



3648 Rocky River Drive • Cleveland, Ohio 44111
(216) 941-3330 • Fax (216) 941-7758 • TTY: (800) 750-0750

Dear Sir or Madam:

Franciscan Village is a Section 8 subsidized senior apartment building. Seniors must be **62 years of age or older, income cannot, at this time, exceed \$34,050.00 per year for single occupancy, \$38,900.00 per year for double occupancy.** There are no medical services provided.

Please Note: Franciscan Village has a NO-SMOKING POLICY. This policy prohibits smoking in the apartments and all public areas of the buildings.

To be considered for occupancy and added to our waiting list, please complete the Preliminary Application form (all fields), sign and date the form. In compliance with HUD regulations, please complete the **Supplement to Application for Federally Assisted Housing** form (#90026).

The waiting list is approximately a year and a half to two years long. If you have any questions, please call me at (216) 941-3330.

Very truly yours,

Alister Englehart
Property Manager





PRELIMINARY APPLICATION

The undersigned applied for an apartment in the Franciscan Village of Our Lady of Angels. It is understood that this application is preliminary only and involves no obligation of the Franciscan Village of Our Lady of Angels to deliver occupancy of the proposed premises.

Name: _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____ Marital Status _____

Spouse _____ Date of Birth _____

Social Security # _____

Car: Yes _____ No _____ License Plate # _____

Color of car: _____ Year: _____ Make: _____

References: (We suggest your banker, clergyman, former employer or landlord)

Name _____ Telephone (____) _____

Address _____

City _____ State _____ Zip _____

Name _____ Telephone (____) _____

Address _____

City _____ State _____ Zip _____

Please provide a complete list of states in which applicants have resided:

Are you, or anyone in your household, subject to a lifetime sex offender registration requirement in any state? _____

Were you in subsidized housing as of 1/31/2010? Yes ___ No ___. If so, where _____

Do you need a handicap suite? Yes _____ No _____

Were you referred by a resident? If so, who? _____

GROSS INCOME PER YEAR: (Pension, Social Security, Wages) \$ _____

Total Savings, C.D.'s, stocks & bonds, other assets, approximate value \$ _____

Do you own a home? Yes _____ No _____ If yes, approximate value \$ _____

If you do not own a home:

Amount of monthly rent \$ _____

Utilities included? Yes _____ No _____

Are you presently receiving a rental subsidy? Yes _____ No _____

No representations, promises or agreements as to occupancy or date of possession have been made, and this application shall not be construed as an agreement. Applicants shall have the right to withdraw this application.

The undersigned declares that the facts contained in this preliminary inquiry are true and complete to the best of his/her knowledge and understands that false statements on the preliminary inquiry relative to verifying income, assets and other factors relating to eligibility determinations and our resident selection standards may result in the rejection of this application.

Signature of Applicant #1

Date

Signature of Applicant #2

Date

Limited English Proficiency: The federal government put in place a program to help applicants who have limited English language skills. The program was established to build awareness of the applicants needs and to develop methods that will assure that their needs will be met. If you have a limited understanding of the English language you are entitled to have someone speak on your behalf.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

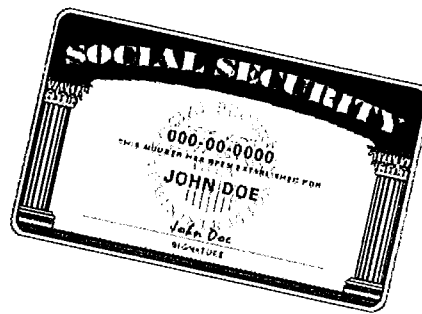
Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.

? The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

? I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



U.S. Department of Housing and Urban Development
Office of Housing