

Date \_\_\_\_\_  
Time \_\_\_\_\_

**Cascade Village**  
210 East North Street  
Akron, OH 44308  
Ph. (330) 253-9484  
Fax: (330) 253-9400

## Application

### HEAD OF HOUSEHOLD

LAST	FIRST	M.I.	Birth Date	Place of Birth City, State	Sex M/F	Social Security Number	Marital Status*

\*(M) (W) (D) (SEPERATED) (SINGLE)

Are you or anyone in your family, a person with a disability, which requires any specific modifications or accommodations in order to fully utilize our program services?

No    Yes    (What accommodations are needed)

How many bedrooms are you seeking?

Number of people to occupy unit?

### What is your present Address?

Street Address

State                      Street Zip                      City                      County

Mailing Address

State                      Street Zip                      City                      County

Home Tel. (    )                      Business (    )                      Cell Phone(    )  
Fax (    )

### What was your street address before you moved to where you live now?

Street Address

State                      Street Zip                      City                      County

### If we were unable to reach you, whom could we contact?

Name \_\_\_\_\_ Telephone (\_\_\_\_)

Address \_\_\_\_\_ Relationship

**HOUSEHOLD COMPOSITION - COMPLETE FOR ALL OTHER ADULTS 18 & OVER IN HOUSEHOLD**

Legal Name Last	First	M.I.	Relation to Head of Household	Birth Date	Sex M/F	Social Security Number	Marital Status*

\*(M) (W) (D) (Separated) (Single)

**HOUSEHOLD COMPOSITION – COMPLETE FOR ALL CHILDREN 17 & UNDER IN HOUSEHOLD**

Legal Name Last	First	M.I.	Relation to Head of Household	Birth Date	Sex M/F	Social Security Number	

**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household including children.

This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, workman’s compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, bank accounts, alimony, and all other sources. Use zero if not applicable.

**LIST AMOUNTS RECEIVED BELOW. IF NONE RECEIVED, WRITE ZERO IN SPACE PROVIDED**

Household Member (List each member)	Employer	Total Weekly Wages	TANF	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Income

**WORK HISTORY – List the last place of employment for all adult household members**

Family Member	Employer	Phone #	From (yr.)	To (yr.)

**BANKING INFORMATION:**

Name of Bank	Account Number	Type	Joint/Individual	Current Balance
				\$
				\$
				\$
				\$

**RENTAL HISTORY:** List references for most recent five (5) residences starting with your current

**address**

Current Address of applicant(s) including Apt. #	County	Landlord Name	Landlord Address	Phone #	Rental Period From To
Previous Address of applicant(s) including Apt. #	County	Landlord Name	Land Lord Address		Rental Period From To
	County	Landlord Name	Landlord Address		Rental Period From To
	County	Landlord Name	Landlord Address		Rental Period From To
	County	Landlord Name	Landlord Address		Rental Period From To

Have you ever been evicted by any landlord? No Yes (explain below)

By whom? \_\_\_\_\_ When? \_\_\_\_\_ Why?

**PRIORITIES:**

Is the head of household working at least 20 hours per week? Yes No

**PROGRAM INTEGRITY INFORMATION – If you answer “yes” to any of the following, please explain.**

Have you or any other adult members ever used a name(s) or Social Security Number(s) other than the one you are currently using? No Yes  
**(If yes, provide name and explanation)**

Have you or anyone in your household ever been evicted for criminal or drug related activity? No Yes  
**(If yes, provide explanation and date)**

Has anyone in your household ever been engaged in the use, sale, manufacture or distribution of controlled substances? No Yes  
 Who? \_\_\_\_\_ When? \_\_\_\_\_ What substance?

Has anyone in your household ever been involved in, arrested or convicted for drug activity within the past 5 years? No Yes

**(If yes, provide explanation and date)**

Have you or anyone in your household ever been involved in, arrested or convicted of any crime other than traffic violations within the past 5 years? No Yes

**(Provide explanation and date – use reverse side if needed)**

**AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS**

**I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.**

**WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.**

**Please take a moment to review your answers, making sure all questions are complete and accurate**

**I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in income of the member/s of the household as well as any changes in household members must be reported to the Property Management Office.**

SIGNATURE OF HEAD OF HOUSEHOLD  
DATE

DATE

SIGNATURE OF SPOUSE

SIGNATURE OF OTHER ADULT  
DATE

DATE

SIGNATURE OF OTHER ADULT