Home for Good

Application Checklist

This is a 20-page application. Pages 14-20 are 3rd Party Verifications: **Only complete verifications that pertain to applicant**. Incomplete applications will be delayed in processing approvals.

Referring Agency Completes:

- ☐ Page 2: Home for Good Checklist
- ☐ Page 3-4: Tenant Application
- ☐ Page 5: Release of Information
- ☐ Page 6: Home for Good Income Policy
- ☐ Page 7-10: Tenant Education Materials:
  - o FAQ's
  - o Tenant Rights & Responsibilities
  - o Complaint & Grievance Policy
- ☐ Page 11-12: Applicant/Tenant Sworn Income and Asset Statement
- ☐ Page13: Zero Income Certification ***(Only For Clients With Zero Income)***
- ☐ Page 14-20: 3rd Party Verifications ***(if applicable)***

- ☐ **Attach Copies of current Photo ID(s)** (for all household members 18 years and older)
  NOTE: photo ID must be scanned & e-mailed instead of faxed, in order to ensure clarity.
- ☐ **Attach Copy of Proof of Income** (for all household members 18 years and older)
  NOTE: proof of income must be dated within 30 days of application.
- ☐ **Attach Copies of current Utility Bills** (gas, electric, water/sewer), which must be in the name of the participant or another adult household member.

Completed Applications must be submitted to EDEN, Inc.
via fax or e-mail only:
ATTN: H4G Housing Eligibility Specialist
fax #216-651-4066 dwakelee@edeninc.org

Home for Good Subsidy Program: Applicant Checklist

The **Home for Good Subsidy Program** was created to provide a **temporary** subsidy to HOME Choice participants who have a criminal background preventing them from qualifying for housing.

If the Applicant is not the same person as the individual enrolled in HOME Choice (e.g., HOME Choice participant is a minor unable to sign a lease) please provide the HOME Choice participant's information.

☐ **Has the Applicant been approved to participate in HOME Choice**

First Name: Last Name:

Date of Birth: MMIS # (12 digit):

Has the Applicant (or parent, if Applicant is a minor) met the Home for Good threshold criteria?
Check all that apply:

Has a mental illness or substance use disorder ☐Yes ☐No

Has a criminal background: ☐Yes ☐No

Criminal background has been a barrier to finding housing: ☐Yes ☐No

Needs a subsidy based on monthly income: ☐Yes ☐No

Has the Applicant (or parent, if Applicant is a minor) applied for other subsidized housing?
Check all that apply:

Housing Choice Voucher/Section 8: ☐Yes ☐No

Public Housing through local Public Housing Authority: ☐Yes ☐No

HUD Project Based Subsidized Housing: ☐Yes ☐No

Does the Applicant currently reside in an institutional setting? ☐Yes ☐No

Does the Applicant reside in the community? ☐Yes ☐No

If yes, why does the Applicant need to move?

HOME Choice Representative Information:

Name:

Title:

Agency:

Phone Number:

Email:

Complete this application and send to Emerald Development and Economic Network (EDEN).

Fax: (216) 651-4066 or
E-mail: dwakelee@edininc.org

ATTN: H4G Housing Eligibility Specialist

Home for Good Application

Applicant Information* (PLEASE PRINT)*:

Date of application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Unit #: _____

City, State, ZIP: _____

Social Security: _____ DOB: _____ Sex (M/F): _____

Phone #: _____ Alternate #: _____

Emergency Contact Name: _____ Emergency Contact #: _____

Race:
- ☐ Caucasian/White
- ☐ American Indian/Alaskan
- ☐ African American/Black
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native & Black/African American
- ☐ African American & Caucasian
- ☐ Asian & Caucasian
- ☐ Other Multi-Racial
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian/Alaskan Native & Caucasian

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic or Non-Latino

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Legal Separation

Veteran? ☐ Yes ☐ No

Referring Agency: _____

Contact Name: _____ Title: _____

Address: _____ City, ST, Zip: _____

Phone #: _____ Alternate Phone #: _____ Fax# _____

E-mail Address: _____

Medical Expenses:

Does the head of household have Medical Insurance? ☐ **Yes** ☐ **No** (if Yes, list type) _____

Do you pay for any out-of-pocket medical expenses on a regular basis (i.e., prescription medications)? ☐ **Yes*** ☐ **No**

*If Yes, please attach proof.

Childcare Expenses:

Does the Head of Household pay for childcare while any adult household members are working, searching for employment or attending school? ☐ **Yes*** ☐ **No** *If Yes, please attach proof.

Banking Information:

Does anyone in the household currently have a Checking or Savings Account? ☐ **Yes*** ☐ **No** *If Yes, attach proof.

Food Stamps: Does the household receive food stamps (SNAP)? ☐ **Yes*** ☐ **No** *If Yes, list amount $ /mo.

List all additional household members – NOT the Head of Household (PLEASE PRINT)

Last Name First Name Middle Initial Relationship to Head of Household

☐ Male ☐ Female ☐ Yes ☐ No

Social Security # Date of Birth Race Sex (M/F) Disabled? (Y/N)

Last Name First Name Middle Initial Relationship to Head of Household

☐ Male ☐ Female ☐ Yes ☐ No

Social Security # Date of Birth Race Sex (M/F) Disabled? (Y/N)

Last Name First Name Middle Initial Relationship to Head of Household

☐ Male ☐ Female ☐ Yes ☐ No

Social Security # Date of Birth Race Sex (M/F) Disabled? (Y/N)

Last Name First Name Middle Initial Relationship to Head of Household

☐ Male ☐ Female ☐ Yes ☐ No

Social Security # Date of Birth Race Sex (M/F) Disabled? (Y/N)

Last Name First Name Middle Initial Relationship to Head of Household

☐ Male ☐ Female ☐ Yes ☐ No

Social Security # Date of Birth Race Sex (M/F) Disabled? (Y/N)

I certify that of the information on this application is true and complete to the best of my knowledge.

Applicant's Signature Date

Agency Contact's Signature Date

Home for Good

Release of Information

This release of information form is used specifically for participants in the Home for Good rental subsidy program. Persons who qualify for the program are eligible to receive a housing subsidy for the duration of their participation in the program. By signing below, I give permission to EDEN to release information to each of the listed entities for the purpose of assisting me in maintaining my housing subsidy. I understand that information is needed to determine eligibility, amount of subsidy needed, appropriate service plans, participant benefits and outcomes, and administrative accountability regarding disability, demographics, income, household composition, and services provided. Participant information may be shared with any of the following entities: Corporation for Supportive Housing (CSH), Ohio Housing Finance Agency (OHFA), Ohio Department of Rehabilitation and Corrections (ODRC), and EDEN's auditors.

Participant/Head of Household Name

Agency Name

Contact Name

Emergency Contact Name

Other Authorized Person (if none, write N/A)

Other Authorized Person (if none, write N/A)

Other Authorized Person (if none, write N/A)

This release will remain in effect for the entire length of time I am a participant in this rental subsidy program and linked with the above agency.

Head of Household Signature

Date

REVOCATION OF RELEASE (Participant may revoke release at any time. Print release for signature/date.)

Head of Household Signature

Date

Home for Good

Income Policy

Home for Good provides a rental subsidy for a variety of affordable housing choices in five Ohio communities. Whenever possible, these housing options are accompanied by a range of supportive services that are funded by other sources. The rental subsidies provided through *Home for Good* are intended to prevent homelessness among formerly incarcerated persons with disabilities who have participated in *Returning Home Ohio*, persons working with an Ohio Supreme Court certified Mental Health Court, or a participant in the HOME Choice Program.

To enroll in the program:

1. Tenants must have obtained and/or applied for all sources of public benefits that they may qualify for, before being enrolled in Home for Good.
2. If denied public benefits, or if ineligible for benefits, a participant must enroll in an ongoing training or educational program (with the ultimate goal being employment), or obtain employment within one year of being approved for the subsidy.
3. Tenants agree to pay 30% of their income towards the rent/utilities while receiving the *Home for Good* rental subsidy.

Once tenants are enrolled, *Home for Good* requires that all tenants abide by the following:

- If a tenant has income upon enrollment into the program and then loses it, the tenant must either obtain income from another source or enroll in an educational program/job training program that can be expected to result in employment, within three months of losing income.
- All other adults (18 and older) in the qualifying tenant's household must either have income, apply for benefits for which they are eligible, or be enrolled in a training or educational program that can be expected to result in employment.
- Updated income information must be submitted when requested by the Program Administrator. Verification of income will be done for all tenants at least annually and every six months if a tenant asserts that they have no income.
- If *Home for Good* staff documents a pattern (two or more incidents) of a tenant losing or quitting a job when they are notified that they will have to start paying a portion of the rent, the tenant will be terminated from the *Home for Good* rental subsidy program.

If a participant does not comply with the above requirements or refuses to provide Home for Good staff with documentation of income, or their efforts to increase their income, they will be terminated from Home for Good.

If a tenant is temporarily unable to comply with the above requirements, due to a disability, a request may be made for a reasonable accommodation, either verbally or in writing, to the Program Administrator. If a request for accommodation is made, and approval is granted, the tenant will not be considered out of compliance with the program requirements.

I have read the *Home for Good* Income policy and understand that I must have income or be actively seeking an income source in order to continue to participate in *Home for Good*.

Tenant Signature:_____ Date:_____

Other Adult Household Member Signature:_____ Date:_____

Home for Good
Tenant Education Materials (Page 1 of 4)

Frequently Asked Questions

What is *Home for Good?*
Home for Good is a rental housing subsidy program. The program may provide funds for housing costs for eligible persons who have participated in *Returning Home Ohio*, persons working with an Ohio Supreme Court certified Mental Health Court, or a participant in the HOME Choice Program.

What are eligible uses of the *Home for Good* funds?
The following may be determined to be eligible uses of funds:

- Rent
- Security Deposits
- Utility costs not included in the rent
- Housing application fee

What services are provided?
There are no supportive services funded by *Home for Good*. Tenants on the *Home for Good* rental subsidy will obtain community-based supportive services through a Medicaid services provider such as a community mental health center, or will pay out-of-pocket for non-Medicaid services on a sliding scale. Some other community-based free services may also be available to tenants in *Home for Good* in the communities where they live.

Who is eligible for *Home for Good?*
There are 3 different ways a person can qualify for Home For Good:

1) People who participated in the Returning Home Ohio supportive housing program for 18 months or more; who continue to be at high risk of homelessness without the support of a housing subsidy; who are not currently eligible for other rental subsidies; who face multiple barriers to obtaining and maintaining housing, who have a reliable source of income, and who have not been incarcerated or convicted of a crime since admission to the Returning Home Ohio program
2) People working with an Ohio Supreme Court certified Mental Health Court; who have exhausted local housing resources; who have established a plan to continue supportive services when involvement with the Mental Health Court ceases
3) Participants in the HOME Choice Program as defined by the Office of Medical Assistance; who have been discharged from a current institutional setting is imminent and the consumer has no other housing options; whose coordinated service plan must be approved by HOME Choice; and the tenant's HOME Choice Transition Coordinator has made a recommendation for the tenant to enroll in Home for Good and this recommendation has been approved by Home for Good HOME Choice.

How do I apply for *Home for Good?*
To receive this subsidy, you will need to work with your Transition Coordinator and/or Case Manager to complete the application packet.

Will I have to move if I get the *Home for Good* subsidy?
Some participants of the *Returning Home Ohio* housing program will be able to remain in their current housing, but others will need to move. The location of your housing will be determined based on sever*al factors includin*g the appropriateness of your current housing for your household, the housing options available in your community and the landlord's willingness to participate in the *Home for Good* program.

Tenant Education Materials (Page 2 of 4)

How much rent will I pay?
Tenants will pay 30% of their income towards housing costs. The Program Administrator will work with individual tenants to verify the amount of their income and notify them of how much is owed toward rent and utilities. Depending on the circumstances, certain expenses may be deducted from a tenant's income, which would reduce the amount of rent that a tenant would owe. This will be worked out on a case by case basis.

How long is the *Home for Good* subsidy available?
The funds that are available for *Home for Good* are limited. Tenants will be recertified for the program for a year at a time. Assistance provided through *Home for Good* is not a right. *Home for Good* is not an entitlement program.

It is expected that people will become eligible for other kinds of housing subsidies and have other options become available to them over time. For example:

- Many people who have participated in *Returning Home Ohio* will become eligible to live in public housing or other affordable housing after having lived in the community for three to five years.
- Some tenants will become able to pay for more of their housing costs with increased income from employment.
- Some tenants may eventually choose to live with a friend or family member and will no longer need rental assistance.

Tenants should understand that *Home for Good* is <u>not</u> a permanent rental subsidy, and is not guaranteed to be available. Tenants should plan accordingly.
<u>It is very important for tenants on the *Home for Good* subsidy to apply for all other housing options as early as possible, since waiting lists sometimes are extremely long.</u>

How could I lose the *Home for Good* subsidy?
Once enrolled, a person could lose the *Home for Good* subsidy if it is terminated by the funding body or if they:

- Abandon their apartment or fail to verify that they are living in the unit
- Violate their lease in a way that results in eviction or if the landlord does not renew the lease because of a lease violation.
- Are incarcerated for longer than 60 days or hospitalized for longer than 90 days
- Fail to pay their portion of the rent for 90 days and do not make arrangements to repay the amount owed
- Do not abide by the Income Policy
- Engage in activities which pose a threat or hazard to other tenants or staff, or engage in illegal activity that results in eviction or conviction.
- Fail to complete the annual recertification process by missing two (2) scheduled appointments and/or failing to submit needed documentation to EDEN by the due date.
- Miss two (2) scheduled annual Housing Quality Standards inspections
- Engage in program fraud such as falsifying income or deliberately failing to report changes that could affect eligibility for the program.
- If staff documents a pattern (two or more incidents) of a tenant losing or quitting a job when they are notified that they will have to start paying a portion of the rent
- Fail to abide by the Home for Good Tenant Responsibilities (listed below).

Tenant Education Materials (Page 3 of 4)

What else do I need to know?
Tenants receiving the *Home for Good* subsidy will need to be recertified annually and pass an annual unit inspection.

Who do I contact if I have questions or need to communicate with the Program Administrator?
Tenants can contact the Home For Good Housing Eligibility Specialist at EDEN, Inc. by calling 216.961.9690 or emailing info@eden.org

Tenant Rights and Responsibilities

Tenant Rights

As a tenant in *Home for Good,* your rights include:

1. The right to be treated with consideration and respect for your personal dignity, autonomy, and privacy.
2. The right to be treated with cultural sensitivity.
3. The right to review all documentation from the program in your individual record.
4. The right to confidentiality, including the right to know when confidential information will be disclosed, to whom, and for what purposes.
5. The right to reject substandard housing.
6. If you apply for or receive mental health services in Ohio, you are entitled to all rights specified in the Ohio Department of Mental Health Client Rights and Grievance Procedures in the Ohio Administrative Code 5122:2-1-02.
7. If your rental subsidy is terminated, you have the right to:
    a. Receive a written notice containing a clear statement of the reason for the termination, 30 days in advance of termination.
    b. A review of the decision by Program Administrator, during which you have the opportunity to present written or verbal objections before someone other than the person (or subordinate of the person) who made or approved the termination decision.
    c. Prompt written notice by Administrator of the final decision regarding the termination.
8. The right to appeal a termination decision.
9. The right to have an advocate present during the appeals process.
10. The right to file a complaint or grievance if you believe your rights have not been upheld.

Tenant Responsibilities

Tenants in *Home for Good* have the following responsibilities:

1. Tenants must abide by all the usual responsibilities of tenancy, as described in their lease, and any rules and regulations of the housing in which they live.
2. Tenants are expected to pay 30% of their income toward rent and utilities.
3. Tenants must make their portion of the rent payment directly to their landlord each month in accordance with the terms of their lease.
4. Tenants who have no income or lose their income after enrollment must adhere to the “Income Policy".
5. Tenants who obtain a new income or have a change in their income must notify the Program Administrator within 14 days.
6. Tenants must confirm that they are living in the subsidized apartment, by being in verbal communication with their housing provider on a monthly basis.
7. Tenants must provide accurate information to complete necessary paperwork for enrollment and annual recertification.

8. Tenant must participate in annual recertification process in order to provide updated household information, including, but not limited to income and household composition. Program Administrator will initiate recertification process 120 days in advance of annual date of Home for Good enrollment and will notify tenant and case manager regarding the documentation needed.
9. Tenants must provide the name and phone number of their current case manager to the Program Administrator, and notify the Program Administrator if their case manager changes.
10. Tenants who become eligible for another rental subsidy program will be expected to terminate their participation in the Home for Good subsidy program and to take advantage of the other subsidy program, in a timely manner.
11. In the event of a hospitalization, incarceration or other absence from the unit, the tenant or case manager must notify the Program Administrator within 14 days.
12. The only people allowed to be included in a Home for Good tenant's household are their spouse/significant other, minor dependents, or a live-in aide, if necessary. Tenants cannot add an adult family member or unrelated minors to their voucher unless they have guardianship of the person.
13. If the tenant is responsible for paying the utilities in the unit, the bill(s) must be in the tenant's name or an adult household member's name; the bill(s) may not be in anyone's name outside of the household. The utilities must be kept on/active at all times.
14. Tenants must forward utility allowance checks to the appropriate utility company
15. A new unit subsidized by the program must be inspected initially before the tenant moves into the unit. All units must be inspected at least once annually. Tenant cannot move into a new unit or sign a new lease agreement until the unit passes inspection.

Complaint and Grievance Policy

It is the intent of the Housing Provider, the Program Administrator, and the OHFA to respond quickly to any complaints or grievances filed by tenants. We reserve the right to determine the type and level of investigation, if any, which will occur. In the event that a tenant would like to file a grievance or appeal their termination decision, the process is as follows:

1. If the grievance is with the Housing Provider, the tenant should contact the Property Manager and ask for their complaint and grievance procedure.
2. If the grievance is with the services provider, the tenant should contact the Client Rights Officer or a Supervisor at the service provider agency.
3. If the response is not satisfactory, tenants may contact the Program Administrator at EDEN, Inc. by calling 216.961.9690 and asking to speak to Ms. Jen Pfleiderer.
4. If the response from the Program Administrator is not satisfactory, tenants may contact the Ohio Housing Finance Agency at 614-466-7970. Any decision rendered by OHFA is considered final.

I have reviewed the following materials about *Home for Good*: Frequently Asked Questions, Tenants Rights and Responsibilities, and Complaint and Grievance Policy. I agree to abide by these policies. If I have questions, I will contact my case manager or the Program Administrator.

Tenant Signature: _____ Date: _____

Home for Good
Form **OHFA-004**
(Rev. 6-11)

Ohio Housing Finance Agency
Office of Program Compliance

APPLICANT / TENANT SWORN INCOME AND ASSET STATMENT

NOTE: All household members 18 years of age or older are required to complete and return a separate income statement. All questions must be completed.

Name _____ S.S. # (last 4 digits) _____

Telephone _____ Date _____

Income Source	I have or I receive the following: (Check YES or NO)				Monthly Amount	Notes
JOB 1	YES	☐	NO	☐	_____	_____
JOB 2	YES	☐	NO	☐	_____	_____
SELF EMPLOYMENT	YES	☐	NO	☐	_____	_____
SOCIAL SECURITY	YES	☐	NO	☐	_____	_____
SSI	YES	☐	NO	☐	_____	_____
PENSION / VA	YES	☐	NO	☐	_____	_____
TANF / AFDC	YES	☐	NO	☐	_____	_____
UNEMPLOYMENT BENEFITS	YES	☐	NO	☐	_____	_____
WORKERS'S COMPENSATION	YES	☐	NO	☐	_____	_____
CHILD SUPPORT/ALIMONY	YES	☐	NO	☐	_____	_____
EDUCATIONAL FINANCIAL ASSISTANCE	YES	☐	NO	☐	_____	_____
OTHER	YES	☐	NO	☐		

Do you currently receive Assistance with your housing payment? YES ☐ NO ☐
If yes; Agency Name: _____

Do you **HAVE** court-ordered or an agreement for child support or alimony? YES ☐ NO ☐ ORDERED AMOUNT $ _____
(This means there is an order for you to receive child support or alimony, not pay support to someone else)

Are you currently receiving child support or alimony? YES ☐ NO ☐ AMOUNT RECEIVED $_____

Have reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments, been made? YES ☐ NO ☐
* List State _____ and County _____ where granted.

Document Yes answers with third party verification.

Unit # _____ Applicant / Tenant Initials _____

Asset Source

Yes	No					
☐	☐	Do you have a Checking Account?	Balance	$	Interest Rate	
			Balance	$	Interest Rate	
☐	☐	Do you have a Savings / Holiday Account?	Balance	$	Interest Rate	
			Balance	$	Interest Rate	
☐	☐	Do you have Trust Funds?	Balance	$	Annual Earnings	
☐	☐	Do you have Stocks or Bonds?	Cash Value	$	Dividends/Yield	
☐	☐	Do you have Certificates of Deposit?	Cash Value	$	Interest Rate	
			Cash Value	$	Interest Rate	
☐	☐	Do you have Treasury Bills?	Cash Value	$	Annual Earnings	
☐	☐	Do you have Money Market / Mutual Funds?	Cash Value	$	Annual Yield	
☐	☐	Do you have IRA Accounts?	Cash Value	$	Annual Earnings	
☐	☐	Do you have Keogh Accounts?	Cash Value	$	Annual Earnings	
☐	☐	Do you have 401K Accounts?	Cash Value	$	Annual Earnings	
☐	☐	Do you have Cash on Hand?	Amount	$		
☐	☐	Do you have a Safety Deposit Box?	What is held in the box?		Cash Value	$
☐	☐	Do you have other Retirement/Pension Funds not named above or on page 1?				
☐	☐	Do you have any Personal Property held as Investment?**			Cash Value	$
☐	☐	Do you own a Home, Personal, Rental Property or other Capital Investments? Market Value less unpaid balance and selling costs = Cash Value)			Cash Value	$
☐	☐	Have you received any Lump Sum Receipts? (Inheritances, capital gains, lottery winnings, insurance settlements or other claims) When		Amount		
☐	☐	Do you have life insurance policies (excluding Term)?			Cash Value	$
☐	☐	Do you receive regular or periodic payments from persons not living in the unit, trust annuity, or other claims? (List any item not shown on page 1) Holder/Provider	Frequency		Amount	$
☐	☐	Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years? If yes, list items:				
☐	☐	Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bond(s), etc.)? If yes, please provide:				

Type	Value	Where Held	Annual Yield
	$		
	$		
	$		

TOTAL OF NET FAMILY ASSETS $ _____ **(Total Value of Assets Listed Above)**

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

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:

_____
PRINTED NAME OF APPLICANT / LESSEE

_____ _____
SIGNATURE OF APPLICANT / LESSEE DATE

_____ _____
REPRESENTATIVE SIGNATURE DATE

Zero Income Certification

I, _____, do hereby certify that I am currently receiving no income from any source.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	Monthly Cost	Source for Payment
Do you own an automobile? _____ (Yes/No)	If Yes:	
Cost of insurance per month?	$ _____	_____
Cost of gasoline per month?	$ _____	_____
Cost of maintenance per month?	$ _____	_____
Do you smoke? _____ (Yes/No)	If Yes:	
Cost of cigarettes per month?	$ _____	_____
Do you have cable TV? _____ (Yes/No)	If Yes:	
Cost of cable per month?	$ _____	_____
Do you have a telephone? _____ (Yes/No)	If Yes:	
Cost of telephone per month?	$ _____	_____
Cost of supplies not covered by food stamps: Paper produces, cleaning supplies, etc. per month?	$ _____	_____
Cost of utilities per month?	$ _____	_____
Cost of clothing per month?	$ _____	_____
Cost of medical expenses per month?	$ _____	_____
Total Monthly Expenses	$ _____	

I certify that this statement is true to the best of my knowledge and belief. I understand that false statements or information are punished under federal law.

_____ _____

Applicant / Tenant Signature Date

I have discussed this Certification of Household Income / Expenses with the Applicant / Tenant and assisted in completing the above monthly expenses from information they provided.

_____ _____

Referring Agency Signature Date

Asset Verification

DATE: _____

TO: _____

_____

_____

Telephone Number: _____

Fax Number: _____

FROM: _____

_____

_____

Telephone Number: _____

Fax Number: _____

RE: Name: _____

Address: _____

SSN (Last 4 digits): _____

TO BE COMPLETED BY INSTITUTION

CHECKING ACCOUNT

Account Number(s)	Average 6 Month Balance	Date Account Opened	Annual Interest Rate

SAVINGS ACCOUNT / CERTIFICATE OF DEPOSITS (CD)

INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Type of Account	Account Number(s)	Present Account Balance(s)	Annual Interest Rate	Withdrawal Penalty	Date Account Opened

Name / Title of Person Supplying Information _____ Firm / Organization _____

Signature _____ Date _____

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.

Applicant / Resident _____ Date _____

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 use 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.408 (a), (6), (7) and (8).

Rev. 6-11 RH

Child Support Agency Verification

DATE: _____

TO: _____

_____

_____

Telephone Number: _____

Fax Number: _____

FROM: _____

_____

_____

Telephone Number: _____

Fax Number: _____

RE: Name: _____

Address: _____

SSN (Last 4 digits): _____

INFORMATION BEING REQUESTED:

This is a request for a record of child support payments made through the Child Support Division in the case referenced below:

Custodian: _____

Non-Custodial Parent: _____

County: _____ State: _____

Case #: _____ Account #: _____

Check one

☐ Currently there is no court order directing payments through this office.

☐ There is a court order. However, there have been no record of payments received, or disbursed through this office to date.

☐ There is a court order through this office. Payments are directed to this office and disbursed. (If checked, please attach a copy of payment record for past 12 months.) Amount of court ordered payment _____ per _____.

Has there been any effort, by Custodian, to pursue enforcement of payments? ____ Yes ___ No

If Yes, date of most recent effort: _____

Name / Title of Person Supplying Information | Firm / Organization

Signature | Date

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.

Applicant / Resident | Date

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 use 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.408 (a), (6), (7) and (8).

Rev. 06-11 RH

Form **OHFA-001**
(Rev. 06-11 RH

Office of Program Compliance
Ohio Housing Finance Agency

EMPLOYMENT VERIFICATION

(Name & address of employer)

To: _____

Phone: _____
Fax: _____

Re: _____
Applicant / Tenant Name

Date: _____
From: _____

Phone: _____
Fax: _____

_____
Social Security Number (Last 4 digits)

_____
Signature of Applicant / Tenant

_____
Date

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title _____

Presently Employed: Yes ☐ Date Employed _____ No ☐ Last Day of Employment _____

Is employee eligible for unemployment compensation? ☐ Yes ☐ No If yes, how long? _____ How much? _____

Current Wages/Salary: $ _____ per: hour week bi-week month year _____ other (circle one)

Date present rate effective: _____

Average # of regular hours per week: _____ Total anticipated earnings for the next 12 calendar months $ _____

Overtime Rate: $ _____ per hour Average # of overtime hours per week: _____

Total anticipated overtime earnings for the next 12 calendar months: $ _____

Commissions, bonuses, tips, other: $ _____ per: hour week bi-week month year _____ other (circle one)

Prior year total earnings including overtime, commissions, bonuses, tips and other: $ _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ ; Effective date _____

Does the employee have access to any portion of his/her pension or retirement plan account? ☐ Yes ☐ No

If yes, indicate the amount that may be withdrawn without retiring or terminating employment: $ _____
Additional remarks: _____

_____
Employer's Signature

_____
Employer's Printed Name

_____
Date

_____
Employer [Company] Name and Address

_____
Phone #

_____
Fax #

_____
E-mail

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Verification of Informal Support

DATE: _____

TO: _____

_____

_____

Telephone Number: _____

Fax Number: _____

FROM: _____

_____

_____

Telephone Number: _____

Fax Number: _____

RE: Name: _____

Address: _____

SSN (Last 4 digits): _____

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

I certify that I provide assistance in the amount of $_____ each month.

The assistance provided is for: _____

Date assistance began: _____

Date assistance will end: _____

Please list other assistance provided: _____

I certify this information to be accurate:

_____ _____

Signature Date

_____

Relationship to Participant

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Rev. 7/11

Verification of Public Assistance

DATE: _____

TO: _____

_____

_____

Telephone Number: _____

Fax Number: _____

FROM: _____

_____

_____

Telephone Number: _____

Fax Number: _____

RE: Name: _____

Address: _____

SSN (Last 4 digits): _____

INFORMATION BEING REQUESTED:

DATE OF INITIAL ASSISTANCE: _____

	RATE PER MONTH
Aid to Families with Dependent Children	$
General Assistance	$
Food Stamps	$
Medical Assistance	$
General Assistance Disability	$
Other Assistance – Type _____	$
Amount Specifically Designated for Shelter & Utilities	$
TOTAL MONTHLY GRANT	$

DATE ASSISTANCE TERMINATED: _____

Is Applicant / Tenant receiving any other income? ☐ Yes ☐ No

If yes, indicate source: _____ , Income: $ _____

Number of persons living in household: _____ Adult _____ Children

Remarks:

_____ _____

Name / Title of Person Supplying Information Firm / Organization

_____ _____

Signature Date

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_____ _____

Applicant / Resident Date

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Rev. 7/11

Verification of Social Security / Supplemental Security Income

DATE: _____

TO: _____

_____

_____

Telephone Number: _____

Fax Number: _____

FROM: _____

_____

_____

Telephone Number: _____

Fax Number: _____

RE: Name: _____

Address: _____

SSN (Last 4 digits): _____

Date of Birth: _____

INFORMATION BEING REQUESTED:

☐ **If this box is checked, this individual is currently not in the EIV system for us to verify, thus we requesting the following information in order for us to verify.**

1. Gross Monthly Social Security Benefit $ _____ Effective _____

   Deduction for Medicare Premiums $ _____ Net amount monthly Payment $ _____

2. Gross Monthly Supplemental Security Income $ _____ Effective _____

3. Type of Benefits:

   Social Security: ☐ Retirement ☐ Disability ☐ Widow(er) ☐ Children(ren)

   Supplemental Security Income: ☐ Old Age ☐ Disability ☐ Blind ☐ Other

4. We are unable at this time to verify information requested:

   ☐ Claim Pending ☐ No record based on identifying information

   ☐ Other, please describe _____

_____ _____

Name / Title of Person Supplying Information Telephone Number

_____ _____

Signature Date

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_____ _____

Applicant / Resident Signature Date

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Rev. 7/11

Verification of Unemployment Benefits

DATE: _____

TO: _____

_____

_____

Telephone Number: _____

Fax Number: _____

FROM: _____

_____

_____

Telephone Number: _____

Fax Number: _____

RE: Name: _____

Address: _____

SSN (Last 4 digits): _____

INFORMATION BEING REQUESTED:

Current monthly gross income of benefits $ _____

Date of initial award: _____

Effective date of current amount: _____

Date of benefits termination: _____

Name / Title of Person Supplying Information

Firm / Organization

Signature

Date

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Applicant / Resident

Date

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Rev. 7/11