

1. Voucher term shortened from 120 days to 60 days This should be added to Chapter 5; **5-II.E. VOUCHER TERM AND EXTENSIONS**

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Voucher Term [24 CFR 982.303]

The initial term of a voucher must be at least 60 calendar days. The initial term must be stated on the voucher [24 CFR 982.303(a)].

PHA Policy

The initial voucher term will be ~~120~~ 60 calendar days.

The family must submit a Request for Tenancy Approval and proposed lease within the ~~120~~-60-day period unless the PHA grants an extension.

2. Addition of the point values for our preferences (see attached). This should be added to Chapter 4; **4-III.C. SELECTION METHOD** under PHA policy

Residency - 1 point

Families who live, work, have been hired to work, or are attending school in our jurisdiction Vermilion County, Illinois, at the time of application. The following must be provided for verification:

- Live- Valid Driver's License or Valid State Issued Picture Identification card (not expired) with address coinciding with application.
- Work- Written 3rd party verification from employer
- Hired to Work- Written 3rd party verification from employer
- Attending School- Written 3rd party verification from educational institution

Veterans - 1 point

A person who served in the active United States Military, Naval or Air Services and who was discharged or released from such service under conditions other than dishonorable. The following must be provided for verification:

- Certified copy of Veteran's DD 214

Working/Elderly/Disabled 1 point

Working: Head/Spouse or Co-Head working a minimum of 20 hours per week
The following must be provided for verification:

- Written 3rd party verification from employer or 2 most recent paystubs

Elderly: Head/Spouse or Co-Head is aged 62 years or older

The following must be provided for verification:

- Birth Certificate, Valid Passport, SS benefit printout, other document determined to be acceptable by the PHA such as baptismal record, certified witness of birth

Disabled: Head/Spouse or Co-Head is disabled as defined in CFR 5.403

The following must be provided for verification:

- SS/SSI benefit print out

Involuntary Displacement by Disaster or Domestic Violence 3 point

Disaster: Fire, flood, earthquake or other federally declared disaster that has caused the unit to be uninhabitable.

The following must be provided for verification:

- Official report from insurance company, emergency personnel or government agency

Domestic Violence:

The following must be provided for verification:

- PHA will request in writing that the applicant provide documentation supporting the claim in accordance with section 16-IX.D of this plan.