden  
Juan Martinez  
Jesus Gerena

Date: \_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_

Address : \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant/Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the IL Department of Human Services to furnish the Waukegan Housing Authority the information requested hereon. I acknowledge that the original of this authorization is on file with the WHA and agree that a faxed copy of this authorization may be used for the purpose stated below.

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

Address shown on record: \_\_\_\_\_

Number in Family covered by Grant/SNAP \_\_\_\_\_ Child Support: \$ \_\_\_\_\_

Income from Employment/VA/SS/SSI benefits: \$ \_\_\_\_\_

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

Beginning: \_\_\_\_\_ to (ending): \_\_\_\_\_

Completed by \_\_\_\_\_ Title/Date \_\_\_\_\_

Please return via Fax to 847-244-8591 or 847-263-7525 Attn: \_\_\_\_\_

Annual \_\_\_\_\_ Adjustment \_\_\_\_\_ New/applicant/tenant \_\_\_\_\_