EDEN Mainstream Waiting List Pre-Application

This form is the application to enter the EDEN Mainstream Housing Choice Voucher lottery. Mainstream vouchers assist non-elderly persons with disabilities. Please see EDEN’s website at https://www.edeninc.org for more information about eligibility and to search for Mainstream Frequently Asked Questions (FAQs). In addition to having at least one eligible household member (a person between ages 18-62 with a disability) the household income must be at or below HUD-specified income limits.

If an applicant needs an accommodation (due to disability, language, or any other reason) in order to complete the application, please contact EDEN at (216) 462-0856 or via the "Contact Us" form at http://www.edeninc.org. TDD/TTY 1-800-545-1833 ext. 873

Please leave a voicemail message if you call us, with your name and phone number or best way to contact you and we will respond. You may also visit EDEN weekdays during regular business hours during the waitlist opening period (Monday, December 9 - Wednesday, December 11) and someone will be able to assist at that time or will be able to assist in making an appointment in order to help.

Fields marked with an * are required

Head of household information

*1a) First Name - enter your first name - no nicknames please

*1b) Last Name - enter your last name

*2a) Current Complete Address (including Apartment #) - enter your current address, house or unit number (if applicable), and street name. This is the address we will mail you your full application and other announcements, if you win the lottery and are selected for the wait list. If you get on the waitlist, you must update your address if it changes so we can continue to contact you regarding your status.

*2b.) City - enter the city you live in

*2c.) State - use the drop-down to select the state you currently live in

*2d.) Zip - enter the zip code you currently live in

*3.) Family Unit Size (Total # Household Members) - enter the total number of people in your family that will be residing in the unit, were you to be awarded a HCV

*4.) Race - use the drop down to select your race. You may select more than one option by using Control and left clicking on the options available. The answer is NOT used to determine eligibility, it is a required by HUD to be collected.

*5.) Ethnicity - use the drop down to select Hispanic, non-Hispanic, or refuse to answer. The answer is NOT used to determine eligibility, it is a required by HUD to be collected.

*6.) Age - this is the current age of the person applying

7.) Email address - if you have an email address, please enter it here. We may use this email address to contact you so if you win the lottery and get on the waitlist, please keep this address updated.
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*8.) Phone number where I can be reached- provide a 10-digit phone number where you can be reached. If you do not have a phone number, please include a phone number of a family member, case manager or other person/organization who will be able to get in touch with you.

*9.) Total Monthly Income of All Individuals in Household ( Rounded to Nearest Whole Dollar)- this is a number that is the monthly income for all of the people in the household per month. If you do not know the exact amount, please provide your best estimate. All income information will be confirmed if you are selected in the lottery for the waitlist and can be updated at that time.

Status- please select any or all boxes that apply to you and/or your household. All information will be verified if you are selected for the waitlist so please answer to the best of your ability at this time.

10a.) You or Another Adult in the Household is Currently Disabled- check this box if you are disabled AND/OR another person in your household over the age of 18 is disabled. Please refer to the FAQs for more information about disability.

10b.) Currently Homeless (Streets, Homeless Shelter, Living in a Place not Meant for Habitation) - check this box if you or your household is currently homeless

10c.) Experienced Homelessness (Streets, Homeless Shelter, Living in a Place not Meant for Habitation) in the Last Two Years- select this box if you are not homeless now, but were homeless within the past two years.

10d.) Currently Housed in Permanent Supportive Housing or Rapid Rehousing Project- check this box if you are currently in a program such as Continuum of Care, Shelter Plus Case, Supportive Housing Program, Rapid Rehousing, Emergency Solutions Grant or similar program.

Alternate/Emergency Contact

*11a.) Alternate/Emergency Contact Full Name- Name of someone we can contact if we are unable to contact you

*11b.) Alternate/Emergency Contact Phone Number- Phone number of the person named as your Alternate/Emergency Contact

12a.) Case Manager Name- Provide your case manager’s name, if you have one

12b.) Case Manager Agency- Provide the agency or organization your case manager works for or you receive services from, if you have one

12c.) Case Manager Phone Number- Provide the phone number of your case manager, if you have one.

Unique identifier

For the purposes of checking your lottery status, after clicking submit, you will be assigned a unique identifier (Write down this number and keep it!). For the partial purposes of generating your unique identifier please complete the information below.

*Last 2 Digits of SSN- enter the last two numbers of your Social Security Number
*Pick a Random Letter (A-Z)- enter one letter from the alphabet

Create your unique identifier below by combining the following information (no spaces!) – Initials (First and Last name initials), Age, Last Two of SSN, Random Letter Selected Above.

Here is an example: if your name is John Smith, you are 50 years old, the last two numbers of your SSN are 10 and you picked the letter Z, your entry would be JS5010Z.

*Unique Identifier- enter your 7-digit unique identifier based on the information you provided.

By typing my full name below, I certify that the above information is accurate and complete to the best of my knowledge and ability.

*Your Full Name- Enter your full name. This is to affirm you understand that you are entering the EDEN Mainstream HCV lottery and are answering the questions to the best of your ability.

Select the SUBMIT button when complete.

- If you did not answer a question with an asterisk * you will not be able to submit until to answer the question(s).
- You may also get an error if you enter a word where there should be a number or enter a number where there should be a word.
- Please review your answers, but remember that we will be working with you to get updated and correct information if you are selected for the lottery.