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To: IHCD Partners **Notice: PN-20-39**  
From: IHCD  
Date: October 9, 2020  
Re: **Housing Choice Voucher Waiting List Opens in Benton, Fountain, Vermillion and Warren Counties**

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HOUSING CHOICE VOUCHER PROGRAM ACCEPTING APPLICATIONS FOR WAITING LIST

Effective **November 9, 2020**, **Community Action Program of Western Indiana, Inc. (COWI)** on behalf of the Indiana Housing and Community Development Authority (IHCD) funded by the U.S. Department of Housing and Urban Development will open the Section 8 Housing Choice Voucher (HCV) Waiting List for **Benton County, Fountain County, Vermillion County, and Warren County**. The Section 8 HCV program is available to income eligible individuals and families and exists to assist with rent payments to provide decent, affordable, sanitary, and safe housing for persons with low incomes. **The Section 8 HCV program is not emergency housing assistance and your waiting time for assistance may exceed 24 months.**

**COWI** will accept applications online only at the following websites:

- Benton County: <https://www.waitlistcheck.com/IN1806-2452>
- Fountain County: <https://www.waitlistcheck.com/IN1806-2471>
- Vermillion County: <https://www.waitlistcheck.com/IN1806-2531>
- Warren County: <https://www.waitlistcheck.com/IN1806-2534>

The application portal will be available from **Monday, November 9, 2020 at 8:00 AM EST** until **Friday, November 13, 2020 at 5:00 PM EST**. **Please note that you will be required to create a WaitListCheck account and have a valid e-mail address in order to submit an application. A link to free e-mail providers will be included on the website for your convenience.**

If you have a disability where a reasonable accommodation to allow you equal access to the application process may be needed, please contact Haley Craft at **COWI** at **(765) 793-4881 Ext 110** or [section8@capwi.org](mailto:section8@capwi.org) to request an accommodation. For assistance in another language, please call IHCD at 317-232-7788 to schedule a phone call with an interpreter.

Applicants are placed on the list in order of preference points, then by date and time of application. IHCD has the following preference points:



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**ADDRESS** 30 South Meridian Street, Suite 900, Indianapolis, IN 46204  
**PHONE** 317 232 7777 **TOLL FREE** 800 872 0371 **WEB** [www.ihcda.IN.gov](http://www.ihcda.IN.gov)

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State of Indiana  
Lieutenant Governor  
Suzanne Crouch



- **Residency** - Applicant is a legal resident of, has been hired to work in, or currently works within the COUNTY they have applied to (If YES, you must enter the name and address of the employer OR enter in your residential address within that COUNTY)
- **Person residing in an institutional setting or at risk of being placed in an institutional setting** - An institutional or other segregated setting includes, but is not limited to: Congregate settings populated exclusively or primarily with individuals with disabilities; or congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or settings that provide for daytime activities primarily with other individuals with disabilities; or a person at risk of being placed in a setting defined above
- **Working Families** - Persons either attending a school/training program or working at least 20 hours per week; elderly status (age 62 and older), non-elderly disabled status (61 and under with disability), having a disabled family member (any age)
- **Elderly** – Applicant (Head, Spouse, Co-Head, Sole Member) is age 62 or older
- **Non-Elderly Family Member with Disability** – Non-elderly (61 years or younger) family, Head, Spouse, Co-Head, or sole member meets HUD's definition of disabled
- **Family Member with a Disability** – An individual (including the head of household) who meets the HUD definition of a person with a disability
- **Youth Exiting Foster Care** - Youth that Indiana Department of Child Services has certified to be at least 18 years and not more than 24 years of age who have left foster care, or will leave foster care within 90 days and is homeless or is At Risk of Becoming Homeless
- **Child Welfare Involved Families** - A family that Indiana Department of Child Services has certified as a family for whom the lack of adequate housing is a primary factor in the placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child, or children, to the family from out-of-home care.

Placement on the waiting list is not a guarantee that applicants will qualify for assistance. Any preferences claimed at the time of application will be verified at the time of selection from the waiting list.

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