



Dear Applicant:

We are pleased that you are considering Council Gardens as your future home. Due to the Coronavirus Pandemic and subsequent widespread unemployment, Council Gardens has changed some policies and procedures. Any changes are detailed in the Tenant Selection Plan.

Built in 1963 with support from the National Council of Jewish Women, Council Gardens provides quality affordable housing for seniors over the age of 62 and for mobility impaired adults. Council Gardens is totally accessible to wheelchairs.

Council Gardens is a smoke-free independent living apartment complex with 122 units that are located in one mid-rise and eight garden buildings. We are not an assisted living residence. Tenants must be able to live independently.

Application packets that are mailed to prospective tenants include (a) the Tenant Selection Plan, (b) brochure, and (c) application. The Tenant Selection Plan explains all of our policies and procedures in detail. A copy of the Plan is also available on our website, www.councilgardens.org, and in our office.

Please note the following information in the Plan:

- Preference on our wait list is given to low income seniors 62 and older.
- Applicants younger than 62 years of age must be mobility impaired to apply for residency. Applications from adults under 62 require a letter from medical personnel stating that the applicant is mobility impaired.
- Applicants relocating from a nursing home, assisted living residence, or group home require a letter from the medical team asserting that the prospective tenant can live independently.
- The “Screening for Criminal Activity and Drug Abuse Section” outlines our policies of rejecting sex offenders and applicants involved in criminal activity.
- The “Screening/ Rejection Criteria Section” includes a discussion involving independent living.

This application includes the optional HUD form 92006 that identifies contacts for the landlord to call in an emergency. If you do not wish to fill it in, please sign the form and check the box stating that you do not want to provide the information.

We encourage all prospective tenants to visit Council Gardens, meet our staff and see our grounds. For additional information please visit Council Gardens' web site (www.councilgardens.org). If you wish to live at Council Gardens, complete and return our application. Mobility impaired applicants younger than 62 must submit proof of mobility impairment along with the application.

Please keep this letter for reference. We will acknowledge receipt of your application with a welcoming letter.

If you have questions, contact our office.

Council Gardens
2501 North Taylor Road
Cleveland Heights, Ohio 44118

Phone: (216) 382-8625

Fax: (216) 382-5220

TTY: 711 relay services for the deaf/hard of hearing

Email: mmarkovich@councilgardens.org

Sincerely,



Barbara Mervine
Executive Director



Council Gardens Application



CG is a smoke free HUD subsidized apartment complex with 122 units for low / moderate income seniors 62 and older

APPLICANT INFORMATION

4/1/2021 UPDATE

Name (head of household) _____ Sex _____ Date _____
 Current Address _____ Daytime Phone (____) _____
 City _____ State _____ Zip _____ Are you a U.S. Citizen Yes No
 Driver License # _____ List the states in which you have lived: _____

 Date of Birth ____ / ____ / ____ Age _____ Social Security # _____ (required)
 If you don't have a SS#: Were you 62 or older as of 1/31/2010 & receiving HUD rental assistance on 1/31/2010? _____

Name (household member) _____ Relationship to above _____
 Current Address _____ Daytime Phone (____) _____
 City _____ State _____ Zip _____ Are you a U.S. Citizen Yes No
 Driver License # _____ List the states in which you have lived: _____

 Date of Birth ____ / ____ / ____ Age _____ Social Security # _____ (required)
 If you don't have a SS#: Were you 62 or older as of 1/31/2010 & receiving HUD rental assistance on 1/31/2010? _____

Add additional sheets for additional household members

- Do you or anyone else in your household require any medically related special accommodations in your living environment? _____ If yes, please describe: _____

- Size of Unit requested – Check one of the following 5 categories
 Studio (for 1 person) 1BR unit (for 1 or 2 persons) 2 BR unit (for 2 or 3 persons)
OR choose to be on 2 lists at the same time - depends on your household size
 Studio **or** 1BR unit - whichever size becomes available first (can be chosen by 1-person)
 1BR **or** 2BR unit – whichever size becomes available first (can be chosen by 2-persons)
 The wait list for an efficiency is much shorter than the wait list for a 1 BR unit.
 The wait list for a 1BR units is much shorter than the wait list for a 2BR unit.
 Council Gardens permits in house tenant transfers when possible.
- Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No Explain and provide dates, nature, location of the crime(s): _____

4. Are you in the process of being evicted, or have you ever been evicted from government subsidized housing? If yes, explain, provide date(s) and locations: _____

5. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes No
6. Do you plan to bring pets to live with you? (See Pet policy) Yes No
7. How did you find out about Council Gardens? _____

FINANCIAL INFORMATION

CURRENT ANNUAL INCOME

Income Source	Head of Household	Spouse	Other Household Member
Employment Income (annual)	\$	\$	\$
Social Security Income (annual)	\$	\$	\$
Supplemental Security Income (SSI - annual)	\$	\$	\$
Pension (private or government – annual)	\$	\$	\$
Welfare Payments (annual)	\$	\$	\$
Interest Income Checking Account(s) (annual)	\$	\$	\$
Interest Income Savings Account(s) (annual)	\$	\$	\$
Interest Income CDs or IRA's (annual)	\$	\$	\$
Interest Income Stocks and Bonds (annual)	\$	\$	\$
Income from Rental Property (annual)	\$	\$	\$
Other Income (specify)	\$	\$	\$
TOTAL INCOME	\$	\$	\$

If Real Estate is owned, please provide the following information:

- Type of Property Home Business Other _____
- Value of Property \$ _____ Mortgage Balance Owed \$ _____

Have you sold or given away any assets or property in the past 2 years? Yes No

If yes, describe the property _____

What was the value of the property/ asset at the time of sale or disposal? \$ _____

How much was the property or asset sold for? \$ _____

Do you have Life Insurance? Yes No

If yes, does your policy have any cash value? Please provide value of policy or policies:

Insured _____ Policy Value \$ _____

Insured _____ Policy Value \$ _____

Insured _____ Policy Value \$ _____

HIGHLIGHTS FROM OUR TENANT SELECTION PLAN (TSP)

Please read the complete TSP that is printed on our website or enclosed in this Packet. The Plan explains our policies and procedures in detail. See especially relevant summary below:

- a) Council Gardens provides quality affordable housing for seniors 62 and older and for all long-term mobility-impaired adults. (Our project is wheelchair accessible.) Under 62 applicants need a letter from medical personnel stating that they are mobility impaired.
- b) Tenants must be able to live independently. CG is not an assisted living residence.
Applicants must be independent in at least 3 of the following 6 *Activities of Daily Living* categories: (1) personal hygiene/ grooming, (2) dressing/ undressing, (3) feeding oneself, (4) functional transfers (getting out of bed), (5) voluntarily controlling body functions and (6) ambulation (walking or using a wheelchair) **AND** these applicants must have supportive services necessary to perform the remaining ADLs to ensure the health, safety, and security for all.
- c) Full-time healthcare aides must have a permanent address off campus.
- d) Relocating from a nursing home, assisted living residence, or group home requires a letter from the medical team asserting that the applicant can live independently.
- e) The "Screening for Criminal Activity and Drug Abuse Section" in the Plan outlines our policies for rejecting sex offenders and applicants involved in criminal activity. We follow strict guidelines regarding renting to tenants who are or have been involved in drug-related or criminal activity. We consider patterns of behavior and eliminate prospective tenants who have exhibited repeated drug violations or criminal activities. We do criminal, landlord, and credit background checks on all prospective tenants before offering an apartment.
- f) All tenants, visitors, and vendors are expected to comply with all current CDC, HUD and local/ statewide health department recommendations including wearing masks and social distancing.
- g) HUD form 92006 (contact information) and 27061 (racial/ ethnicity information) are optional forms in our Application/ Admission Packet.
- h) Applications are used to determine initial eligibility as it relates to age, disability status, household composition and income/assets. Acceptance of the application does not constitute acceptance for admission. Acceptance for admission requires verification of information, a face-to-face interview, additional background information and documents required by HUD.
- i) Applicants are placed on the waiting list corresponding to the apartment size they selected.
- j) Tenants are permitted to keep a pet in their apartments providing a Pet Agreement has been signed, the required deposit paid, and all appropriate provisions of the Pet Policy followed. We permit 1 dog (under 40 lbs.) or 1 cat; we allow 2 caged birds; and fish in an aquarium under 20 gallons.

I (we) certify that I (we) have read and understand the Tenant Selection Plan as summarized above and enclosed in our Application Packet.

Signature - Head of Household

Date

Signature of additional applicant (if applicable)

APPLICANT CERTIFICATION

- A. I /we certify that the information provided on this application form is complete and true, to the best of my/our knowledge. Providing false information may lead to denial of this application, eviction (if the falsehood is discovered after move-in), or to criminal prosecution. Admission to this complex is contingent upon eligibility criteria established under federal law and rules set by this complex (see Tenant Selection Plan).
- B. To be placed on the waiting list, I /we agree to allow Council Gardens' Staff to run credit and criminal background checks. To enable Staff to run the background checks, enclosed are copies of my/our (1) Social Security Card(s) and (2) State Driver's License or State ID(s).
- C. I /we agree to allow Council Gardens to contact former landlords to determine eligibility for tenancy at Council Gardens.
- D. I /we agree to set up an appointment to see Council Gardens and to speak to the staff.
- E. I /we understand that if accepted for admission, Council Gardens must be the my(our) sole residence.

Signature Head of Household

Date

Signature of other applicant (if applicable)

Date

If you choose not to fill in the "Supplement Form" on the next page, please check the box and sign the form at the bottom of this last page

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Council Gardens

2501 N. Taylor Rd, Cleveland Hts., OH. 44118

Name of Property	Project No.	Address of Property
Council Gardens		Section 8
Name of Owner/Managing Agent		Type of Assistance or Program Title:

Name of Head of Household	Name of Household Member
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Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Citizen/Non-Citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____ ADMISSION
NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94,
Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe
legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. (to be entered by owner if and when received)

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted esta' incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Ingles, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

PENALTIES FOR MISUSING THIS COSENT:

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 on this verification form is restricted to the purposed cited above. Any person who knowingly or willfully 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 which 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).



INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____.
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States. Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *Permanent Resident Card*
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:



- (a) A final court decision granting asylum (but only if no appeal is taken);
- (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
- (c) A court decision granting withholding or deportation; or
- (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.* If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____



Penalties for False Information

I (we) certify that the information provided in the Council Gardens' Application Packet is complete and true, to the best of my (our) knowledge.

I (we) understand that providing false information may lead to denial of this application, eviction (if the falsehood is discovered after move-in), or to criminal prosecution.

I (we) understand that the admission to Council Gardens is contingent upon eligibility criteria established under federal law and rules set by Council Gardens (see Tenant Selection Plan).

Applicant's Signature

Date

Applicant's Signature

Date