



Dear Potential Landlord:

Thank you for your interest in learning more about our organization. EDEN is a subsidized housing agency offering rental payment assistance. We have a multitude of programs, a growing number of clients, and with that, a continuous need for new units. We hope you find that EDEN can assist in meeting your rental property needs.

For more than 27 years, EDEN has been working diligently and continues to strive and grow in efforts to succeed in our mission to provide housing solutions to people facing the challenges of housing insecurities and homelessness. With your support, we can continue to move forward in achieving our mission.

This packet includes the following:

- **Program List**- outlines the various programs offered by EDEN
- **Landlord Information Page**- this document outlines the moving process including processing time, Landlord responsibilities, etc. for permanent vouchers and temporary rental assistance programs
- **Minimum Inspection Requirements**- the HQS (Housing Quality Standards) list provides the minimum requirements expected during the inspection. All requirements must be met in order for your unit to pass inspection and move into the finalization stage
- **HAP Contract Part B**- (not applicable for temporary programs) the HAP contract is the agreement between EDEN and the Landlord. Once a move-in date has been confirmed, a HAP contract (part A) will be generated. The HAP contract gives an overview of the unit, utility responsibilities, total rent amount and the rental assistance amount provided by EDEN. The Landlord is required to sign and return the HAP contract in order to receive payment. HAP Contract Part B details the terms of the agreement.
- **W9 documents**- in efforts to avoid prolonging processing time, the following documents are provided as guides to accurately complete your W9 form:
 - **Step by Step Directions**
 - **Completed Sample W9**
- **Property Listing Form**- for unit listing purposes, we have developed a Units Available Listing for our clients to use when searching for landlords that accept EDEN. This form details the information needed to list your property.
- **Landlord Forum Flyer**- EDEN hosts bi-monthly Landlord Forums for those interested in learning more about renting to our clients. During the forum we provide an overview of our programs, discuss the moving process from beginning to end and much more.

Thank you, in advance, for your willingness to work with our clients in support of our efforts to provide safe and sustainable housing. We look forward to working with you!

Sincerely,


Anne Peters
Community Housing Agent

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 info@edeninc.org
TDD/TTY: 1-800-545-1833, ext. 873

A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County



EDEN Voucher Programs

Grant Name	Approx. # of Participants	Length of Program	Program Open to:	% of Income Paid by Tenant
Shelter Plus Care (SPC)	1300	Permanent Subsidy Program	Adults & Families	30
Supportive Housing Program (SHP)	470	Permanent Subsidy Program	Adults & Families	30
H-TBRA	40	Permanent Subsidy Program	Adults & Families	30
Community Transition Program (CTP)	19	Permanent Subsidy Program	Adults	30
CSH-DYS	12	Permanent Subsidy Program	Adults & Families	30
Mainstream Sec. 8 (lottery via EDEN)	50	Permanent Subsidy Program	Adults & Families	30-40
Housing Assistance Program (HAP)	135	Temporary Program: 1-2 years	Adults & Families	40
Returning Home Ohio (RHO)	40	Temporary Program (opportunity to transition to permanent subsidy)	Adults & Families	30
Home For Good	75	Temporary program-timeframe depends on grant	Adults & Families	30
Rapid Re-Housing-ESG	Varies	Temporary program- 4 months	Families	0
Community Transition Program	39	Temporary- 4 months	Adults	0
Rapid Re-Housing-COC	Varies	Temporary program-varies, up to 4 months	Singles & Families	0
Supportive Services for Veteran Families (SSVF)	Varies	Temporary program-varies, up to 9 months	Adults & Families	0

Within our agency, EDEN services various programs. Most programs function similarly. The main difference between programs is the length of the voucher. We offer both temporary rental assistance and permanent vouchers. For example, ESG is a temporary voucher program which pays 4 months of full rent. The client then takes over rental payment responsibilities on the 5th month and for the remainder of the lease and tenancy. SSVF is also a temporary voucher program which exclusively supports Veterans and their families. Shelter Plus Care is often the most familiar but, as you can see, we have multiple programs. Please consider accepting both temporary and permanent vouchers when deciding which programs you will allow.

Landlord Information Page

Permanent Voucher Programs

PROCESSING TIME: *Approximately 3 weeks* (If all documentation is submitted completely and legibly)

Processing time is based upon all documentation being submitted and no repairs required on the unit. If there are missing documents, fields not filled out, or the unit is not ready, the processing time could be **significantly** delayed

- **Step 1: Rent Determination within 3-4 business days of receipt of RFLA (Landlord not contacted if we can approve asking rent)**
- **Step 2: Inspection: Unit is assigned to an inspector within 1-2 business days of rent approval (or negotiation, if needed)**
- **Step 3: Landlord contacted for inspection 1-2 business days after RFLA assigned to inspector**
- **Step 4: Inspection completed- dependent upon readiness of unit**
- **Step 5: Confirm Move-in Date within 2-3 business days of passed inspection**

NOTE: Rent and security deposit (if applicable) will be mailed to the owner within 6-8 business days after rent and move-in date is confirmed. Subsequent payments will be deposited (**direct deposit required**) by the 1st of the month. If you have not received EDEN's portion of the rent, contact **EDEN** immediately.

Temporary Rental Assistance Programs (Rapid Re-Housing, Community Transition Program & Supportive Services for Veteran Families)

PROCESSING TIME: *Approximately 1 week*

Processing time is based upon all documentation being submitted and no repairs required on the unit.

- **Step 1: Rent Determination within 3 business days of receipt of RFLA (Landlord not contacted if we can approve asking rent)**
- **Step 2: Inspection: Unit is assigned to an inspector within 1 business day of rent approval (or negotiation, if needed)**
- **Step 3: Landlord contacted for inspection 1-2 business days after RFLA assigned to inspector**
- **Step 4: Inspection completed- dependent upon readiness of unit**
- **Step 5: Upon passed inspection, client can move in immediately**

NOTE: Rent and security deposit (if applicable) will be mailed to the owner within 6-8 business days after rent and move-in date is confirmed. Subsequent payments will be mailed by the 1st of the month if EDEN has received copy of lease and Case Management notes, as expected. If you have not received rent, contact **EDEN** immediately (not applicable to the SSVF program).

OVERVIEW & LANDLORD'S RESPONSIBILITIES

- RFLA must be received by EDEN no later than the 10th of the month. **EDEN cannot guarantee moves by the 1st of the following month for RFLA's submitted after the 10th of the month** (not applicable to temporary programs).
- Asking rent must be comparable to other units in area; security deposit cannot exceed the monthly rent amount.
- EDEN does not always pay for a security deposit (only for new tenants in most programs and for special moves).
- EDEN does not pay for fees (i.e., application, background check, keys).
- RFLA cannot be processed for current tenants (moving from one unit to another) until all paperwork is completed, signed, and submitted.
- Unit must be vacant and in move-in condition.
- The owner must have the utilities on in the owner's name at time of inspection. Prospective tenants are not to put utilities in their name until the unit has been approved.
- Tenant cannot move into a new unit while EDEN is paying rent on another unit.
- EDEN cannot start paying rent on a unit until it passes inspection and a move-in date has been confirmed with owner (Rapid Re-Housing automatically begins payment from the date the unit passes inspection).
- Owner must submit all required documents (signed HAP contract and executed lease) to EDEN for subsequent payments to be made (HAP Contract only required for permanent programs).
- Prior to move-in, Owner must execute a lease that exactly matches the specifications on this RFLA. This lease must be compliant with Landlord/Tenant laws or it may be rejected.
- It is the Owner's responsibility to follow standard screening procedures. Please see Page 2, line 10(a) for more information.

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MINIMUM INSPECTION REQUIREMENTS

Listed below are EDEN's minimum requirements for passing the Housing Quality Standards (HQS) Inspection. Units must meet these minimum requirements before Landlords complete the RFLA and before the inspection can pass.

- All utilities: electric, gas and water **MUST** be **ON** in order for unit to pass inspection for any type of HQS inspection. Inspectors must be able to verify that all utilities are in working order.
- If Landlord is supplying appliances, these appliances must be present, installed and working to receive credit for usage
- All ceilings, walls and floors must be strong, sturdy and in their permanent positions.
- All floors must be free of tripping hazards
- A working smoke detector with a live battery **must be installed on every level of the unit** including the basement and outside of sleeping rooms. If any members of the family are hearing impaired, a detector with a visual signal must be installed.
- The entire unit, both inside and outside, including window frames, must be free of cracking, scaling, peeling, chipping and loose paint. This prevents exposure to possible lead based paint hazards.
- Where there are four or more consecutive steps, handrails must be securely attached. This applies to both the interior and exterior of the unit.
- The unit must be free of roaches, rodents, or any other infestations.
- The entire unit, interior and exterior, must be free from electrical hazards. There may be no loose, hanging or exposed wires. All three-prong outlets must be wired correctly. A three-prong circuit tester will be used at the time of inspection to assure safety
- GFI's must be installed in the kitchen and bathroom, four feet from the sink and properly grounded.
- Every room used for living must have either three working outlets or two working outlets and a permanently installed light fixture. At a minimum, each bathroom must have a permanently installed light fixture.
- All light switches and outlets must have undamaged and secured covers installed.
- All windows and doors must be secure when closed and must be weather tight. No broken or cracked windows allowed.
- All windows and doors that are accessible from the outside must have working, sturdy locks.
- All operable windows must have a mechanism to secure them in place when opened, with ropes or window controls. Window hardware must be operable.
- Every room must have at least one operable window for ventilation and safe egress, if the windows are designed to open.
- If the unit has third floor sleeping room (s) or living space and the family is eligible to use this space, the owner must provide a safe method of escape in the case of fire. Example: Fire ladder or existing and accessible fire escape(s).
- If there is a bathroom with a toilet that is not hooked up to water and sewer lines, it must be repaired/removed. If it is removed, the drain must be sealed to prevent rodents and/or sewer gases from escaping into the unit.
- All sinks must have traps except for the laundry tub with flowing and open drains.
- The bathroom must have either an openable window or an exhaust fan for ventilation to the outside.
- The hot water tank's temperature pressure relief valve must have a threaded discharge line extending down to six inches from the floor.
- The flue pipe leading from the furnace and hot water tank must be sealed where they enter the chimney. Also, check to ensure that the flue pipes connecting to the furnace and hot water tank are installed correctly. (At no less than 90 angle)
- Every room used for living must have an adequate heat source. If the source is a separate gas heater, it must be vented to the outside. If the source is electric, it must be permanently installed and controlled by a separate thermostat and be connected to its own breaker or fuse. (No space heaters)
- If the downspouts or gutters are damaged and/or missing, causing interior damage to the unit, they must be replaced or repaired. Any damage to the interior of the unit due to the missing or damaged downspouts or gutters must be repaired.
- The unit must be free from any accumulation of garbage or debris, both inside and outside.
- The owner must provide adequate "refuse disposals" to all dwellings. These facilities include trash cans with covers, garbage chutes, and dumpsters with lids approved by the local Health and Sanitation Department.
- If the unit has a clothes dryer, the dryer must be vented.
- No key-in/key-out deadbolts are allowed. Use thumb-turn locks only.

Housing Assistance Payments Contract SAMPLE SUBSIDY Program

Part B: Contract Terms

1. Definitions

SAMPLE SUBSIDY program. The SAMPLE SUBSIDY Program is a federal housing subsidy program under the supervision of HUD. Under this program, HUD provides funds to EDEN for rent subsidies on behalf of eligible families. EDEN has entered into this HAP contract to provide assistance to the family under the SAMPLE SUBSIDY program.

Contract rent. The total monthly rent payable to the owner for the contract unit. The contract rent is the sum of the tenant rent plus the housing assistance payment from EDEN to the owner.

Contract unit. The housing unit rented by the tenant. (The contract unit is described in Part A.)

EDEN. Emerald Development and Economic Network, Inc. (EDEN) is the housing agency designated by HUD and the Cuyahoga County Department of Human Services to administer the SAMPLE SUBSIDY program in Cuyahoga County.

Family. The persons who are authorized to reside in the unit with assistance under the program.

HAP contract. This housing assistance payments contract consisting of Part A and Part B.

Housing quality standards (HQS). The minimum housing quality standards (HQS) for housing units assisted under the SAMPLE SUBSIDY program.

HUD. The U.S. Department of Housing and Urban Development.

HUD requirements. HUD requirements for the SAMPLE SUBSIDY programs. HUD requirements are issued by HUD headquarters, as regulations, Federal Register notices or other binding program directives.

Premises. The building or complex in which the contract unit is located, including common areas and grounds.

Tenant. The tenant is the family member who is declared eligible by EDEN to sign a lease with the owner for the contract unit.

Tenant rent. The portion of the contract rent payable by the family, as determined by the HA in accordance with HUD requirements.

2. Purpose

- a. This is a HAP contract between EDEN and the owner.
- b. The family is a participant in the SAMPLE SUBSIDY program. The purpose of the HAP contract is to assist the tenant to lease a dwelling unit from the owner for occupancy by the family with tenant-based assistance under the SAMPLE SUBSIDY program.
- c. EDEN must pay housing assistance payments to the owner in accordance with the HAP contract. HUD provides funds to EDEN to pay housing assistance payments for eligible families.

3. Lease of Contract Unit

- a. The owner has leased the contract unit to the tenant for occupancy by the family with assistance under the SAMPLE SUBSIDY program.
- b. The lease must not be inconsistent with the provisions of the Ohio Landlord-Tenant Act (ORC 5321) or this HAP, and must be approved by EDEN. Any lease provisions not in compliance with this provision shall be deemed unenforceable.
- c. The owner certifies that the tenant and the owner have executed the lease in the form approved by EDEN. The lease may not be revised unless EDEN gives notice that the lease revision has been approved.
- d. Acceptance and screening of tenants is exclusively the owner's responsibility.

4. Use and Occupancy of Contract Unit

- a. The HAP contract applies only to the family and the contract unit.
- b. EDEN shall approve the composition of the family residing in the contract unit. The members of the family approved by EDEN at execution of the HAP contract are listed in Part A of the HAP contract.

5. Maintenance and Inspection

- a. The owner must maintain the contract unit and premises in accordance with the HQS at all times. EDEN will not make any housing assistance payments until after the dwelling unit meets the HQS.
- b. The lease must specify what utilities and appliances are to be supplied by the owner, and what utilities and appliances are to be supplied by the tenant.
- c. The owner is not responsible for a breach of the HQS that is caused by any of the following:
 - i. The family fails to pay for any utilities that the owner is not required to pay for under the lease, but which are to be paid by the tenant;
 - ii. The family fails to provide and maintain any appliances that the owner is not required to provide under the lease, but which are to be provided by the tenant; or
 - iii. Any member of the household or guest damages the contract unit or the premises (damages beyond ordinary wear and tear).
- d. EDEN will inspect the contract unit and premises at least annually, and at such other times as it determines necessary, to assure that the unit is in accordance with the HQS.

- e. EDEN must notify the owner in writing of defects found by the inspection. If a defect is life threatening, the owner must correct the defect within no more than 24 hours. For other defects, the owner must correct the defect within a reasonable period specified by EDEN.

f. If the owner does not maintain the unit in accordance with the HQS, EDEN will withhold rent in accordance with Ohio Landlord tenant law unless the defects are corrected within the period specified by EDEN. In addition, EDEN may terminate the HAP contract. EDEN may not exercise such remedies against the owner because of an HQS breach for which the family is responsible (as described in section 5.c).

g. Maintenance and replacement (including redecoration) must be in accordance with the standard practice for the building concerned as established by the owner.

6. Term of HAP Contract

a. The term of the HAP contract begins on the first day of the term of the lease, and terminates on the last day of the term of the lease.

b. The term of the HAP contract terminates if any of the following occurs:

- i. The lease terminates;
- ii. The HAP contract terminates; or
- iii. EDEN terminates program assistance for the family.

c. If EDEN terminates program assistance for the family, the HAP contract terminates automatically. EDEN may terminate program assistance for the family for any grounds authorized in accordance with HUD requirements or Ohio law.

d. If the family moves out of the unit, the HAP contract terminates automatically.

e. EDEN may terminate the HAP contract if EDEN determines, in accordance with HUD requirements, that available program funding is not sufficient to support continued assistance for families in the program.

f. EDEN may terminate the HAP contract if EDEN determines that (1) The contract unit does not meet the HQS space standards because of an increase in family size or a change in family composition, or (2) The contract unit is larger than appropriate for the family size and composition.

g. If the family breaks up, EDEN has discretion to determine which members of the family continue to receive assistance in the program. EDEN may terminate the HAP contract, or may continue housing assistance payments on behalf of family members who remain in the contract unit.

i. EDEN may terminate the HAP contract if EDEN determines that the owner has breached the HAP contract.

j. Written notice of termination of the HAP contract shall be given by EDEN not less than 30 days before the effective date of termination, unless the reason for termination is a breach of the HAP contract by the owner.

7. Termination of Tenancy by Owner

a. The owner may only terminate the tenancy in accordance with the lease.

b. The owner must give notice of termination in accordance with the requirements of Ohio law and HUD.

c. The owner must give EDEN a copy of any owner termination of lease notice or eviction notice to the tenant at the same time that the owner gives notice to the tenant. Owner eviction notice means a notice to vacate, or a complaint or other initial pleading used under state or local law to commence an eviction action.

8. Tenant Rent

a. The amount of the tenant rent is determined by EDEN in accordance with HUD requirements. The amount is subject to change during the term of the HAP contract. Any changes in the amount of the tenant rent will be effective on the date stated in a written notice by EDEN to the family and the owner.

b. The amount of the tenant rent is the maximum amount the owner can require the family to pay for rent of the contract unit, including all services, maintenance and utilities to be provided by the owner in accordance with the lease.

c. The owner may not demand or accept any rent payment from the tenant in excess of the tenant rent, and must immediately return any excess rent payment by the tenant.

d. The family is not responsible for payment of the portion of contract rent covered by the housing assistance payment under the HAP contract between the owner and EDEN. The owner may not terminate the tenancy of the family for nonpayment of rent if the family pays its portion of the rent.

9. Housing Assistance Payment

a. Housing assistance payments will be paid to the owner during the lease term and while the family resides in the unit on the condition that the HAP contract has been signed by all parties and the unit remains in compliance with HQS.

b. EDEN must pay the housing assistance payment promptly when due to the owner.

c. The amount of the housing assistance payment will be determined by EDEN and shall be equal to the difference between the contract rent and the tenant rent.

d. The amount of the housing assistance payment is subject to change during the HAP contract term. Any change in the amount of the housing assistance payment will be effective on the date stated in a written notice by EDEN to the owner.

e. The housing assistance payment for the first and last month of the HAP contract term will be pro-rated for a partial month in accordance with actual occupancy.

f. EDEN will not pay the tenant rent, or any claim by the owner against the tenant or family. EDEN is only responsible for making housing assistance payments to the owner in accordance with the HAP contract.

g. The housing assistance payment is credited toward the monthly contract rent owed to the owner under the lease.

h. If the family moves out of the contract unit, EDEN will not make any housing assistance payment to the owner for any month after the month when the family moves out.

i. Unless the owner complies with all provisions of the HAP contract and supplies EDEN with all information needed for record keeping and financial reporting, the owner does not have a right to receive housing assistance payments.

j. If EDEN determines that the owner is not entitled to the housing assistance payment or any part of it, EDEN in addition to other remedies, may deduct the amount of the overpayment from any amounts due the owner (including amounts due under any other SAMPLE SUBSIDY HAP contract).

10. Adjustment of Contract Rent

a. EDEN must review the contract rent at least annually on the anniversary of the HAP contract and make such adjustments upward or downward as required by HUD. To receive an upward adjustment of the contract rent, the owner must request the annual adjustment by giving EDEN notice in the form and at the time required by EDEN.

b. The owner shall not have any right to any upward adjustment of the contract rent unless the contract unit meets the HQS, and the owner is in compliance with the lease and with the HAP contract.

c. The contract rent may not exceed the rents charged for comparable unassisted dwelling units (rent reasonableness), as determined by EDEN in accordance with HUD requirements.

11. Owner Certification

During the term of this contract, the owner certifies that:

a. The owner is maintaining the contract unit in accordance with the HQS.

b. The contract unit is leased to the tenant and the lease is in accordance with this contract and program requirements.

c. The contract rent does not exceed rents charged by the owner for other comparable unassisted units.

d. Except for the housing assistance payment and the tenant rent as provided under the HAP contract, the owner has not received and will not receive any payments or other consideration (from the family, EDEN, HUD, or any other public or private source) as rent for the contract unit.

e. The family does not own or have any interest in the contract unit.

f. To the best of the owner's knowledge, the members of the family reside in the contract unit, and the unit is the family's only residence.

12. Security Deposit

a. The owner may receive a security deposit of no more than one month's rent from EDEN. The tenant will assign all rights to the security deposit to EDEN.

b. When the family moves out of the contract unit, the owner, subject to State and local law, may use the security deposit, including any interest on the deposit, in accordance with the lease, as reimbursement for any unpaid tenant rent, damages to the unit or other amounts that the tenant owes under the Lease.

c. The owner must comply with the provisions of Ohio landlord-tenant law and give EDEN and the tenant a written list of all items charged against the security deposit, and the amount of each item. After deducting the amount, if any, used to reimburse the owner, the owner must promptly refund the full amount of the unused balance to EDEN.

d. The owner shall not make a claim against EDEN for any damages in excess of the security deposit attributable to the tenancy.

13. Prohibition of Discrimination

In accordance with applicable equal opportunity statutes, Executive Orders, and regulations:

a. The owner must not discriminate against any person because of race, color, religion, sex, national origin, age, familial status, or disability in connection with this contract.

b. The owner must cooperate with EDEN in conducting equal opportunity compliance reviews and complaint investigations.

14. Rights of EDEN if Owner Breaches the HAP Contract

a. Any of the following actions by the owner (including a principal or other interested party) is a breach of the HAP contract:

i. If the owner has violated any obligation under this HAP contract, including the owner's obligations to maintain the contract unit in accordance with the HQS.

ii. If the owner has violated any obligation under any other housing assistance payments contract under any federal, state or local government housing program.

iii. If the owner has committed fraud, bribery or any other corrupt or criminal act in connection with any federal, state or local housing assistance program.

iv. For projects with mortgages insured by HUD or loans made by HUD, if the owner has failed to comply with the regulations for the applicable mortgage insurance or loan program, with the mortgage or mortgage note, or with the regulatory agreement; or if the owner has committed fraud, bribery or any other corrupt or criminal act in connection with the mortgage or loan.

v. If the owner, or an employee of the owner, has engaged in drug trafficking.

b. If EDEN determines that a breach has occurred, EDEN may exercise any of its rights or remedies under the HAP contract. EDEN shall notify the owner of such determination, including a brief statement of the reasons for the determination. The notice by EDEN to the owner may require the owner to take corrective action (as verified by EDEN) by a time prescribed in the notice.

c. EDEN's rights and remedies against the owner under the HAP contract include suspension of housing assistance payments, abatement or other reduction of housing assistance payments, termination of housing assistance payments, and termination of the HAP contract.

d. EDEN's exercise or non-exercise of any remedy for owner breach of the HAP contract shall not constitute a waiver of the right to exercise that or any other right or remedy at any time.

15. EDEN and HUD Access to Premises and Owner Records

- a. The owner must provide any information pertinent to the HAP contract EDEN or HUD may reasonably require.
- b. EDEN, HUD and the Comptroller General of the United States shall have full and free access to the contract unit and the premises, and to all accounts and other records of the owner that are pertinent to the HAP contract, including the right to examine or audit the records, and to make copies. The owner must grant such access to computerized or other electronic records, and to any computers, equipment or facilities containing such records, and must provide any information or assistance needed to access the records.

16. Exclusion of Third Party Rights

- a. EDEN does not assume any responsibility for injury to, or any liability to, any person injured as a result of the owner's action or failure to act in connection with the implementation of the HAP contract, or as a result of any other action or failure to act by the owner.
- b. The owner is not the agent of EDEN, and the HAP contract does not create or affect any relationship between EDEN and any lender to the owner or any suppliers, employees, contractors or subcontractors used by the owner in connection with implementation of the HAP contract.
- c. Nothing in the HAP contract shall be construed as creating any right of the family or other third party (other than HUD) to enforce any provision of the HAP contract, or to assert any claim against HUD, EDEN or the owner under the HAP contract.

17. Conflict of Interest

- a. Prohibited interest. The following classes of persons may not have any direct or indirect interest in the HAP contract:
 - i. Any trustee or officer of EDEN;
 - ii. Any employee of EDEN, or any contractor, subcontractor or agent of EDEN, who formulates policy or who influences decisions with respect to its programs;
 - iii. Any public official, member of a governing body, or federal, state or local legislator, who exercises functions or responsibilities with respect to the programs.
- b. The prohibition of such interest shall apply during tenure as a member of such classes, and for one year thereafter.
- c. Owner certifies that no person has or will have a prohibited interest, at execution of the HAP contract, or during the HAP contract term.
- d. Owner shall be responsible for assuring that any member of such classes promptly discloses their interest or prospective interest to EDEN and HUD.
- e. The conflict of interest prohibition under this section may be waived by the HUD Field Office for good cause.

18. Assignment of the HAP Contract

- a. The owner may not assign the HAP contract to a new owner without the prior written consent of EDEN. EDEN may deny approval to assign the HAP contract to a new owner (in whole or in part):

i. If directed by HUD because:

- (1) The federal government has instituted an administrative or judicial action against the owner for violation of the Fair Housing Act or other federal equal opportunity requirements, and such action is pending; or
- (2) A court or administrative agency has determined that the owner violated the Fair Housing Act or other federal equal opportunity requirements.

ii. If the proposed assignee:

- (1) Has violated obligations under a housing assistance payments contract under Section 8 (42 U.S.C. 1437f);
- (2) Has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
- (3) Has engaged in drug trafficking;
- (4) Has a history or practice of non-compliance with the HQS for units leased under the Section 8 tenant-based programs, or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other federal housing program;
- (5) Has a history or practice of renting units that fail to meet state or local housing codes; or
- (6) Has not paid state or local real estate taxes, fines or assessments.

- b. The assignee must agree to comply with the HAP contract. The agreement must be in writing, and in a form acceptable to EDEN. The transferee must give EDEN a copy of the executed agreement.

19. Written Notices

When this HAP contract requires any notice by EDEN or the owner, the notice must be in writing.

20. Entire Agreement; Interpretation

- a. The HAP contract contains the entire agreement between the owner and EDEN.
- b. The HAP contract shall be interpreted and implemented in accordance with HUD requirements and the law of the State of Ohio.

21. Warranty of Capacity

The party who is executing this HAP contract warrants that such party has authority to execute the HAP contract on behalf of the owner.

How to Correctly Complete the W-9 Form

Landlord Phone:

Landlord Email:

Tenant Name:

STEP 1:

- Add Landlord Phone Number, Email and Tenant Name

Give Form to the requester. Do not send to the IRS.

Print or type
See specific instructions on page 2.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.) _____
 City, state, and ZIP code _____
 List account number(s) here (optional): _____

Requester's name and address (optional): _____

Exemptions (see instructions):
 Exempt payee code (if any): _____
 Exemption from FATCA reporting code (if any): _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, where applicable, to:

- Certify that the TIN you are giving is correct for you are waiting for a number to be issued.
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

How to Correctly Complete the W-9 Form

Landlord Phone: _____ Landlord Email: _____ Tenant Name: _____

Form W-9 <small>(Rev. August 2013) Department of the Treasury Internal Revenue Service</small>	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
--	--	--

Print or type See separate instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Par Enter to avoid resident entity TIN of Note number	STEP 2: - Fill in Name or Business Name - Address- all EDEN correspondence will be sent here o *** this is not the rental property address
Par Under	

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, where applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

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- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate) or
- A domestic trust (as defined in Regulations section 901.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

How to Correctly Complete the W-9 Form

Landlord Phone: _____ Landlord Email: _____ Tenant Name: _____

Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	<h3 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h3>	Give Form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) _____ Business name (disregarded entity name, if different from above) _____ Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) _____ <input type="checkbox"/> Other (see instructions) ▶ _____ Address (number, street, and apt. or suite no.) _____ City, state, and ZIP code _____ List account number(s) here (optional) _____ Exemptions (see instructions): Exempt payee code (if any) _____ Exempt on form FATCA reporting code (if any) _____ Requester's name and address (optional) _____
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Part I
 Enter your TIN to avoid backup withholding on interest and dividends, if TIN on page 1. Note: If the number to

STEP 3:

- Fill in social security number **OR** employer identification number which corresponds with Name/Business Name

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General
 Section refers to future developments about Form W-9 affecting Form on that page.

STEP 4:

- Sign and date

withholding tax on foreign partner's share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any), indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and where applicable, to:

- Certify that the TIN you are giving is correct for you are waiting for a number to be issued.
- Certify that you are not subject to backup withholding.
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) Johnny Appleseed	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) 1234 Appletree Lane	Requester's name and address (optional)
City, state, and ZIP code Cleveland, OH 44102	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										
1	2	3	-	4	5	-	6	7	8	9
Employer identification number										
			-							

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
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Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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Purpose of Form

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3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

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- An estate (other than a foreign estate), or
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Property Listing Form

Please print clearly and complete this form in its entirety.



Landlord Contact Information			PROPERTY LOCATION		
Name: _____ Company: _____ *Email: _____ Primary Phone Number: _____ Alternate Phone Number: _____			Street: _____ City: _____ State: _____ Zip: _____ County: _____ Date Available: _____		
*Permission to share email with clients? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Rent Amount: \$ _____	Security Deposit: \$ _____ <input type="checkbox"/> Negotiable	Bedrooms: _____ Full Baths: _____ ½ Baths: _____	Square Footage: _____	Year Built: _____	Pets Allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cats <input type="checkbox"/> Dogs
Property Type: <input type="checkbox"/> Single-Family <input type="checkbox"/> Double/Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4plex <input type="checkbox"/> Walk-up <input type="checkbox"/> High-rise					
Indoor: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System		Outdoor: <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included		Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None	
Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer					
Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> Radiator <input type="checkbox"/> Heat Pump		Utilities:			
Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal		<ul style="list-style-type: none"> • Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane • Water Type: <input type="checkbox"/> City Water <input type="checkbox"/> Well Water • Hot Water Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane • Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • Heating Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • Cooling Type: <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> None • Electric Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • Sewer Type: <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic Tank • Cooking Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric • Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • Sewer Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner 			
Other: <input type="checkbox"/> Age Restricted <input type="checkbox"/> Pest Control Included <input type="checkbox"/> _____ <input type="checkbox"/> _____		Handicap Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ _____ _____		Accepts clients with: <input type="checkbox"/> Previous Evictions <input type="checkbox"/> Felonies <input type="checkbox"/> Sex offenses	

Additional Landlord Questions

*Will you accept temporary and permanent EDEN programs?	
Would you be willing to accept clients without rental history:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever rented to an EDEN client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be interested in attending a Landlord forum? will work best with your schedule:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate several times which

* Please visit the "List Your Properties with EDEN" section of our website and view the Program List for more details about our programs



Housing Is Our Foundation

Landlord Forum

Landlords, Owners, Property Management and Realty Companies are all welcome to attend!

Temporary Rental Assistance Programs

Wednesday, March 7th at 4pm
Wednesday, May 2nd at 4pm
Wednesday, July 11th at 4pm
Wednesday, September 12th at 4pm
Wednesday, November 7th at 4pm

Permanent Voucher Programs

Wednesday, March 21st at 4pm
Wednesday, May 16th at 4pm
Wednesday, July 25th at 4pm
Wednesday, September 26th at 4pm
Wednesday, November 14th at 4pm

Location: Emerald Commons 1976 West 79th St. Cleveland, OH 44102
(Next door to EDEN headquarters)

During these informational sessions we will focus on the Temporary Rental Assistance Programs or the Permanent Voucher Programs providing program details, information regarding the moving process from start to finish, advertising available units with EDEN and more. Please join us if you want to learn more about EDEN and the process of renting to our clients.

RSVP for a Landlord Forum by visiting our website www.edeninc.org contacting us via email landlordinfo@edeninc.org or by phone

216-961-9690 x319