



EMERALD DEVELOPMENT AND ECONOMIC NETWORK, INC.

## HAP Application Directions

Dear HAP Applicant:

Thank you for your interest in applying for the HAP program. This letter outlines how the application should be completed, and what documentation needs to accompany the application in order for your name to be added to the HAP waiting list.

**Please understand that you may be waiting up to five years for a voucher, as the HAP program has a very lengthy waiting list.**

On page one (1) of the application, please remember to include your name as well the name and information of your mental health case manager, if applicable. **You must have a licensed health professional (i.e.: doctor, psychiatrist, therapist, case manager, etc.) write the qualifying diagnosis of the disabled household member and sign off on it in the space provided.**

Page two (2) of the application must include all of your personal information, as well as the personal information of your spouse/ significant other and children if applicable. Please also list the name of the disabled household member in the space provided.

Page three (3) of the application requires that you disclose your total household income, including any income received by your spouse/ significant other and/or children. It is our request that you provide appropriate documentation of each source of income in order for us to determine if you are eligible for the program. **Please understand that failing to report any or all of your household income is considered fraud.**

On pages four (4) and five (5) of the application, you must answer all of the questions and sign and date at the bottom of page five (5). If you have a case manager at a mental health agency, please have the case manager and his/her supervisor sign the application as well.

The HAP Application Addendum must also be completed along with the application. It is important that you apply for all available permanent housing resources when applying for HAP because HAP is only a temporary program.

### **We request that the following items accompany your HAP application:**

- 1.) Income documentation such as a Social Security benefits letter, pay stubs, a copy of your ADC or Welfare benefits letter, child support or alimony letter, VA benefits letter, etc. If you currently have no income, you may complete the attached No Income Statement and have it notarized
- 2.) A copy of your picture ID, and an ID for all household members age 18 or older

**If your application is incomplete it will be sent back to you with a letter stating what items are missing. Only complete applications will be added to the waiting list.**

If you have any questions regarding the application, please feel free to contact the HAP eligibility specialist at 216-961-9690.

*A Housing Resource & Development Agency*

7812 Madison Avenue, Cleveland, OH 44102 (216) 961-9690 FAX (216) 651-4066  
Shelter Plus Care FAX (216) 651-6692 [www.edeninc.org](http://www.edeninc.org) [info@edeninc.org](mailto:info@edeninc.org)