



Hough Heritage

Application Instructions

1. Please print all answers.
2. Use only black or blue ink. Colored inks, markers or pencil are not permitted.
3. If a question does not apply, please write "N/A" or "None" on the line.
4. The use of whiteout or corrective tape is not permitted. If a mistake is made, please draw a line through the wrong answer, write the correct answer, and initial and date the change.
5. An application that is returned to the management office with unanswered questions will not be accepted or placed on the wait list until unanswered questions are completed.
6. Applicants must either phone or visit the management office at least once every three (3) months to express continued interest in residing at the property if they wish to have their application remain on the wait list.
7. To qualify for a **one bedroom or two bedroom** apartment the **household must be age 55 +.**

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Hough Heritage

APPLICATION FOR RESIDENCE

Application Date: _____
 Time Received: _____

Please complete and return to:
 Cleveland Housing Network
 2999 Payne Avenue, 3rd Floor
 Cleveland, Ohio 44114
 (216)574-7100 phone
 TTY: 711

Directions to Applicant: Answer all questions on this application. We will verify your answers. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. Proof of identity (a picture ID) and social security cards must be provided for all household members, **except those household members who do not contend eligible immigration status. Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN. All adults must sign and date the application.**

Size of Unit Requested _____ Date Housing is Needed _____

Current Address _____ City _____ State _____ Zip _____

Telephone No. _____ Alternate Phone Number _____

PART I. FAMILY COMPOSITION

Please provide the following information for all persons that will be occupying the apartment							
Name <u>ALL</u> People to Occupy Unit.			Social Security	Date of	Relation	Sex	Full-time
LAST NAME	FIRST	MI	Number	Birth	to Head		Student?
1.					HEAD		
2.							
3.							
4.							

1. Do you expect a change in household size in the near future: Yes No
 If yes, please explain change and provide the expected date of change: _____
2. Are there any temporarily absent family members: Yes No
 If yes, please provide name and date of return: _____
3. Will this be your only place of residence? Yes No

4. Do you have any pets? ___ Yes ___ No Type: _____

5. Current marital status: Married Divorced Separated Widowed Never Married

FINANCIAL INFORMATION

PART II. INCOME

Please include all types of income received by any persons that will be occupying the apartment. Income includes, but is not limited to, employment income, social security benefits, pensions, worker's compensation, unemployment, child support, alimony, interest and dividends

List All Income (\$) Monthly	Person Receiving Income Name	Name of Source	Address (St, City, State, Zip)	Area Code & Phone Number
\$				
\$				
\$				
\$				

PART III. ASSETS

Please include all assets owned by any persons that will be occupying the apartment, Assets include, but are not limited to, checking and savings accounts (including certificates of deposit), stocks, bonds, retirement accounts, real estate, and life insurance.

List All Asset Values	Name on Account	Name of Financial Institution	Address (St, City, State, Zip)	Account Number
\$				
\$				
\$				
\$				

Miscellaneous

1. Have you given away or sold any assets in the past two years? ___ Yes ___ No
If yes, what was the type of asset? _____ What was the value of the asset? _____
Date asset was sold or given away? _____
2. Does your household receive any other type of income or asset not mentioned above? ___ Yes ___ No
If yes, please explain: _____
3. Do you own a vehicle? ___ Yes ___ No #1 Year: _____ Make/Model: _____
State: _____ License Plate No: _____
#2 Year: _____ Make/Model: _____
State: _____ License Plate No: _____

PART IV. LANDLORD REFERENCES (Provide Continuous Residence Information for at least the past 5 Years)

a. **Applicant #1 Current Address:** _____
Address City State Zip
Landlord Name: _____ Phone Number: _____
Name of Apartment Community: _____
Current Rent You Pay: \$ _____ Current Utilities Amount you Pay: \$ _____
From/to (Dates): _____ - _____ Why do you want to move? _____

b. **Previous Address:** _____
Address City State Zip
Landlord Name: _____ Phone Number: _____
From/to (Dates): _____ - _____ Rent You Paid: \$ _____
Reason for Leaving? _____

c. **Previous Address:** _____
Address City State Zip
Landlord Name: _____ Phone Number: _____
From/to (Dates): _____ - _____ Rent You Paid: \$ _____
Reason for Leaving? _____

d. **Applicant #2 Current Address:** _____
Address City State Zip
Landlord Name: _____ Phone Number: _____
From/to (Dates): _____ - _____ Rent You Paid: \$ _____
Reason for Leaving? _____

e. **Previous Address:** _____
Address City State Zip
Landlord Name: _____ Phone Number: _____
From/to (Dates): _____ - _____ Rent You Paid: \$ _____
Reason for Leaving? _____

PART V. EMPLOYMENT HISTORY (Please provide employment information for the past 3 years)

a. **Applicant #1 Present Employer:** _____ How Long? _____
Supervisor _____ Phone _____

Address City State Zip
Previous Employer: _____ How Long? _____
Supervisor _____ Phone _____

Address City State Zip
Previous Employer: _____ How Long? _____
Supervisor _____ Phone _____

Address _____ City _____ State _____ Zip _____

b. **Applicant #2 Present Employer:** _____ How Long? _____
Supervisor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Previous Employer: _____ How Long? _____
Supervisor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Previous Employer: _____ How Long? _____
Supervisor _____ Phone _____

Address _____ City _____ State _____ Zip _____

If additional space is needed, please continue on the back of this page.

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PART VI. ADDITIONAL INFORMATION

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- a. Are you, your spouse, or co-applicant in the process of becoming evicted or Have you, or your spouse / co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with re-certification procedures, or for any other reason? Yes___ No___
If yes, explain: _____
- b. Have you, your spouse, or co-applicant ever been convicted of a felony? (Note: A "yes" answer to this question will not necessarily disqualify you). Yes___ No___
If yes, explain: _____
- c. Do you currently owe money to any rental housing authority? Yes___ No___
If yes, explain: _____
- d. Have you, your spouse or co-applicant ever received rental assistance? Yes___ No___
If yes, when?: _____ Where? _____
- e. Do you live or have you ever lived in subsidized housing? Yes___ No___
If yes, where? _____ when? _____
- f. Are you or any members of our household currently users of illegal drugs? Yes___ No___
Have you or any members of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substances Yes___ No___
If yes, explain: _____
- g. PROGRAM ACCESSIBILITY STATEMENT: In compliance with Section 504 of the Rehabilitation Act of 1973, we have a legal requirement to provide "reasonable accommodations" to applicants and residents if they or any family members have a handicap or disability. A "reasonable accommodation" is a change in a policy to accommodate an applicant or resident with disabilities.

This is your option and/or choice.

Would you or any members of your household benefit from a handicap-accessible unit?

___ Yes ___ No

If yes, please explain exactly what you need to accommodate your situation: _____

h. How did you learn about our apartment community?

Resident Sign Newspaper Ad Other: _____ Poster/Flyer Community Agency: Who: _____

Are you or any family member, now, or previously during the last 12 months an employee, agent, consultant, officer, elected, or appointed official of the City of Cleveland, Community Development Department, of the Cleveland Housing Network (CHN), or any CHN member organization or any contractor doing business with CHN?

Definitions – A "Family Member" is defined as the employee's spouse and everyone who is related to the employee or the employee's spouse in the following ways: parents, children, grandparents, grandchildren, brothers, sisters, aunts, uncles, nieces, nephews, step relatives and half relatives.

Yes ___ No ___

If yes, explain in detail the position held, the name of the employer, and the nature of their duties: _____

i. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?

Yes ___ No ___

If yes, List name of family member _____ What State _____

j. Are you or any member of your household enrolled as a student at an institute of higher education

as defined under Section 102 of the High Education Act of 1965 (20 U.S.C. 1002)?

___ Yes ___ No

If yes, list the names: _____

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PERSONAL REFERENCE / EMERGENCY CONTACT
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PERSONAL REFERENCE:

Name Phone Number Relationship
Address City State Zip

EMERGENCY CONTACT:

Name Phone Number Relationship
Address City State Zip

COMPLETING THIS SECTION IS OPTIONAL: Persons of all creeds, ethnic backgrounds, and races are welcome. This apartment community complies with the Federal Fair Housing Law, and does not discriminate against any person because of race, color, religion, sex, national origin, familial status or handicap. For affirmative action purposes, please check one of the following: American Indian/Alaskan/Hawaiian Black/African American Hispanic Asian/Pacific Islander White/Non-minority

By signing below, I/We hereby state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above named apartment community for which application is made, all of whom are listed above. I/We understand that as part of the application process my credit report may be obtained without further authorization and that I/We will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my/our eligibility for this apartment community.

I/We understand that any misrepresentation of information related to eligibility, income/assets, family composition, or prior tenant history is grounds for rejection. I/We understand that I/We will also be screened in accordance to the procedures outlined in the Resident Selection Plan which is available for viewing in the management office.

All information provided on this application will be treated in the strictest confidence by management. In accordance with program regulations, information may be released to appropriate Federal, State, or Local agencies.

Applicant Signature #1

Applicant Signature #2

Date

Date



WARNING: 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).**



TO BE COMPLETED BY MANAGEMENT AGENT ONLY

Application Received Via:	Mail:	Postmark Date:	Time:

	Hand Delivery	Date:	Time:

Signature of staff person receiving application:	Date:
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Application Accepted	Yes	No	Date:
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Application Cancelled	Yes	No	Date:
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Application Rejected	Yes	No	Date:
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Cb: 1/30/14

CLEVELAND HOUSING NETWORK

2999 Payne Ave. #306, Cleveland Ohio 44114

(216) 574-7100 Office

(216) 574-7130 Fax

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

Please use the checklist below to make sure you provide copies of ALL the required documents:

- Complete Applications for ALL household members who are 18 years old and 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)**
- Copy of **Gas and Light** bills. **(Most recently paid Gas or Light bill.)**
- Proof of Income

Only the documents that pertain to your household are needed from the list below. Please be sure to report ALL income as the Lease Purchase Program is not income based and failing to report total household income may make you ineligible.

- Three current pay stubs
- Statement from SSI and/or Social Security
- Welfare Agency
- Child Support
- Workers Compensation
- Unemployment
- 1099 tax form if you are self-employed
- Checking or savings account statements. This also includes prepaid debit cards.
- City Police Report **Originals only** **(Each person 18 years old & older)**
- County Sheriff Report **Originals only** **(Each person 18 years old & older)**

Police reports can be obtained Monday, Wednesday, and Friday (8:15am-3:15pm), closed Thursday and Tuesday

Location: Justice Center, 1215 West 3rd Street

County Report \$10.00-money order or cash accepted

City Report \$.05-money order or cash accepted

All Incomplete applications will be declined

CHN will not be able to copy any documents. Please have all necessary Documents copied before submitting your application to CHN.

RELEASE OF INFORMATION FORM

PURPOSE

The following named organizations may use this authorization and the information obtained with it to assist lease purchasers with Homeownership, to administer and enforce policies and guidelines for the Low-Income Housing Tax Credit (LIHTC) housing program.

AUTHORIZATION

I authorize Cleveland Housing Network and its agents to obtain information on wages, unemployment compensation or any other income source.

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Enterprise Social Investment Corporation (ESIC)
- Local Initiatives Support Corporations (LISC)
- Supportive Housing Programs
- City of Cleveland
- State of Ohio
- Section 8 Housing Assistance Payment Program
- Section 42 LIHTC
- HUD
- Federal Home Loan Bank

I authorize the above named organizations to obtain information about me and all members of my household that are pertinent to eligibility for or participation in LIHTC.

COMPUTER MATCH NOTICE AND CONSENT

I agree that authorized agencies may conduct computer-matching programs with the governmental agencies including Federal, State, or Social Agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITION

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers (Past and Present)
- Landlords
- Providers of:
 - Alimony
 - Child Support
 - Credit
 - Disability Assistance
 - Medicare
 - Pension Agencies
 - Schools and Colleges
 - U.S. Social Security Administration
 - U.S. Department of Veteran Affairs
 - Utility Companies
 - Welfare Agencies

Print Name of Member of Household (18 years and older)

Signature of Member of Household (18 years and older)

Original is retained by the requesting organiz