

Third Project Housing Application

**EDEN, INC.**  
**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

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

Mental Health Professional \_\_\_\_\_

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

Address \_\_\_\_\_

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

Primary Disability: \_\_\_\_\_ **Mental Illness** \_\_\_\_\_ **Mental Illness & Chemical Addiction**

Disability Eligibility – Qualifying Diagnosis \_\_\_\_\_

Please indicate any additional disabilities \_\_\_\_\_

(Ex: Primary disability is mental illness but also chemical addiction)

Signature & Title of Person Certifying Disability Eligibility:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Third Project Housing Application

**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 3 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 \_\_\_\_\_

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**Type of Housing Needed/Desired – Check & Explain All That Apply**

Single Home \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Duplex \_\_\_\_\_

Explain \_\_\_\_\_

Number Of Bedrooms: One \_\_\_\_\_ Two \_\_\_\_\_ Three \_\_\_\_\_ More \_\_\_\_\_

Explain (If More Than One) \_\_\_\_\_

Location – East \_\_\_\_\_ West \_\_\_\_\_ Any \_\_\_\_\_

If Specific, List Areas You Will Accept \_\_\_\_\_

Special Accommodations Needed \_\_\_\_\_

**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)

*I attest that all the information provided is correct to the best of my knowledge. Any changes or additional data will be provided to Eden, Inc.*

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

Mental Health Professional 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./Third Project Apts.

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](http://www.edeninc.org) [info@edeninc.org](mailto:info@edeninc.org)  
TDD/TTY: 1-800-545-1833, ext. 873

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: \_\_\_\_\_

\_\_\_\_\_

FROM: EDEN, INC, 7812 MADISON CLEVELAND OH 44102

ATTN: AMBER SMITH

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

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.

=====

INFORMATION BEING REQUESTED

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

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
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

**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

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Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, 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.	
<b>Signature of Applicant</b>	<b>Date</b>

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 102-550, 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.