

WIEDER-SILVER MANOR 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/MACSYS 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

Roommate Preference:

Smoker _____ Night/Day Person _____
Pet Allergies _____ Housekeeping Skills _____
Cooking Skills _____ Personal Grooming Skills _____
Own Transportation _____

Special Accommodations Needed _____

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 _____

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 102-550, 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.	

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 102-550, 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.



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.

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

ATTACHMENT 7

APPLICANT
DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____
SEX _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2 or 3:

DECLARATION

I, _____ hereby
(print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

_____ 1. a citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. a noncitizen with eligible immigration status in the category checked below:

- ___ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- ___ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- ___ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- ___ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- ___ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- ___ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this format, and sign here:

Signature

Date

OR

If you checked this block and you are under 62 years of age, you must submit the following documents:

- a. Verification Consent Format (Attachment 8)
AND
- b. one of the following documents:
 - (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
 - (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (i) "Admitted as Refugee Pursuant to section 207";
 - (ii) "Section 208" or "Asylum"
 - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";
 - (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation;
or
 - (iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
 - (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
 - (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
 - (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under-taken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

APPLICANT
VERIFICATION CONSENT FORM

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

Consent

I, _____ hereby
(print or type first name, middle initial, last name)

consent to the following:

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature

Date

Check here is adult signed for a child: _____

**Verification of
Disability**

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

DATE: _____

TO: _____

FROM: Elaine Gimmel, Chief Operating Officer
EDEN, Inc.
7812 Madison Ave.
Cleveland, Ohio 44102

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.

=====

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 more suitable housing conditions.

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

=====

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).

=====

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.

PENALTIES FOR MISUSING THIS CONSENT:

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