



Famicos Foundation  
 1325 Ansel Road, Cleveland, OH 44106  
 Phone: 216-791-6476 ext. 268 Fax: 216-791-5100  
 TTY phone number dials (800) 750-0750  
 Famicos.org



Unit Type	Minimum Members	Maximum Members
Studio/Efficiency	1	2
One Bedroom	1	2
Two Bedroom	2	4
Three Bedroom	3	6
Four Bedroom	4	8

Upon availability, initial suite bedroom number assignments should be made using these guidelines:

Office Use Only	
Date of Application:	_____
Time of Application:	_____
Office Initials:	_____
Unit Size:	_____

**HOUSING APPLICATION FOR LOW TO MODERATE FAMILYS**

2020 Maximum Income Limits (4/18/2020)	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Per Family Size	16,000	18,250	21,720	26,200	30,680	35,160	39,640	44,120
<b>2020 Area Median Income Limits @ 80%</b>	42,600	48,650	54,750	<b>60,800</b>	65,700	70,550	75,400	80,300

(Income limits are subject to change or revision annually)

\*Applicants should be over 21 years of age, must be capable of and willing to abide by the conditions of the lease and the house rule, satisfy Federal Government and Housing Credit requirements as to verification of income, citizenship and immigrant status, social security number for each household member will be required, Only a limited number of suites for mobility-handicapped households are available. *Having less than the maximum income is not a guarantee that you will qualify. Please read criteria to determine which style of housing you are interested in pursuing.* APPLICATIONS MUST BE COMPLETED IN **BLUE INK** AND INCLUDE ORIGINAL OR CERTIFIED COPIES OF THE FOLLOWING INFORMATION, USE THE FOLLOWING CHECKLIST: *If the application is incomplete, it will be rejected:*

- ✚ Birth Certificates : for each household member
- ✚ Social Security Cards : for each household member- *Copies not acceptable, must be the original for each adult member in the household*
- ✚ Photo ID: current for each household member – Copies not acceptable, must be the original
- ✚ Most current Proof of Income : 3 current check stubs, statements for SSI, MON, TANF, Child Support, Workers’ Comp, Unemployment, Pension, Disability, etc. 1099 Tax return if self-employed

In certain instances where municipal housing codes permit more persons per suite, the Company may permit exception to the above guidelines.

If a larger suite is available than the applicant household is qualified for, and if no market (within 60 days) exists for the larger suite, the applicant may be offered the larger suite provided they certify that they understand that they might later be required to move at their own cost if a suite for which they are qualified for becomes vacant and if there is a market for the suite they are in. This exception would apply only if the property has a properly sized unit, and the agreement for Acceptance of Responsibility for “**Right-Size**” Apartment Transfer has been signed.

HUD regulations for Section 8 dictate that a single person may rent only a one bedroom or a zero bedroom unit unless they have a requirement for which a reasonable accommodation should be made (e.g. live in attendant or medical equipment requiring a larger suite). There is no restriction in a 236 basic rent suite about a qualified single person household occupying a two-bedroom unit.

I wish to be placed on the waiting list for an apartment with \_\_\_\_\_ bedroom(s).

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

## **Housing Choice(s): Please indicate which Housing unit(s) you are interested in pursuing**

### **Lease Purchase Homes:**

- Scattered Sites 1 and 2: Various homes throughout Glenville area, income must be three times greater than rent. Contact the Property Manager at (216) 721-1610 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Notre Dame Community Homes. Various homes throughout Glenville Community, income restrictions apply. Contact the Property Manager at (216) 721-1610 or visit Famicos Foundation at 1325 Ansel Road. or [www.famicos.org](http://www.famicos.org)
- Glenville Homes II & III. Various Homes throughout the Glenville Community, income restrictions apply. Contact the Property Manager at (216) 600-5235 or visit Famicos Foundation at 1325 Ansel Road. or [www.famicos.org](http://www.famicos.org)
- Lakeview Homes. Various homes throughout the Glenville Community, income restrictions apply. Contact the Property Manager at (216)721-1610 or visit Famicos Foundation at 1325 Ansel Road. or [www.famicos.org](http://www.famicos.org)
- 1333 East Blvd, 1341 East Blvd. Luxury Apartments the Glenville Community. Market rate prices apply. Contact the Property Manager at (216) 721-1610 or visit Famicos Foundation at 1325 Ansel Road. or [www.famicos.org](http://www.famicos.org)

### **Income Based Apartments:**

- Park Village Apartments: 9221 Hough Avenue. 2, 3 and 4 Bedroom apartments. Contact the Property Manager at (216) 707-9047. or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Covington Garden Apartments: 14024 Superior Avenue. Located in East Cleveland 2and 3 Bedroom apartments. Contact the Property Manager at (216) 229-3590. or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Historic Newton Apartments: 9797 Newton Avenue (office). 2, 3, and 4 Bedroom apartments, Contact the Property Manager at (216) 707-9047 (This property is for HCVP holders only) or visit the Famicos Foundation at [www.famicos.org](http://www.famicos.org) or [www.cmha.net/apportal](http://www.cmha.net/apportal)

### **Senior/ Disabled Apartments**

- Wade Chateau: 9501 Wade Park Avenue. For senior citizens only, no disability clause. One bedroom must be 62 or older; two bedrooms must be 55 or older to rent. Contact the Property Manager (216) 721-1610 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)

- Doan Classroom Apartments: 1350 East 105 Street. Contact Manager at (216) 421-2520 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Notre Dame Apartments LP: 1325 Ansel Road. Contact Property Manager at (216) 791-6476 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- University Tower Apartments: 1575 East Boulevard. Contact Property Manager at (216) 795-1575 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Steeplechase Apartments: 661 East 103rd Street. Contact the property Manager at (216) 451-4379 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Glen haven Apartments: 9380 St. Clair Avenue. Contact the Property Manager at (216) 249-9400 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)

### **Permanent Supportive Housing (Homeless)**

1850 Superior Apartments. Contact the Property Manager at (216) 861-6405 or visit Famicos Foundation at 1325 Ansel Road.

### **Conventional Housing**

- Norte Dame LP: 1850 East 70<sup>th</sup> Street. Contact the Property Manager at 861-6405 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Crawford Tilden Apartments: 1837 Crawford Rd- 1888 East 84<sup>th</sup> Street. Contact the Property Manager at (216) 861-6405 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Famicos Affordable Homes: 1325 Ansel Road. Contact the Property Manager at (216) 721-1610 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)
- Ohio City Elderly dba Fairview Gardens: 3207 Franklin Boulevard. Contact the Property Manager at (216) 795-1581 or visit the Famicos Foundation at 1325 Ansel Road or [www.famicos.org](http://www.famicos.org)

APPLICANT NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE #\_ (\_\_\_\_) \_\_\_\_\_

WORK PHONE #\_ (\_\_\_\_) \_\_\_\_\_

CELL PHONE #\_ (\_\_\_\_) \_\_\_\_\_

ALTERNATE PHONE #\_ (\_\_\_\_) \_\_\_\_\_

List name, address and phone number of a relative or friend who will generally know how to contact you

NAME \_\_\_\_\_

ADDRESS/City/ State/ Zip \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ [How did you hear about our properties?](#) \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

List the House Household, all other household members and their relationship to the head

	FULL NAME			RELATIONSHIP TO HEAD OF HOUSEHOLD	Soc. Sec. #	Driver's License #
	Last	First	MI			
1				HEAD		
2						
3						
4						
5						
6						

Do you plan to have anyone living with you in the future who are not listed above? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, explain \_\_\_\_\_

Are you or any other household member(s) (including minors) enrolled as a student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

If so, Part time \_\_\_ Full Time \_\_\_ List member(s) \_\_\_\_\_ and School(s) \_\_\_\_\_

Federal regulations provide for special consideration to applications with a disability. Examples of this could include eligibility for the Section 8 program, special consideration for persons with mobility disabilities when mobility modified apartments are available and adjustment to income for medical expenses.

If you believe that you have a disability that would qualify you for the special treatment under Federal regulations, you may indicate this below (by checking off/filling the spaces as indicated).

\_\_\_\_\_ I believe that I (or a member of my household) have (has) a disability, which should be considered by when eligibility Certification is completed.

Do you pay for a care attendant or for any equipment for the disabled household member(s), which is necessary to permit that person, or someone else in the household to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe expenses: \_\_\_\_\_

Do you feel that you (or another household member) need an accommodation or modification, due to a disability in order to use this Dwelling? \_\_\_\_\_ Yes\* \_\_\_\_\_ No \*If yes, please describe the accommodation or modification needed

List the No. of Bedrooms needed in the box below:	<b>CHECK SPECIAL FEATURES NEEDED BY HOUSEHOLD</b>	
		<b>MOBILITY ACCESSIBLE</b>
		<b>HEARING ACCESSIBLE</b>
		<b>VISUAL ACCESSIBLE</b>
		<b>OTHER ACCESSIBLE FEATURE(S)</b>

Have you (or anyone else named on this application) ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain \_\_\_\_\_

Have you (or anyone else named on this application) ever been convicted of a misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain \_\_\_\_\_

Have you (or anyone else named on this application) ever been convicted of property damage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain \_\_\_\_\_

Please list the Landlord's name, address, city, state and zip code phone number and the property address for each property in which you and all household members lived in all states that ever resided. PLEASE NOTE: **DATES MUST BE CONSECUTIVE** (use the back of the form if necessary.)

	<b>FULL NAME</b>			<b>Address, City, State, Zip</b>	<b>Phone No. &amp; Area Code</b>	<b>Date of Occupancy</b>
	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>(Head of Household)</b>		
1						
	<b>Landlord(s) Name</b>			<b>Phone No. &amp; Area Code</b>	<b>Government subsidized unit</b>	<b>Rent amount \$</b>
					Yes No	\$
<b>List previous states &amp; counties in which member has resided including all out of state residency</b>						
<b>Head of Household</b>						
	<b>FULL NAME</b>			<b>Address, City, State, Zip</b>	<b>Phone No. &amp; Area Code</b>	<b>Date of Occupancy</b>
	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>(Applicant #2)</b>		
#2)						
2						
	<b>Landlord(s) Name</b>			<b>Phone No. &amp; Area Code</b>	<b>Government subsidized unit</b>	<b>Rent amount \$</b>
					Yes No	\$
<b>List previous states &amp; counties in which member has resided including all out of state residency</b>						
<b>Applicant #2</b>						
	<b>FULL NAME -</b>			<b>Address, City, State, Zip</b>	<b>Phone No. &amp; Area Code</b>	<b>Date of Occupancy</b>
	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>(Applicant #3)</b>		
#3)						
3						
	<b>Landlord(s) Name</b>			<b>Phone No. &amp; Area Code</b>	<b>Government subsidized unit</b>	<b>Rent amount \$</b>
					Yes No	\$
<b>List previous states &amp; counties in which member has resided including all out of state residency</b>						
<b>Applicant #3</b>						
	<b>FULL NAME</b>			<b>Address, City, State, Zip</b>	<b>Phone No. &amp; Area Code</b>	<b>Date of Occupancy</b>
	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>(Applicant #4)</b>		
#4)						
4						
	<b>Landlord(s) Name</b>			<b>Phone No. &amp; Area Code</b>	<b>Government subsidized unit</b>	<b>Rent amount \$</b>
					Yes No	\$
<b>List previous states &amp; counties in which member has resided including all out of state residency</b>						
<b>Applicant #4</b>						
	<b>FULL NAME</b>			<b>Address, City, State, Zip</b>	<b>Phone No. &amp; Area Code</b>	<b>Date of Occupancy</b>
	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>(Applicant # 5)</b>		
#5)						
5						
	<b>Landlord(s) Name</b>			<b>Phone No. &amp; Area Code</b>	<b>Government subsidized unit</b>	<b>Rent amount \$</b>
					Yes No	\$
<b>List previous states &amp; counties in which member has resided including all out of state residency</b>						
<b>Applicant #5</b>						
	<b>FULL NAME</b>			<b>Address, City, State, Zip</b>	<b>Phone No. &amp; Area Code</b>	<b>Date of Occupancy</b>
	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>(Applicant # 5)</b>		
#5)						
5						
	<b>Landlord(s) Name</b>			<b>Phone No. &amp; Area Code</b>	<b>Government subsidized unit</b>	<b>Rent amount \$</b>
					Yes No	\$

**INCOME INFORMATION** - For each type of income that your household receives, give the source of income and the amount of income that can be expected from that source during the next 12 months

YES	NO		Head of Household	Family Member #1	Member #2
		<b>Source of Income/Type of Income</b>	<b>Annual Income</b>		
___	___	Employment (Full, part time, seasonal or cash)	\$ _____	\$ _____	\$ _____
___	___	Self Employment	\$ _____	\$ _____	\$ _____
___	___	Retirement Pension or annuity	\$ _____	\$ _____	\$ _____
___	___	ADC/TANF	\$ _____	\$ _____	\$ _____
___	___	Child Support (entitled, not receiving also)	\$ _____	\$ _____	\$ _____
___	___	Alimony Support	\$ _____	\$ _____	\$ _____
___	___	Social Security	\$ _____	\$ _____	\$ _____
___	___	SSI/SSD	\$ _____	\$ _____	\$ _____
___	___	Veterans Benefits (Service or non Service Connected)	\$ _____	\$ _____	\$ _____
___	___	Unemployment	\$ _____	\$ _____	\$ _____
___	___	Workers Comp	\$ _____	\$ _____	\$ _____
___	___	Disability Insurance	\$ _____	\$ _____	\$ _____
___	___	Grants or Scholarships	\$ _____	\$ _____	\$ _____
___	___	Cash contributions (from individuals not living in the home)	\$ _____	\$ _____	\$ _____
___	___	Interest on checking or savings accounts	\$ _____	\$ _____	\$ _____
___	___	Interest- dividends, stocks, bonds, rental of property	\$ _____	\$ _____	\$ _____
___	___	Exempt from consideration because of Federal regulations	\$ _____	\$ _____	\$ _____
<b>Total Annual Income from all sources</b>					<b>\$ _____</b>

**ASSET INFORMATION**

List all checking and savings accounts (including IRA's, KEOUGH accounts, money market accounts and Certificates of Deposit?) of all household members, including amounts given away during the past two years:

Bank Name Institution	Asset Type Checking/Saving	Account Number	Current Balance	Current Interest Rate %

List value of all stocks, bonds, whole-life insurance policies, savings bonds, trusts, pension contributions, pre-paid revocable funeral account or other assets:

\_\_\_\_\_

Do you own a home or other real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No \* If Yes, list the anticipated gross sale price \$ \_\_\_\_\_

Have you or other household members sold or given away real property, cash, or other assets in the past two years? \_\_\_Yes \_\_\_No

\*If yes, what is the current market value of the asset? \$ \_\_\_\_\_

Do you or other household members have cash, jewelry, stamp, coin or other collections, or other assets stored in your apartment or safety deposit box? \_\_\_\_\_ Yes \_\_\_\_\_ No \*If Yes, what is the current market value of the asset? \$ \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

**MEDICAL INFORMATION**

Do you have Medicare?  Yes  No \*If Yes, what is your Medicare premium? \$ \_\_\_\_\_

Do you have any other kind of medical insurance?  Yes  No \*If yes, give the policy number and the agent's name and address \_\_\_\_\_

\*If yes, what is the non-reimbursed monthly amount? \_\_\_\_\_

Do you receive medical assistance through the welfare department?  Yes  No

Do you have any outstanding medical bills on which you are paying?  Yes  No

Do you expect to have any medical expenses during the next 12 months?  Yes  No

\*If yes, list the amount of medical expenses \$ \_\_\_\_\_

**COMPLIANCE INFORMATION**

Have you or any other person named on the application as intending to reside in the unit, ever been convicted of using, dealing, or manufacturing illegal drugs?  Yes\*  No \*If Yes, please explain below:  
\_\_\_\_\_

Are you or any prospective household member, an addict as a result of current, illegal use of a controlled substance?  Yes  No \*If yes, please explain  
\_\_\_\_\_

Have you or any other adult member of your household ever used any name(s) or Social Security Number(s) other than the one currently being used?  Yes\*  No \*if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for not reporting, or misrepresenting information for such housing/programs?  Yes\*  No \*If Yes, please describe below:  
\_\_\_\_\_

Have you, or any member in your household, ever been evicted from federally assisted housing for drug related criminal activity?  Yes  No \*If Yes, what was the date that the eviction took place? \_\_\_\_\_

Did you, or that member, successfully complete a rehabilitation program?  Yes  No\* If yes, date completed \_\_\_\_\_

Are you, or that member, currently enrolled in a drug or alcohol rehabilitation program?  Yes  No

Are you, or any member in the household, currently (or within a reasonable time prior to today) engaged in illegal use of a drug or have had a pattern of illegal use that would interfere with the health, safety or right to peaceful enjoyment of the premises by others?  Yes  No

Are you, or any member of the household, subject to a lifetime registration requirement in any state under a State Sex Offender registration program or been convicted of a sexual offense that is not subject to a lifetime registration requirement?  Yes  No

\*If yes, please describe: \_\_\_\_\_

Do you or any member of the household abuse or have had a pattern of alcohol abuse that interferes with the health, safety or right to peaceful enjoyment of the premises by other residents?  Yes  No



Are you or any member of the household currently (or within a reasonable time prior to today) engaged in any of the following activities:  
 Yes      No

Drug Related Activity

Violent Criminal Activity

Other Criminal Activity that would threaten the health, safety or right to peaceful enjoyment of the premises by other residents

I would like to request a complete copy of the owner/agent tenant selection plan	Paper Copy
	Electronic Copy

**APPLICANT CERTIFICATION and CONSENT TO RELEASE AUTHORIZATION**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for rental assistance. I/we authorize the owner/ Famicos Foundation and its agents the right to obtain and to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal and sex offender and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law and reason for rejection of my/our application. I authorize inquiries to be made to verify the information in this application. I/we understand that my occupancy is contingent upon meeting Management’s resident selection criteria and the HUD and/or Housing Credit program requirements as applicable.

**PENALTIES FOR MISUSING THIS VERIFICATION FORM:**

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).

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 older, which would be authorized by me on a separate consent attached to a copy of this consent. **I/we do not have to sign the consent if it is not clear who will provide the information or who will receive the information.**

Signature Head of Household \_\_\_\_\_

Date \_\_\_\_\_

Signature of Spouse/ Co-Head \_\_\_\_\_  
 (Non-leaseholder)

Date \_\_\_\_\_

Signature of Other \_\_\_\_\_

Date \_\_\_\_\_

Signature of Other \_\_\_\_\_

Date \_\_\_\_\_

Signature of Management Representative \_\_\_\_\_

Date \_\_\_\_\_

