



# McHenry County Housing Authority

1108 N. Seminary, P.O. Box 1109 Woodstock, Illinois 60098  
Phone and TDD: 815/338-7752 Fax: 815/338-1217

## 62 or Older Homeless Preference Continuum of Care Participation Verification

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
(Applicant, head of household)

I hereby permit you to release to the McHenry County Housing Authority and its staff, any information required by them to evaluate my eligibility for Residences of Crystal Lake Project Based Voucher (PBV) assistance.

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

For the Continuum of Care Provider

### **PLEASE CHECK APPLICABLE SECTION(S) AND RETURN TO ABOVE ADDRESS**

Applicant currently (within the last 30 days) resides within our shelter in the following program:

- Emergency Shelter
- Transitional Housing Program
- Permanent Supportive Housing Program
- Shelter/Housing Other, Explain: \_\_\_\_\_

Applicant is/has successfully participated in service offered by our agency within the past 30 days:

- Self-Sufficiency
- Education
- Job Readiness
- Other: \_\_\_\_\_

\_\_\_\_ The verifying agency recommends and supports the above listed applicant family for Housing Assistance through the McHenry County Housing Authority.

\_\_\_\_ Supportive Services through our agency will continue to be available for the applicant after the tenancy begins.

Agency Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

