## **LHA to Open Mainstream Voucher Program Waiting List**

The Housing Authority of the City of La Crosse (LHA) will be accepting pre-applications online for its Mainstream Voucher Program waiting list. This opening is ONLY for individuals and/or family members who:

- Are non-elderly (a person 18 years of age or older and less than 62 years of age), AND
- Have a verifiable disability

If you believe you/your family meet these criteria, please follow the instructions below.

**WHEN:** Apply ONLINE 24 hours a day, 7 days a week:

Starting - MONDAY, FEBRUARY 19, 2024 @ 12:01 A.M. CST Ending - SUNDAY, MARCH 3, 2024 @ 11:59 P.M. CST

WHERE: Visit https://www.waitlistcheck.com/WI110 to fill out the pre-application.

HOW:

Once the waiting list period is open, you can go to the link provided above and access the pre-application. Use of any smartphone, mobile device or computer with internet access will be required to apply. If internet access isn't available, the LHA has two computers available for use by appointment during regular business hours.

**NOTE:** The pre-application is an **ONLINE ONLY** process with paper applications not accepted. Only one pre-application per applicant will be accepted. All eligible pre-applicants will be placed on the waiting list according to the total number of preference points assigned for which they qualify, and then in order of date and time of application.

All applicants must meet LHA's eligibility requirements and income restrictions according to the Housing Authority Housing Choice Voucher Administrative Plan.

NEED

**HELP:** 

Reasonable Accommodations: LHA does not discriminate on the basis of disability status in the admission or access to, or treatment of applicants or participants in, its federally assisted programs and activities. If you or any member of your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact the LHA via phone at (608) 782-2264 or via email at LHAWaitlist@lacrossehousing.org.



Applicant's Name \_\_\_\_\_

## LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

## "WE NEED A ROOF OVER OUR HEADS"

SSN: \_\_\_\_\_

## MEDICAL CERTIFICATION OF DISABILITY (Must be completed by a licensed medical physician)

Address	
The above-named person is applying for housing with the Housing Authority of the City of La Crosse. HUD requires Authority to verify all information that is used in determining this person's eligibility. To determine the applicant's e must verify the disability as defined in 42 U.S.C. 423 of the U.S. Code as outlined by HUD.	_
HUD regulations define disability as follows:	
<ul><li>a. is expected to be of long-continued and indefinite duration.</li><li>b. substantially impedes their ability to live independently; and</li><li>c. is of such a nature that such ability could be improved with more suitable housing conditions.</li></ul>	
If the foregoing accurately establishes the medical status of the applicant as having a disability defined above, pleas approval by signing this document. Please attach a brief statement explaining your approval, <b>on Clinic letterhead</b> , a Housing Authority of the City of La Crosse.	-
Authorization to release medical information by:	
Signature of Applicant Date	
Print name of licensed medical physician Signature of licensed physician	
Business Name	
Address	
City, State, Zip Code	
Telephone Number	
Housing Authority authorized signature	
Form #4a 8/07	

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