Application for Rental Housing:

Name of building applying for

Unit size applying for

Referred by

Instructions for completing Rental Application

1. Please print all sections in ink. Do not leave any sections blank, even those which do not apply to you. For instance, if a section asks for driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw a line through the incorrect information, then print the correct information above and initial change.

2. As head of household, you must be at least 18 yrs of age and will complete this application form. Each additional adult who will live in the apartment must also sign this application.

3. If you are disabled, or have difficulty completing this application, please advise us if there is any assistance or actions that we may take to provide you with the oppurtunity to participate in, or benefit from, the same programs, services, and activities as someone that is non-disabled. Detroit Shoreway is committed to the enforcement of its Reasonable Accommodation Policy which ensures that our facilities and programs are barrier free so that persons with mobility impairments can use these facilities and that we are prepared to effectively communicate with persons who have visual, speaking, and hearing impairments. Our Section 504/ADA Coordinator, Mrs. Love can be reached at (216) 961-4242.

4. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.
CURRENT PROOF OF INCOME: For all members of household (season work of minors excluded).
May consist of one or more of the following:
- ID for each adult (18 and older)
- Social Security cards for all members of household
- Birth Certificates for all members of household
- Employer Statement or (8) eight consecutive pay stubs (all working Adults)
- Statement of benefits from Welfare or Social Security Office (Current Month)
- Statement of benefits from the State Employment Bureau (award letter)
- Statement of benefits from Workman Compensation
- Statement of Child Support or Alimony (1 year history)
- Statement of Foster Care Support
- If self-employed, a copy of Income Tax Return for 2 years.
- Any income letter provided needs to reflect preparation data of no more than 30 days from current date.
- 6 months of Checking bank statements (if applicable)
- Current month of Saving bank statements (if applicable)
- Current month of any other assets (if applicable)

$25 Application Fee: For all adult members 18 years and older

PLEASE BRING YOUR OWN COPIES OF THE INFORMATION REQUESTED.
IF YOU DO NOT BRING YOUR OWN COPIES WE WILL CHARGE $.10 A COPY.
Applications need to be returned to 6516 Detroit Ave., Suite #9, Cleveland, Oh 44102
Any questions please call Property Management @ 216-635-0130
Detroit Shoreway Community Development Application

Directions: Please answer all of the questions on this application without leaving blank spaces. If a question does not apply respond with "N/A". All applicants 18 years and older must complete an application. All persons you anticipate occupying your home at least 50% of the time must be included on the application. If additional space is required please attach a separate piece of paper.

Date:_________________ Current Phone #:_________________ Alternate Phone #:_________________

Answer by circling YES or NO

Have you applied with DSCDO in the Past? YES NO If yes, were you denied? YES NO
Are you a former DSCDO Tenant? YES NO
Are you currently receiving Section 8 (HCVP)? YES NO

Family Composition

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<th>LAST NAME</th>
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Do you expect a change in your family size? YES NO If yes explain:______________________________

Would you or any members of your household benefit from a handicapped-accessible unit? YES NO

Income/Employment/Assets (Bank Accounts, Stocks, 401K, Cash, Trust Funds, IRA Accounts, etc.)

**Applicant 1:**

Current Employer: ___________________________ Date of Hire: __________________ Phone: __________
Address: __________________ Monthly Income Amount Received: __________________
(Circle) Past or Additional Employer: __________________ Address: __________ Date of Hire: __________
Phone: __________________ Monthly Income Amount Received: __________________

**Other Income Received**

Child Support $ __________ /mo Social Security: $ __________ /mo SSI: $ __________ /mo Other: $ __________ /mo

**Assets**

Circle all that apply: Checking Account Savings Account IRA Stocks Cash Other

Account Number: __________________ Financial Institution Name: __________________
Account Number: __________________ Financial Institution Name: __________________

**Applicant 2:**

Current Employer: ___________________________ Date of Hire: __________________ Phone: __________
Address: __________________ Monthly Income Amount Received: __________________
(Circle) Past or Additional Employer: __________________ Address: __________ Date of Hire: __________
Phone: __________________ Monthly Income Amount Received: __________________

**Other Income Received**

Child Support $ __________ /mo Social Security: $ __________ /mo SSI: $ __________ /mo Other: $ __________ /mo

Additional Income: Please list any other household income that was not reported in the sections above.

Source: __________________ Amount: $ __________ /mo Household Member: __________________

**Assets**

Circle all that apply: Checking Account Savings Account IRA Stocks Cash
**Residency History**  *(Please provide 3 years of residency history)*

**Applicant 1:**
- **Current Address:**
- **Landlord Name:**
- **Phone #:**
- **From:**
- **To:**
- **Why do you want to move?**
- **Previous Address:**
- **Landlord Name:**
- **Phone #:**
- **From:**
- **To:**
- **Rent: $**

**Applicant 2:**
- **Current Address:**
- **Landlord Name:**
- **Phone #:**
- **From:**
- **To:**
- **Why do you want to move?**
- **Previous Address:**
- **Landlord Name:**
- **Phone #:**
- **From:**
- **To:**
- **Rent: $**

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**General Information (circle YES or NO)**
- Are you currently in the process of becoming evicted or have you or any member of your household been evicted?  
  - YES
  - NO
- Have you or any member of your household been convicted of a crime within the past five years?  
  - YES
  - NO
- Have you ever filed for bankruptcy?  
  - YES
  - NO
  - If yes, is it discharged?  
    - YES
    - NO
- Do you have any pets?  
  - YES
  - NO
- Will this be your only place of residence?  
  - YES
  - NO

**Current marital status (circle)**
- Applicant 1:  
  - Never Married
  - Divorced
  - Legally Separated
  - Married
  - Widowed
- Applicant 2:  
  - Never Married
  - Divorced
  - Legally Separated
  - Married
  - Widowed

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**Personal Reference/Emergency Contact**
- **Name:**
- **Phone #:**
- **Relation:**
- **Name:**
- **Phone #:**
- **Relation:**

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 Detroit-Shoreway Development Corporation (DSCDO), or any DSCDO member organization of any contractor doing business with DSCDO? 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

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*I hereby certify that the information stated above is true, correct and complete to the best of my knowledge. I further understand and agree that if any of the information I have provided in this application is found to be incomplete, incorrect or false, it will be grounds for denial of this application or termination of my tenancy. I also hereby authorize the owner and/or the owner’s agent to verify the foregoing income, employment, and asset information; to conduct a credit check, check for criminal history and check for prior evictions; to call the current and former landlords, to call personal references; and to verify any other information I have provided on this application. I further understand that this application does not guarantee housing or a position on a waiting list. Additionally any good faith deposit that has been provided will be surrendered if the information provided in this application has been found to be fraudulent, false, or willfully incorrect.*

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**Applicant 1 Signature**  
**Date**

**Applicant 2 Signature**  
**Date**

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**Warning:** Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

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*Rev. 10/5/18*
RELEASE OF INFORMATION FORM

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

AUTHORIZATION
I authorize Detroit-Shoreway Development Corporation 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)
- Key Community Development Corporation (KCDC)
- Local Initiatives Support Corporation (LISC)
- PNC Bank
- Supportive Housing Programs
- Tax Credit Assurance, Inc
- 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 organization 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 the 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 to the family.

CONDITION
I agree that photocopies of this authorization may be used for the purposes 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 or Present)
- Landlords
- Providers of:
  - Ailmony
  - 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)
__________________________

Data ________________________

EQUAL HOUSING OPPORTUNITY

Original is retained by the requesting organization