

Emerald Commons – Application

Return To:

EDEN Inc

7812 Madison Avenue

Cleveland, OH 44102

216-961-9690 • FAX 216-651-4066 • www.edeninc.org

Applications must be hand delivered or mailed. Faxed applications will not be accepted.

APPLICATION

Who will live in the apartment:

FULL NAME	RELATIONSHIP	BIRTH DATE	SEX	SOCIAL SECURITY NO.	*FULL-TIME STUDENT

*A full-time student is defined by the school being attended.

Referring Agency: _____ Worker: _____ No.: _____

1. Race

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/
African American | <input type="checkbox"/> Other Multi-Racial |

2. Ethnicity

- Hispanic/Latino Non-Hispanic or Non-Latino

3. Are you a Veteran? YES NO

4. Marital Status: Single Married Divorced Separated Widowed

5. Are you currently homeless? YES NO

6. Are you staying in an emergency shelter? YES NO

7. Are you living on the streets (places not meant for human habitation)? YES NO

8. Are you staying in transitional housing after coming from streets/shelter? YES NO

9. Have you been continuously homeless for one year or more? YES NO

10. Have you had at least 4 episodes of homeless in the past 3 years? YES NO

Current home address:	
Home phone no.:	Work phone no.:

A. GENERAL INFORMATION

1. Do you have the right to legally enter into a lease? YES NO

2. Have you ever been convicted of a felony? YES NO
If yes, please explain:

3. Have you ever been evicted from a dwelling for any reason? YES NO
If yes, please explain:

4. Does anyone live with you now who is not listed on page 1? YES NO
If yes, please explain:

5. Does anyone plan to live with you in the future who is not listed on page 1? YES NO
If yes, please explain:

6. Would you benefit from a handicapped accessible unit? YES NO
If yes, please explain:

B. HOUSING REFERENCES (List ALL landlords during the past three years)

1. Present address: _____

Name of present landlord _____

Address of landlord: _____

Landlord's telephone no: _____

Length of time at present address: _____

Present monthly rent _____ Average monthly utility bills _____

If at present address less than three years, complete the following:

2. Previous address _____

Name of landlord _____

Address of landlord _____

Landlord's telephone no. _____

Length of time at this address _____

Monthly rent _____ Average monthly utility bills _____

Reason for moving _____

C. EMPLOYMENT OR OTHER INCOME SOURCES (List ALL sources)

1. Applicant's present employer(s) _____

Other adult's present employer(s) _____

Applicant's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

2. Applicant's present employer(s) _____

Other adult's present employer(s) _____

Applicant's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

3. Applicant's present employer(s) _____

Other adult's present employer(s) _____

Applicant's employer's address _____

Employer's phone no. _____ Type of business _____

Position _____ Supervisor _____

How long employed? _____ From _____ To _____

ANNUAL INCOME

Include anticipated income from all sources for the next twelve months.

Source	Recipient Receiving Funds	Name of Income Source	Other	Total
Gross Employment Income (Include overtime, tips, etc.)				
Net Income from Self – Employment and/or Business				
Social Security, Pensions, Annuities, Insurance Settlements				
Unemployment Compensation Severance Pay				
Workers Compensation Disability or Death Benefits, Veteran's Benefits				
Alimony, Child Support				
OWF or Other Public Aid, Recurring Monetary Gifts				
Other:				
Total Anticipated Income:				

D. ASSETS

6. YES NO Are any assets held jointly with a person who does not reside with you?

Which assets? _____

Held with whom? _____

What portion of the assets do you have access to? _____

7. YES NO Have you received any Lump Sum payments in the last 24 months? If yes, please indicate amount and explain:

_____ \$ _____

8. YES NO In the past two years, have you disposed of any assets for less than Fair Market Value?

Market Value Less Cash Received \$ _____

If yes, please explain _____

9. Enter Total Assets (A) from Box B, preceding page. \$ _____

10. Total amounts from questions 3 through 11.

TOTAL ASSETS \$ _____

E. PERSONAL REFERENCE (Excluding family members)

Name _____

Address _____

Phone No. _____

F. VEHICLE/DRIVER I.D.

1. Driver's License No. _____ State Issued _____

Car Make _____ Color _____ Year _____ Lic. No. _____

2. Driver's License No. _____ State Issued _____

Car Make _____ Color _____ Year _____ Lic. No. _____

G. EMERGENCY CONTACT (Please list someone in the immediate area if possible.)

Name _____

Address _____

Phone No. _____

H. SIGNATURE CLAUSE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary. I understand that any misrepresentations may result in the denial of my application. I authorize Emerald Commons (EDEN Inc), its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means. I have read this application and understand it.

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent.

It is our aim to ensure that this community is a drug free zone. The use and sale of controlled substances will not be tolerated. **By signing this application form, I verify my support for this policy.**

ALL PERSONS DESIGNATED AS HEAD OR CO-HEAD(S) MUST SIGN BELOW:

Signature

Date

Signature

Date

IMPORTANT NOTE: Please include a complete, signed copy of your previous year's federal tax return with this application.

Office Use Only:

(1) Date of Interview: _____
(2) Desired Apt. # _____
(3) Desired Move-in Date: _____