



*A Place To Call Home*

**Thank you for your interest in living at Cogswell Hall. Our mission is to provide quality supportive housing for low income adults. Our suites are single occupancy.**

To Qualify:

- Applicant must have income below 60% of AMI
- Applicant must not be a full time student. (Some exceptions apply)

Applicant's criminal history will be reviewed before approval:

- Applicant will be denied housing if a registered sex offender or has a criminal conviction of arson.
- Applicant may be denied for a history of offense of violence, theft, drug trafficking, solicitation, or a negative rental history including but not limited to destruction of property and disturbing neighbors.

Applicant's history of evictions will be reviewed before approval.

### **COGSWELL HALL APPLICATION PROCESS**

By completing the attached application your name will be added to our Waiting List **if**:

1. All sections of the application are completed and it is signed and dated by applicant.
2. Applicant appears to be qualified based on the information gathered on the application.

**Filling out an application DOES NOT guarantee you will receive housing in Cogswell Hall.** A completed application will add you to the Waiting List. When there is an opening on the Waiting List the applicant first in line will be asked to complete the next steps in the application process with the following exceptions.

### **WAITING LIST**

Cogswell Hall's Waiting List will consist of a minimum of four applicants and will be kept in chronological order. Periodically individuals on the waiting list will receive in the mail a notice to respond if the person wishes to remain on the waiting list. **It is the responsibility of the applicant to update Cogswell Hall of any and all address changes.** Cogswell Hall is not responsible for notices mailed to former addresses if there is not a current one on file.

### **FINAL CERTIFICATION**

When a suite is becoming available Cogswell Hall will contact the first person on the Waiting List who qualifies for the suite. If the suite is for someone who is homeless and disabled Cogswell Hall will work with the Cuyahoga County Continuum of Care to identify the most appropriate applicant.

1. Applicant must attend an appointment to complete an income and asset statement, sign releases for verifying income and asset information as well as for criminal background, and tour the residence.

Applicant must bring the following documents to that meeting.

- Driver's License or State ID
- Social Security Card
- Birth Certificate
- Information about monthly income

*If Applicant is employed*

- Six Most Recent paystubs

*If Applicant is receiving Social Security and/or Disability (if applicable)*

- A Social Security Letter dated within 90 Days of the appointment date

*Any and all*

- Bank Statements



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- Investment Statements
- Life Insurance Policy Statements
- Any other financial information

*If Homeless/Disabled*

- Letter verifying homelessness status (see next section)
  - Letter verifying disabling condition (see next section)
2. Cogswell Hall will contact all entities to verify information provided and determine Applicant's eligibility for low-income housing.
  3. Once all information is verified Applicant will be notified of Applicant's housing status.
  4. If it is determined Applicant meets all the guidelines of Low Income Housing Tax Credit Program and the Tenant Selection Guidelines Applicant will be offered housing.

### **HOMELESS/DISABLED SUITES**

Certain suites in Cogswell Hall are designated for individuals who are both Homeless and Disabled according to HUD standards. Homeless means the Applicant is living in a shelter or on the street. Living house to house, relative to relative or couch to couch does not meet this standard. When a Homeless/Disabled suite becomes available it must be filled by a candidate who meets the above criteria.

In addition to all the normal criteria these applicants must also provide written verification of both homelessness and disability. The following is a list of acceptable means of verification:

Homelessness verification can be:

1. Written verification from an emergency shelter on their agency letterhead, which is signed and dated.
2. Written verification from other qualified service provider on their agency letterhead that the person is homeless and living on the street.
3. Written verification from an institution on it letterhead of a 30 day or less stay with verification that the person was on the street or in an emergency shelter just prior to the short-term stay.

Documenting Disability

1. Written verification from a qualified source that you have one of the following disabilities:
  - Considered disabled under Section 223 of the Social Security Act.
  - Determined to have a physical, mental, cognitive, or emotional impairment of long-continued duration, or AIDS impeding the ability to live independently (without supportive services), and of a nature that could improve with permanent supportive housing

### **SHELTER PLUS CARE AND OTHER VOUCHERS**

1. Cogswell Hall accepts Shelter Plus Care for designated suites. Any applicant for a shelter plus care suite will be prescreened by EDEN
2. Other vouchers are also accepted for any of the suites.

Cogswell Hall, its owners and management, welcomes all people into our properties and does not discriminate on the basis of race, sex, disability, national origin, color, familial status, sexual orientation, military status or religion. The Fair Housing Act prohibits such discrimination and also requires us to reasonably accommodate all disabled tenants.

Cogswell Hall will permit reasonable accommodations in rules, policies, practices or services as well as reasonable requests to modify the premises to allow disabled tenants to fully use and enjoy their unit, including public and common use areas.

**Cogswell Hall -7200 Franklin Blvd Suite 100 - Cleveland, OH 44102**

**Phone - (216) 961-1568 Fax - (216) 961-3270**



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**Preliminary Resident Application - Instructions**

*\*Complete ALL sections of application*

*\*Sign and date the last page*

*\*All information on application will be verified. False information is grounds for denial of application.*

Name \_\_\_\_\_  
                                    (First)                                    (Middle)                                    (Last)  
Any Other Name Used \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Who were you referred to Cogswell Hall by? (List name, agency and phone if applicable)

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver License or State ID # \_\_\_\_\_

E-mail \_\_\_\_\_ Can we contact you by e-mail? \_\_\_\_\_

**Provide all addresses lived at for last five years. Attach additional sheets if needed.**

Current Address (street, city, state, zip)

\_\_\_\_\_

Time at this address \_\_\_\_\_ years \_\_\_\_\_ months

Previous Address (street, city, state, zip)

\_\_\_\_\_

Time at this address \_\_\_\_\_ years \_\_\_\_\_ months

Previous Address (street, city, state, zip)

\_\_\_\_\_

Time at this address \_\_\_\_\_ years \_\_\_\_\_ months

Emergency Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Contact

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship: \_\_\_\_\_



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Are you currently staying in a homeless shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently living on the street, in a car or in an abandoned building?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a disabling condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive benefits for this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes": Date (month/year) \_\_\_\_\_ Offense \_\_\_\_\_

Outcome \_\_\_\_\_ (attach additional sheets if needed)

Have you ever been filed upon for eviction? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes": Date (month/year) \_\_\_\_\_ Offense \_\_\_\_\_

Outcome \_\_\_\_\_ (attach additional sheets if needed)

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes": Employer's Name \_\_\_\_\_

Hours per week \_\_\_\_\_ Wage per hour \_\_\_\_\_ Monthly Wages \_\_\_\_\_

Sources of Income:

_____ Social Security Retirement	\$ _____	per month
_____ Social Security Disability	\$ _____	per month
_____ Pension	\$ _____	per month
_____ SSI	\$ _____	per month
_____ other	\$ _____	per month from _____

Financial Accounts

_____ Savings Account	Balance \$ _____	Bank Name _____
_____ Checking Account	Balance \$ _____	Bank Name _____
_____ Stocks, Bonds, etc.	Balance \$ _____	Name _____
_____ Trusts	Balance \$ _____	Trustee _____
_____ Other Account	Balance \$ _____	Bank Name _____



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Are you attending school? Yes \_\_\_\_ No \_\_\_\_

If "yes" Where? \_\_\_\_\_

Are you a full time student? Yes \_\_\_\_ No \_\_\_\_

Do you receive any tuition assistance or grants for school? Yes \_\_\_\_ No \_\_\_\_

If "yes" Amount \_\_\_\_\_

Do you own any Real Estate or are you listed on a Mortgage for any property? Yes \_\_\_\_ No \_\_\_\_

Explanation \_\_\_\_\_

\_\_\_\_\_

Do you have any current Debts or Obligations? Yes \_\_\_\_ No \_\_\_\_

Please List \_\_\_\_\_

\_\_\_\_\_

Who will be responsible for payment of rent and board?

\_\_\_\_ Resident

\_\_\_\_ Other

If "Other" list name and contact information below.

Name of responsible party \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**By signing below you verify that the information on this application is accurate and true and you authorize Cogswell Hall to check public record sites to determine that you meet the criminal and eviction qualifications.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cogswell Hall Staff Signature

\_\_\_\_\_  
Date