

# FRANKLIN APARTMENTS HOUSING APPLICATION

PLEASE PRINT

Date of Application \_\_\_\_\_

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ How Long at Current Address? \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Ethnicity \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic or Non- Latino

Social Security Number \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please complete attached Declaration of Citizenship Forms

Referring Agency \_\_\_\_\_

Worker \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Applicant UCI/MAC SIS Number \_\_\_\_\_

Does the head of the household claim a disability for the purpose of qualifying for this program and medical expenses (Yes / No)? If yes, please sign attached "Certification of Disability".

**Describe Your Current Housing Situation** (i.e. Homeless, Hospital, Group Home)

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

Have You Ever Maintained Your Own Housing Unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have You Resided In Eden Owned Housing? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Why Did You Leave? \_\_\_\_\_

**If you are homeless – please answer the following three questions:**

Are you:  In a shelter?  On the streets?  In transitional housing?

Have you been continuously homeless (staying in shelter/on streets) for one year or more?  
 Yes  No

Have you had at least four episodes of homelessness (staying in shelter/on streets) in the past three years?  Yes  No

**List Previous Housing – Brief History (DO NOT Include Current Housing)**

<u>Address</u>	<u>Type</u>	<u>Dates</u>
1. _____		
2. _____		
3. _____		

**List Landlord Information – Current and/or Previous 2**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____		
2. _____		

Was Any Previous Dwelling Damaged By Fire? Yes  No   
Have You Ever Been Evicted? Yes  No   
Have You Ever Been Convicted Of A Felony? Yes  No   
Are you a Lifetime Registrant under the Sexual Predator Status? Yes  No

Briefly Explain Any Yes Answers \_\_\_\_\_  
\_\_\_\_\_

Are You Interested In Working Toward Employment Or Obtaining A Job? Yes  No

**Please List All Household Members (Use Back Of Page To List Additional Members)**

Name _____	Relation _____
Age _____ Income _____	Source _____
Name _____	Relation _____
Age _____ Income _____	Source _____
Name _____	Relation _____
Age _____ Income _____	Source _____

**Income/Resources/Entitlements** – Check All That Apply & Attach Documentation To This Application. (If Pending, Indicate Date You Applied and Status)

___ SSI	Amount _____	Status _____
___ SSDI	Amount _____	Status _____
___ Employment	Amount _____	Status _____
___ ADC/OWF	Amount _____	Status _____
___ GA/DA	Amount _____	Status _____
___ Other	Amount _____	Status _____

**Payee (If Applicable)** \_\_\_\_\_

(Name) (Address) (Phone)

**Assets**

1. Do you own a car (Yes / No)? If yes, please provide: Make: \_\_\_\_\_

Model: \_\_\_\_\_ Tag. No. \_\_\_\_\_ Monthly Car Payment: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Monthly Insurance Amount: \_\_\_\_\_

2. Do you own or have any interest in any property (real estate, mobile home and/or land) (Yes / No)?

If yes, provide: Address: \_\_\_\_\_ Value: \_\_\_\_\_

3. Have you sold or given away any property in the last two years (Yes / No)? If yes, please

explain: \_\_\_\_\_

4. Own any stocks or bonds (Yes / No)? If yes, provide:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Value: \_\_\_\_\_ Value: \_\_\_\_\_ Value: \_\_\_\_\_

5. Do you have a bank account (Yes / No)? If yes, provide:

Bank name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

Bank name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

6. Have any savings certificates, money market funds or trust funds (Yes / No)? If yes, please

describe: \_\_\_\_\_

7. Have any type of retirement account (Company, IRA, 401k) or life insurance policies (Yes / No)?

If yes, please describe: \_\_\_\_\_

8. Have any inheritances, lottery winnings or lump sum payments (Yes / No)? If yes, please

describe: \_\_\_\_\_

**Medical Expenses**

1. Do you pay a care attendant or for any equipment necessary to permit you to work (Yes / No)? If

yes, please provide the following: Care Attendant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cost: \_\_\_\_\_

2. Do you have Medicare (Yes / No)? If yes, what is monthly premium? \_\_\_\_\_

3. do you have any other kind of medical insurance (Yes / No)? If yes, please provide the following:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Monthly Premium: \_\_\_\_\_

4. Do you have any outstanding medical bills which you are paying (Yes / No)? If yes, explain:

Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Do you expect to incur additional medical expenses in the next twelve months that will not be covered by medical insurance (Yes / No)? If yes, explain:

Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. If you use the same pharmacy regularly, please provide:

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

"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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*"

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Worker Signature \_\_\_\_\_ Date \_\_\_\_\_



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./Carey West Apartments

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

**Verification of  
Disability**

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**APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION  
OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY**

**FOR USE WITH SECTION 202/8, SECTION 202 PAC, Section 202 PRAC,  
AND SECTION 811 PRAC**

DATE:

TO: (Name and address of third party  
who is being requested to verify  
this information)

FROM: (Name of individual  
requesting the information,  
title, name of the housing project,  
address)

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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 is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

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**INFORMATION BEING REQUESTED**

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

## Sample Verification of Disability

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1.  YES  NO

Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

2.  YES  NO

Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity;
  - (1) Self-care,
  - (2) Receptive and expressive language,
  - (3) Learning,
  - (4) Mobility,
  - (5) Self-direction,
  - (6) Capacity for independent living, and
  - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3.  YES  NO

Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

## Sample Verification of Disability

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4.  YES  NO Is a person whose sole impairment is alcoholism or drug addiction.

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**Public reporting burden** for this collection is estimated to average 12 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. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

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**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
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.



## **Sample Verification of Disability**

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