

## MARGARET WAGNER APARTMENTS

2375 Euclid Heights Boulevard  
Cleveland Heights, Ohio 44106

**Phone: (216) 373-2015**

**Fax: (216) 373-2016**

**TTY: 800-750-0750**

HUD 202, PRAC subsidized housing with supportive services.  
Affordable, independent living for eligible seniors, 62 years and older.

### Eligibility Criteria

- 62 years of age or older
- HUD subsidized rent requires 30% of gross income
- 2024 HUD income limitations:  
50% Very Low - 1 person: \$34,050 and 2 persons: \$38,900

### Building Features

- Five story building with 80 apartments; 74, 1-bedroom and 6 studio
- Non-smoking environment
- Secured building entry
- Utilities (electric and water) included in rent except for TV, Telephone, and Internet
- Individual central heating and air
- 8, 1-bedroom units designated for mobility impaired
- Surface parking (not covered)
- On-site service coordinator
- On-site laundry facilities
- Elevator
- Pet friendly, small pets less than 35 lbs. permitted; additional fee required
- Secured storage (limited)
- Community spaces include garden and outdoor patio; indoor sitting areas, kitchen and internet accessible computers
- 24-hour on-call maintenance



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|                |       |
|----------------|-------|
| Date Received  | _____ |
| Date Cancelled | _____ |
| Date Leased    | _____ |
| Unit Number    | _____ |
| Time Rec'd     | _____ |
| Initials       | _____ |

**PRELIMINARY APPLICATION**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED  
PLEASE PRINT CLEARLY AND CALL IF YOU DO NOT UNDERSTAND A QUESTION.**

Applicant's Name \_\_\_\_\_  
FIRST MIDDLE LAST

Current Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone Number \_\_\_\_\_  
HOME CELL

Do you currently live in a subsidized property?  Yes  No

If yes, how many years/months \_\_\_\_\_

Name of subsidized property \_\_\_\_\_

Have you ever been evicted?  Yes  No Convicted of a felony?  Yes  No

Is any member of the applicant's household moving into Margaret Wagner Apartments subject to a lifetime state sex offender registration program in any state?  Yes  No

**FAILURE TO RESPOND TO THE QUESTION MAY JEOPARDIZE THE APPROVAL OF THE APPLICATION.**

The Office of Inspector General (OIG) recently conducted an audit of the US Department of Housing and Urban Development's (HUD's) requirement prohibiting lifetime registered sex offenders from admission to HUD subsidized housing.

O/As and PHAs will make the determination, in accordance with their screening standards, whether the applicant and the applicant's household members meet the screening criteria. If these processes reveal that an applicant is a lifetime registered sex offender, or if the applicant falsifies information on the application, the O/A or PHA must deny admission to the program. Before admission can be denied, the applicant must be notified of the right to dispute the accuracy and relevance of the background check information. (24 CFR 5.905 (d) and 24 CFR 960.204 © for PHAs; paragraph 8-14 C of Handbook 4350, 3 REV-1, Occupancy Requirements of Subsidized Multifamily Housing Programs, for O/As.)



|   | <b>Family Composition</b><br>Name of each person must be listed including applicant | <b>Relationship To Applicant</b> | <b>Social Security Number</b> | <b>Birth Date</b> |
|---|---|----------------------------------|-------------------------------|-------------------|
| 1 |   |                                  |                               |                   |
| 2 |   |                                  |                               |                   |
| 3 |   |                                  |                               |                   |
| 4 |   |                                  |                               |                   |

**BENEFITS**

Please include all the BENEFITS for every household member moving with you.

ALL INCOME MUST BE LISTED WITH THE GROSS AMOUNT (BEFORE DEDUCTIONS)

| <b>Type of Benefit</b>    | <b>YES</b> | <b>NO</b> | <b>Amount Received</b> | <b>Gross Monthly</b> | <b>Name on Check</b> |
|---------------------------|------------|-----------|------------------------|----------------------|----------------------|
| Social Security           |            |           |                        |                      |                      |
| SSI                       |            |           |                        |                      |                      |
| Disability/Death Benefit  |            |           |                        |                      |                      |
| Public Assistance         |            |           |                        |                      |                      |
| Pension                   |            |           |                        |                      |                      |
| Any other Form of Support |            |           |                        |                      |                      |
|                           |            |           |                        |                      |                      |
|                           |            |           |                        |                      |                      |
|                           |            |           |                        |                      |                      |



**INCOME**

Please include all INCOME for every household member moving with you.

| <b>Income</b>      | <b>YES</b> | <b>NO</b> | <b>Amount Received</b> | <b>How Often</b> | <b>Name on Check</b> |
|--------------------|------------|-----------|------------------------|------------------|----------------------|
| Employment         |            |           |                        |                  |                      |
| Unemployment       |            |           |                        |                  |                      |
| Insurance Policies |            |           |                        |                  |                      |
| Cash contributions |            |           |                        |                  |                      |
| Any other Income   |            |           |                        |                  |                      |

**ASSETS**

| <b>Type of Account</b>                      | <b>YES</b> | <b>NO</b> | <b>Value/Current Balance</b> | <b>Financial Institution Name</b> |
|---|------------|-----------|------------------------------|-----------------------------------|
| Checking Account                            |            |           |                              |                                   |
| Savings Account                             |            |           |                              |                                   |
| Stocks/ Bonds/CD's                          |            |           |                              |                                   |
| IRA or Keogh Account                        |            |           |                              |                                   |
| Safe Deposit Box                            |            |           |                              |                                   |
| Do you own or is your name on any property? |            |           |                              |                                   |
| Mix Assets                                  |            |           |                              |                                   |



**LANDLORD INFORMATION**

**Current Housing (Please check all that apply)**  Rent  Own  Other.

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlords Telephone Number \_\_\_\_\_

Dates lived at this address: From \_\_\_\_\_ To \_\_\_\_\_

**Previous Housing (if above is less than 5 years.)**  Rent  Own  Other

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlords Telephone Number \_\_\_\_\_

Dates lived at this address: From \_\_\_\_\_ To \_\_\_\_\_

**EMPLOYER**

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Salary \$ \_\_\_\_\_ Per Hour \_\_\_\_\_ Per Week \_\_\_\_\_ Per Month \_\_\_\_\_

Who is Employed (You or Your Spouse) \_\_\_\_\_

Explanations \_\_\_\_\_

**VEHICLE INFORMATION**

Do you own a vehicle?  Yes  No

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number \_\_\_\_\_ Handicap Placard Number \_\_\_\_\_



## MISCELLANEOUS INFORMATION

1. Have you or any member of your household ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertifications procedures, or for any other reason?  Yes  No
2. Will any of the above household members live anywhere except in the apartment?  Yes  No
3. Have you or any household member used another name?  Yes  No
4. Have you or any member of your household ever committed fraud in a federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing program?  Yes  No  
If yes, please explain \_\_\_\_\_
5. Do you use illegal drugs?  Yes  No  
If yes, are you in treatment?  Yes  No
6. Do you abuse alcohol to the extent that you are a danger to others' health, safety or to peaceful enjoyment?  Yes  No
7. Has any member moving here been convicted of a drug offense?  Yes  No  
If yes, explain \_\_\_\_\_
8. Does anyone have a felony pending against them?  Yes  No
9. Have you or household members filed for bankruptcy?  Yes  No
10. Margaret Wagner Apartments has a limited number of units which are entirely handicapped accessible. Could you benefit from one of these apartments?  Yes  No
11. Are you interested in a  One Bedroom or a  Studio apartment? **(MUST CHECK ONE. WE DO NOT HAVE 2-BEDROOM APTS.)**
12. One month's security deposit is required upon acceptance of an apartment. Are you willing to pay the deposit?  Yes  No
13. Do you have a pet?  Yes  No A pet deposit of \$300.00 is due upon move in.
14. How did you hear about Margaret Wagner Apartments?  
\_\_\_\_\_  
\_\_\_\_\_



## WAIT LIST POLICY

1. Eligibility requirements are maintained per the Tenant Selection Plan Criteria
2. No criminal activity within the last 10 years has been committed by the applicant or anyone listed on the application, including minors.
3. Meets income guidelines.
4. Meets age requirement.

It is the responsibility of the applicant to contact the leasing office about any changes in income, contact phone numbers, address changes, etc. In addition to updating information, you will also need to inform management of your desire to remain on the waiting list or cancel your wait list application. Failure to contact the leasing office to update information can result in your application being removed from the waiting list if "unable to locate."

I/We the undersigned, state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit at Margaret Wagner Apartments for which application is made, all of whom are listed above.

I/we understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my/our credit report and criminal background report will be obtained without further authorization and that I/We will be required to authorize verification of my/our income and assets.

I/We understand that all the above information must be obtained in order to establish my/our eligibility for the PRAC 202 HUD Subsidized Housing Program.

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

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Applicant Signature/Date

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Applicant Signature/Date

**EACH HOUSEHOLD MEMBER MUST COMPLETE A TENANT SWORN INCOME AND ASSET STATEMENT AND AN AUTHORIZATION FOR RELEASE OF INFORMATION FORM.**

**IF YOU HAVE A LIMITED UNDERSTANDING OF THE ENGLISH LANGUAGE YOU ARE ENTITLED TO HAVE SOMEONE SPEAK ON YOUR BEHALF.**



## **EIV INFORMATION PLEASE READ**

### **NEW SOCIAL SECURITY REQUIREMENTS**

With the change in the Social Security Number eligibility criteria, owner/agents must update resident selection plans to include an explanation of the new requirements.

Effective January 31, 2010, all household members must provide:

- The complete and accurate SSN assigned to each member of the applicant's household and
- Documentation necessary to prove that the Social Security Number is accurate (verification)

For eligibility purposes, the requirement to disclose a Social Security Number is waived if no Social Security Number has been assigned and:

- A household member is 62 or older as January 31, 2010 and eligibility determination started before January 31, 2010
- A household member is an ineligible non-citizen. This household member does not qualify for assistance therefore household assistance will be prorated.

If a household member is under the age of six, and does not have a Social Security Number, the applicant household will have 90 days to provide the Social Security Number and adequate documentation that the Social Security Number is accurate. Under certain circumstances, the owner/agent may provide an additional 90 days to allow the resident to obtain Social Security Number information in accordance with HUD requirements.

The owner/agent must deny and/or terminate HUD assistance, in accordance with the provisions governing the program, if the assistance applicant does not meet: the applicable SSN disclosure, documentation, and verification requirements.

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification System) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated, and any assistance paid in error must be returned to HUD. If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.







## Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

### A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories as revised by the Office of Management and Budget are defined below:

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Note:** The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal is a consistent manner of summarizing, across all HUD programs, the racial and ethnic data of the population(s) served or proposed to be served by your organization.



**FAIR CREDIT REPORTING ACT  
AUTHORIZATION FOR PROCUREMENT AND USE OF  
CONSUMER REPORTS**

I voluntarily and knowingly authorize \_\_\_\_\_ (the Company) or its authorized agents, for employment purposes only, to obtain or prepare consumer reports or investigative consumer reports ("Reports") as part of the process of my applying for employment. I understand that if the Company hires me or contracts for my services, I also voluntarily and knowingly authorize the Company to prepare and obtain Reports throughout my employment or contract period. I understand that Reports may include information about my prior employment or military record, education, credit worthiness and history, general reputation, criminal history at county, state, federal and national levels, worker's compensation history, and/or motor vehicle history. I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to the Company, I will be informed whether a Report was requested and given information as to the nature and scope of the Report.

I hereby authorize and request any current or former employer, educational institution, licensing agency, governmental agency, or other individuals and sources to furnish any and all information relating to me that is requested by the Company and/or Employment Screening Associates (ESA).

A photocopy of this authorization shall have the same force and effect as the original. I agree to assist and cooperate with the Company's investigation of my background, including providing all the necessary documents requested by the Company.

If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here.

**Please provide all requested information and provide addresses for the last seven- (7) years**

Applicant's Name:      FIRST                  MIDDLE                  LAST                                  Maiden Or Other Name(s)

Current Address - Street, City, State, Zip    How Long

Previous Address - City, State, Zip    How Long

Previous Address - City, State, Zip    How Long

Social Security Number    Date of Birth (for confirmation of ID only)

Drivers License Number    State    Name - exactly as it appears on Driver's License

Email Address

Yes       No  
Authorization to contact present employer for reference?

Signature    Date