Wieder-Silver Manor
Accepting applications

July 27th, 2020 through July 31st, 2020 @ 4pm

Emerald Development & Economic Network Inc., manages this HUD 811 Project located at 1452 Forest Hills Blvd Cleveland Heights, Ohio 44118.

The building has 9 units and each is a two-bedroom apartment. EDEN is accepting applications for Shared living units for women only to be placed on a waiting list. The tenant must have a severe mental illness to qualify and be under HUD’s very low income guideline. The tenant’s portion of rent/utilities is based on 30% of their adjusted monthly income.

A completed application and supporting documents, which include verification of all household income, copies of valid photo ID’s, birth certificates and social security cards for all household members are required.

EDEN will start accepting applications effective July 27th, 2020. EDEN will accept applications for this building to be placed on a waiting list. All applications must be delivered to EDEN at 7812 Madison Ave, Cleveland Ohio 44102 by July 31st, 2020 @ 4pm. Any application received after July 31st, 2020 @ 4pm will be declined.

The applications can be submitted by emailing them to aluzader@edeninc.org or fax them at (216) 651-4066 or drop off the application at EDEN’s Headquarters’ drop box.

Application received at EDEN: __________________________ Date _________________ Time

EDEN’s staff initials: ___________________________________________
Wieder-Silver Manor

Thank you for expressing interest in our housing program. In order to be considered for the Rental Program you must submit all of the following documentation.

**EDEN will not be able to copy any documents.**

**Please have all necessary**

**Documents copied before delivering the Application to EDEN.**

- At least one person in the household must be 18 years old or older. Applications must be completed by each member of the household that is 18 years or older.

A complete application includes the following information:

- Application  
  (Each person 18 years old & older)
- Copy of Birth Certificates  
  (All Occupants)
- Copy of Social Security Cards  
  (All Occupants)
- Copy of Photo I.D.  
  (Each person 18 years old & older)
- Form HUD – 92006  
  (Each person 18 years old & older)
- EDEN-HUD Subsidized Housing Affidavit  
  (Each person 18 years old & older)
- **Attachment 7 – Applicant Declaration Format**  
  (All Occupants)
- **Attachment 9 - Applicant Verification Consent Form**  
  (for all Non-citizen household member)
- Race and Ethnic Data  
  (All Occupants)
- Form HUD - 90102 – Verification of Disability
- Applicant/Tenant Income and Asset Statement

- **Proof of Income**
  - Three current pay stubs
  - Statement from SSI
  - Welfare Agency
  - Child Support
  - Workers Compensation
  - Unemployment
  - 1099 tax form if you are self-employed
## Wieder-Silver Manor Housing Application

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Date of Application</td>
<td></td>
</tr>
<tr>
<td>Applicant Name</td>
<td></td>
</tr>
<tr>
<td>Current Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State Zip</td>
</tr>
<tr>
<td>Phone Number</td>
<td>How Long at Current Address?</td>
</tr>
<tr>
<td>Age Date of Birth Sex Race</td>
<td></td>
</tr>
<tr>
<td>Ethnicity Hispanic/Latino Non-Hispanic or Non-Latino</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Are you a Veteran?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Are you a U.S. Citizen?</td>
<td>Yes No Please complete attached Declaration of Citizenship Forms</td>
</tr>
<tr>
<td>Referring Agency</td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td></td>
</tr>
<tr>
<td>Telephone Number Fax Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Applicant UCI/MACSIS Number</td>
<td></td>
</tr>
</tbody>
</table>

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)

---

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have You Ever Maintained Your Own Housing Unit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have You Resided In Eden Owned Housing?</td>
<td></td>
<td></td>
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<tr>
<td>If Yes, Why Did You Leave?</td>
<td></td>
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</tbody>
</table>

Updated 7/21/2020 ka

Pforms/Housing Application2 – updated 8/19/05
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)

<table>
<thead>
<tr>
<th>Address</th>
<th>Type</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Residency**- List all States where you and member of Applicant’s household have previously resided.

<table>
<thead>
<tr>
<th>Name: Applicant</th>
<th>States:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>States:</td>
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<td>Name:</td>
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<tr>
<td>Name:</td>
<td>States:</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Smoker</th>
<th>Night/Day Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pet Allergies</td>
<td>Housekeeping Skills</td>
</tr>
<tr>
<td>Cooking Skills</td>
<td>Personal Grooming Skills</td>
</tr>
<tr>
<td>Own Transportation</td>
<td></td>
</tr>
<tr>
<td>Special Accommodations Needed</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>___SSI</th>
<th>Amount</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>___SSDI</td>
<td>Amount</td>
<td>Status</td>
</tr>
<tr>
<td>___Employment</td>
<td>Amount</td>
<td>Status</td>
</tr>
<tr>
<td>___ADC/OWF</td>
<td>Amount</td>
<td>Status</td>
</tr>
<tr>
<td>___GA/DA</td>
<td>Amount</td>
<td>Status</td>
</tr>
<tr>
<td>___Other</td>
<td>Amount</td>
<td>Status</td>
</tr>
</tbody>
</table>

**Payee (If Applicable)**

<table>
<thead>
<tr>
<th>(Name)</th>
<th>(Address)</th>
<th>(Phone)</th>
</tr>
</thead>
</table>

**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) | |
| Emergency | Assist with Recertification Process |
| Unable to contact you | Change in lease terms |
| Termination of rental assistance | Change in house rules |
| Eviction from unit | Other: |
| 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.

| 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.

Form HUD- 92006 (03/09)
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

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.

________________________________________ 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.

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

P:\forms\3rd party verifications\criminal background 2009
Revised effective 7/1/09
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 SEX BIRTH

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. 101(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
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

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 undertaken to obtain this evidence.

Signature

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

Check here if adult signed for a child: ____
APPLICATION 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. HUS 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: ________________
Race and Ethnic Data Reporting Form
U.S. Department of Housing and Urban Development
Office of Housing

Name of Property
Project No.
Address of Property

Name of Owner/Managing Agent
Type of Assistance or Program Title:

Name of Head of Household
Name of Household Member

Date (mm/dd/yyyy):

<table>
<thead>
<tr>
<th>Ethnic Categories*</th>
<th>Select One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>Not-Hispanic or Latino</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial Categories*</th>
<th>Select All that Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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 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.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.
**Race and Ethnic Data Reporting Form**

<table>
<thead>
<tr>
<th>Name of Property</th>
<th>Project No.</th>
<th>Address of Property</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Owner/Managing Agent</th>
<th>Type of Assistance or Program Title:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Head of Household</th>
<th>Name of Household Member</th>
</tr>
</thead>
</table>

**Date (mm/dd/yyyy):** ________________

<table>
<thead>
<tr>
<th>Ethnic Categories*</th>
<th>Select One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>Not-Hispanic or Latino</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial Categories*</th>
<th>Select All that Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

*Definitions of these categories may be found on the reverse side.*

**There is no penalty for persons who do not complete the form.**

**Signature**

**Date**

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*Definitions of these categories may be found on the reverse side.

**There is no penalty for persons who do not complete the form.**

**Signature** __________________________  **Date** __________________________

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Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household’s file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

   1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

   2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

   1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

   2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

   3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

   4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

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

DATE:

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

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

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

SUBJECT: Verification of Disability

NAME ____________________________

ADDRESS ____________________________

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person’s eligibility or level of benefits.

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

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

INFORMATION BEING REQUESTED

For each numbered item below, mark an “X” in the applicable box that accurately describes the person listed above.
Sample Verification of Disability

1. ___YES ___NO

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

2. ___YES ___NO

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

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

3. ___YES ___NO

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

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.
Sample Verification of Disability

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).
HUD Multi Family Programs
Applicant/Tenant Income and Asset Statement

Note: All household members 18 years of age or older are required to complete a separate income statement. All applicable questions must be completed in their entirety.

**Date:**

**Name:** ____________________  **S.S # (last 4 digits):** ____________________

<table>
<thead>
<tr>
<th>Income Sources</th>
<th>Monthly Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Self Employed</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Pension/VA Benefits</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>TANF/OWF</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Workers Comp</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Educational Financial Assistance</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>

Do you HAVE court-ordered or an agreement for child support or alimony?  
Yes No  Amount
(For you to receive and not pay)

Are you currently receiving child support or alimony?  
Yes No  Amount

Do you have a spouse/significant other in subsidized housing?  
Yes No

Do you have children in joint custody?  
Yes No

If yes, does other parent live in subsidized housing?  
Yes No

Are you a full time student enrolled in an institution of higher learning?  
Yes No

If you answered yes to the above question, please answer the following:

Are you 24 or older?  
Yes No

Are you a Veteran?  
Yes No

Are you married?  
Yes No

Do you have a dependent?  
Yes No

Are you disabled and in Sec 8 before 11/30/05  
Yes No

Can someone claim you on their taxes?  
Yes No
Do you have any out of pocket medical expenses not covered by insurance? Yes No Amount:
Do you have child care expenses for a child 12 or younger? Yes No Amount:
Do you anticipate any additions to your household from the following?
Adoption Yes No
Pregnancy Yes No
Foster Children Yes No

Asset Source

<table>
<thead>
<tr>
<th>Yes No</th>
<th>Question</th>
<th>6mo Avg Bal</th>
<th>Int Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No</td>
<td>Do you have a Checking Account?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>Do you have a Savings Account?</td>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>Do you have a Certificate of Deposit?</td>
<td>Cash Value</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>Do you have Cash on Hand?</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td>Do you have Stocks/Bonds?</td>
<td>Cash Value</td>
<td>Annual Earnings</td>
</tr>
<tr>
<td>Yes No</td>
<td>Do you have Money Market/Mutual Funds</td>
<td>Cash Value</td>
<td>Annual Earnings</td>
</tr>
<tr>
<td>Yes No</td>
<td>Do you have an IRA, 401K?</td>
<td>Cash Value</td>
<td>Annual Earnings</td>
</tr>
<tr>
<td>Yes No</td>
<td>Have you received any Lump Sum Amounts?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Status: Keeping Selling Foreclosing Renting Giving Away

Notes:

Have you received any Lump Sum Amounts? When: Amount:
Do you have Life Insurance Policies? (Not term) Cash Value Amount: Annl Earnings
Do you receive period Payments from persons not in the unit? Provider: Frequency: Amount:
Have you Sold, Given Away or Transferred Ownership of Assets within the last 2 yrs? If yes list items: Date:

Total of Net Family Assets $ (Total Value of Assets Listed Above)

The information provided on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.

Signatures:

Signature of Applicant/Lessee

Date

Owner/Management Agent Signature

Date

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