

# WIEDER – SILVER MANOR

## HOUSING APPLICATION

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Current Address \_\_\_\_\_ Phone \_\_\_\_\_ Race \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

What is your psychiatric Diagnosis? \_\_\_\_\_

Referral Agency \_\_\_\_\_ Mental Health Professional \_\_\_\_\_ Phone \_\_\_\_\_

### DESCRIPTION OF CURRENT HOUSING SITUATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER MAINTAINED YOUR OWN HOUSING UNIT? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list the past two places you have lived (including current place):

1. \_\_\_\_\_  
(NAME) (ADDRESS)

\_\_\_\_\_  
(Years Lived There) (Landlord) (Telephone)

2. \_\_\_\_\_  
(NAME) (ADDRESS)

\_\_\_\_\_  
(Years Lived There) (Landlord) (Telephone)

**INCOME – RESOURCES – ENTITLEMENTS:** Please check all that apply. Actual written documentation will be requested at time of interview.

SSI \_\_\_\_\_ Amount \_\_\_\_\_

SSDI \_\_\_\_\_ Amount \_\_\_\_\_

VA \_\_\_\_\_ Amount \_\_\_\_\_

WELFARE \_\_\_\_\_ Amount \_\_\_\_\_

FOOD STAMP \_\_\_\_\_ Amount \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ Amount \_\_\_\_\_

OTHER \_\_\_\_\_ Amount \_\_\_\_\_

PAYEE: \_\_\_\_\_  
Name Address Phone

**ROOMMATE PREFERENCE:**

- 1.) Smoker \_\_\_\_\_
  - 2.) Out-going \_\_\_\_\_
  - 3.) Quiet \_\_\_\_\_
  - 4.) Housekeeping Skills \_\_\_\_\_
  - 5.) Personal Grooming Skills \_\_\_\_\_
  - 6.) Cooking Skills \_\_\_\_\_
  - 7.) Own Transportation \_\_\_\_\_
  - 8.) Night Person / Day Person \_\_\_\_\_
  - 9.) Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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Have you ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain for what and when: \_\_\_\_\_

\_\_\_\_\_

Have you ever been evicted or had a rent subsidy terminated? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list the name, address and telephone number of two non – relatives who would serve as references for you:

_____	_____	_____
(Name)	(Address)	(Phone)
_____	_____	_____
(Name)	(Address)	(Phone)

How did you hear about the Wieder – Silver Manor Apartments? \_\_\_\_\_

\_\_\_\_\_

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I, \_\_\_\_\_ attest that all information given is correct to the best of my knowledge. Any further changes or additional data will be brought to the attention of EDEN, INC. I give EDEN, INC. & Wieder - Silver Manor, INC. permission to verify all of this information and to check my background.

Applicant Signature: \_\_\_\_\_ Dare: \_\_\_\_\_

Sponsor / Mental Health Professional: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return application to:*** Wieder – Silver Manor C / O EDEN, INC.  
7812 Madison Avenue  
Cleveland, OH 44102