

# ILLINOIS HOUSING DEVELOPMENT AUTHORITY HOME ACCESSIBILITY PROGRAM FINANCIAL ASSISTANCE for COOK, DUPAGE, & KANE COUNTY HOMEOWNERS

Administered by  
**NORTH WEST HOUSING PARTNERSHIP**



This program is funded by the Illinois Housing Development Authority to help homeowners address long over-due home accessibility issues that affect the health or safety of their families. **Low Income Homeowners may qualify for a grant up to \$25,000 in home modification, performed by professional contractors.** Grant is Forgivable after 5 years.

**Eligible improvements include:** grab bars, chair lift, handicap accessible showers, lowering cabinets, lowering counter tops, widening doorways, ramps, & walk-in shower. Call NWHP for additional items.

Households must meet income and other eligibility guidelines. **Please check chart below to see if your household qualifies and call the Northwest Housing Partnership for more information.**

| Eligibility                         | FY 2017 Income Limit Category | Persons in Family |          |          |          |          |          |          |          |
|-------------------------------------|-------------------------------|-------------------|----------|----------|----------|----------|----------|----------|----------|
|                                     |                               | 1                 | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
| Eligible for \$25,000 of assistance | Income Limit                  | \$27,650          | \$31,600 | \$35,550 | \$39,500 | \$42,700 | \$45,850 | \$49,000 | \$52,150 |

**Pre-application on backside. Call 847-969-0561 or visit [www.nwhp.net](http://www.nwhp.net) for more details.**

North West Housing Partnership is a HUD approved non-profit housing counseling agency.



**Home Accessibility Program  
Pre-application Form**

Date \_\_\_\_\_

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_  
You must include anyone 18 yrs. and over living in the household, all parties' information will be verified.

Family Size: \_\_\_\_\_

Do you receive assistance from?

**IDOA** \_\_\_\_\_  
Illinois Department on Aging

**IDHS** \_\_\_\_\_  
Illinois Department of Human Services

**Not sure** \_\_\_\_\_

List items to be modified \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NORTH WEST HOUSING PARTNERSHIP** does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, and marital status, receipt of governmental assistance or handicap.

In addition, **NORTH WEST HOUSING PARTNERSHIP** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

Please return this form via mail: **ATTN: Michelle Hill-Program Manager**  
**North West Housing Partnership**  
**1701 E. Woodfield Rd, Suite 203, Schaumburg, IL 60173**  
**fax: 847.969.0564**  
**email: [michellehill@nwHP.net](mailto:michellehill@nwHP.net)**

**If you have any questions about this pre-application, please call 847.969.0561**