

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 _____
- _____
- _____

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? _____

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



EMERALD DEVELOPMENT & ECONOMIC NETWORK, INC.

Kathryn Kazol, Executive Director



EDEN-HUD SUBSIDIZED HOUSING AFFIDAVIT

To: STATE OF OHIO, COUNTY OF CUYAHOGA c/o EDEN, Inc./Wieder-Silver Manor

From: _____

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

Subject: BACKGROUND AND RECORD RELEASE STATEMENT:

Name _____

Address _____

City, State & Zip _____

D.O.B. _____ SSN: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that included in determining this person's eligibility or level of benefits.

Information being requested: A criminal background check is being completed via First Advantage SafeRent which includes a statewide search and multi state sex offender search.

Completed by: _____ Date: _____

Cleared: yes no **Do not attach results. They are filed separately.**

RELEASE: I hereby authorize the release of the requested information. Due to the eligibility guidelines established by HUD regarding criminal activity I further understand that they will be verifying information up to 5 years old.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

A Housing Resource and 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 info@edeninc.org

TDD/TTY: 1-800-545-1833, ext. 873

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-55, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-55, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.