



1725 East 115<sup>th</sup> Street, Cleveland, OH 44106  
P: 216.231.7221  
TTY: 711  
F: 216.231.8008  
info@maxhousing.org  
www.maxhousing.org



Cotman Vistas  
Lake Vistas  
Meadow Vistas  
Pine Tree Vistas  
Sheffield Vistas

**Please read all of the information below before filling out the application. The information contained in this application is applicable to all household members.**

- **All adult household members must submit the required application information and sign the application form.**
- **MAKE SURE YOU ANSWER ALL QUESTIONS.** Providing information regarding gender, race, and/or ethnicity is voluntary.
- If you need additional space, please write on the back of the application or add an additional sheet.
- If you are an individual with disabilities, and unable to complete the application in writing, you may inform us of this fact and request “reasonable accommodations”—changes in our nonessential policies and practices—which would give you an equal opportunity to pursue the application process.

**MaxHousing**, a non-profit agency, operates accessible housing for people with mobility disabilities in Northeast Ohio. **Other than design accessibility and rental subsidies, MaxHousing does not provide special disability-related services at its communities. This means that the tenant, either alone or with outside assistance that the tenant arranges, is responsible for securing meals, maintaining and cleaning their unit, personal assistance needs, emergency response, paying their rent, etc.**

**Applicants for MaxHousing buildings must be people with mobility disabilities (physical disabilities) over age 18.** The project locations (listed at the bottom of this page) are: Cotman Vistas having 36 units, Pine Tree Vistas having 40 units, and Lake Vistas, Sheffield Vistas and Meadow Vistas having 24 units each. Buildings contain one and two-bedroom apartments with two-bedroom units available for families or those who require a live-in attendant. Children are permitted to live with the applicant in MAXHOUSING buildings.

These complexes feature a wheelchair accessible environment including specially designed kitchens and large bathrooms. Other accessibility modifications include:

- wide doorways and hallways
  - low kitchen counters and cabinets
  - sinks at wheelchair level
  - roll-in showers
  - easy-to-reach light switches
  - lever door handles
- Complexes include:
- common laundry room
  - outdoor patio area
  - parking for those with vehicles
  - handrails in hallways
  - automatic exterior door
  - no-step entryways

Cleaning and maintenance of common areas are performed or coordinated by the live-in Facilities Technician of each site. MaxHousing buildings are located near shopping centers and most are served by public transportation with lift-equipped buses.

MaxHousing’s communities are subsidized by the U.S. Department of Housing and Urban Development (HUD). Tenants pay only 30% of their adjusted income as rent, which includes heat, water and electricity, making MaxHousing apartments affordable for all. (Example: A person with a monthly income of \$700 would pay \$210 in rent.)

To be considered for an apartment, complete this application and return it to:  
**MaxHousing, 1725 E. 115<sup>th</sup> Street, Cleveland, OH 44106**

If you have any questions, please call 216-231-7221; TTY through the Ohio Relay Service at 711.

Cotman Vistas  
1725 E. 115<sup>th</sup> Street  
Cleveland, OH  
44106

Lake Vistas  
5734 Andrews Road  
Mentor-on-the-Lake, OH  
44060

Meadow Vistas  
371 Lear Road  
Avon Lake, OH  
44012

Pine Tree Vistas  
6905 Ridge Road  
Parma, OH  
44129

Sheffield Vistas  
1480 Lincoln Blvd.  
Sheffield Twp., OH  
44055

**MaxHousing Application**  
*Please read instructions on attached cover letter*

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone (with area code) \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

*Providing information regarding gender, race, and/or ethnicity is voluntary*

Race \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity (circle one): Hispanic Non-Hispanic

Apartment size required: \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedrooms (those with families or live-in aides only)

Will anyone else be living with you? If so, please list their:

Full Name(s) \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_

Social Security Number(s) \_\_\_\_\_

Relation to you \_\_\_\_\_

Have you or any member of your household:

Ever been evicted or had a rent subsidy terminated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Ever been subject to a lifetime sex offender registration in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Currently a part- or full-time student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

List the dollar amount of **monthly household income** \$ \_\_\_\_\_, and where it comes from:

Why do you want to live in the MaxHousing Apartments? \_\_\_\_\_

How did you hear about the MaxHousing Apartments? \_\_\_\_\_

**In order to qualify for a MaxHousing apartment, a head of household must have a long term mobility disability which will benefit from the accessibility features of the unit. Questions about your disability are only asked to help determine if you have a qualifying disability.**

Do you believe you have a qualifying long-term mobility disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide name, complete mailing address, and phone number of a *physician* who can verify your mobility disability and need for an accessible housing unit.

Physician Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_ Fax (with area code) \_\_\_\_\_

**\*Call your doctor for their fax number.**

<b>MAXHOUSING ACCESSIBILITY FEATURES</b>
36" Wide doors
Lever door handles
Bathroom large enough for a wheelchair to maneuver (at least 5' by 5' turning area)
Roll-in shower (no lip)
Electrical switches lowered and outlets raised
Single lever sink faucets
Sinks that are open underneath so a chair can roll under
Kitchen large enough for a wheelchair to maneuver (at least 5' by 5' turning area)
Side by side refrigerator
Range with controls in the front
Lowered counters and cupboards
Grab bars at toilet and shower
Lower closet shelves
Wheelchair-friendly flooring

MaxHousing apartment buildings are designed to accommodate the housing needs of people with mobility impairments. Above is a list of many of the accessibility features that make MaxHousing apartments accessible. MaxHousing is required to reserve units for persons whose disability requires the accessibility features of the unit.

Do you feel that your mobility disability requires that you have an accessibly-designed unit with the accessibility features as described above? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list additional accessibility features that would be of benefit to you due to your disability:

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**Please check the statement that best matches your current living situation:**

\_\_\_\_\_ I currently live in non-rented unit such as a hospital, nursing home, or relative's home.

\_\_\_\_\_ I currently own my own home.

\_\_\_\_\_ I currently live in rented unit and have a landlord.

How long have you lived there? \_\_\_\_\_

How much do you currently pay for rent? \_\_\_\_\_ Utilities? \_\_\_\_\_

**Please list your current landlord's name and address, if applicable:**

Landlord Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_ Fax (with area code) \_\_\_\_\_

**Please list all states you have resided in:** \_\_\_\_\_

**Please list the last 2 places you have lived (prior to your current residence):**

**1) Most Recent Past Address (with unit #)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates you lived there (example: Jan. 2003–Jan. 2007): \_\_\_\_\_

Name of Complex, if applicable: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_ Fax (with area code) \_\_\_\_\_

**2) 2<sup>nd</sup> Most Recent Past Address (with unit #)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates you lived there (example: Jan. 1999–Jan. 2003): \_\_\_\_\_

Name of Complex, if applicable: \_\_\_\_\_

Landlord Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_ Fax (with area code) \_\_\_\_\_

Please list the name and complete contact information of 2 social service professionals (these may be social workers, case workers, therapists, etc.) who would serve as references for you:

**\*Call your references for their complete contact information**

PRINT CLEARLY

1) Name \_\_\_\_\_ Company Name \_\_\_\_\_  
Phone (with area code) \_\_\_\_\_ Fax (with area code) \_\_\_\_\_  
Email \_\_\_\_\_

2) Name \_\_\_\_\_ Company Name \_\_\_\_\_  
Phone (with area code) \_\_\_\_\_ Fax (with area code) \_\_\_\_\_  
Email \_\_\_\_\_

Please list 3 people who would serve as personal references for you—NON-FAMILY ONLY:

1) Name \_\_\_\_\_  
Address \_\_\_\_\_ Unit# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (with area code) \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_ Unit# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (with area code) \_\_\_\_\_ Email \_\_\_\_\_

3) Name \_\_\_\_\_  
Address \_\_\_\_\_ Unit# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (with area code) \_\_\_\_\_ Email \_\_\_\_\_

***MaxHousing does not provide disability-related services at its properties other than accessibility. If you need assistance with anything including, but not limited to, cooking, cleaning, shopping, personal care, emergency response, transportation, money management, etc., you must arrange it yourself.***

***Please indicate if you want MaxHousing to send a list of agencies that may be able to provide assistance.***

\_\_\_\_\_ YES, send me a list of disability service agencies. \_\_\_\_\_ NO, I do not want this list.

**MaxHousing Project Interest**

In the area below please indicate which MaxHousing building you are interested in. You may indicate your interest in more than one of our properties or all of them. Please note that Lake Vistas is in Lake County and Sheffield Vistas and Meadow Vistas are both in Lorain County. If you choose specific buildings then you will not be contacted for openings in other buildings.

**I am interested in an apartment at the following MaxHousing locations:**

\_\_\_\_\_ **All MaxHousing apartments**

**Or the following specific MaxHousing complexes (Check one or more):**

\_\_\_\_\_ **Cotman Vistas** 1725 East 115<sup>th</sup> Street, Cleveland, Ohio 44106

\_\_\_\_\_ **Pine Tree Vistas** 6905 Ridge Road, Parma, Ohio 44129

\_\_\_\_\_ **Lake Vistas** 5734 Andrews Road, Mentor-on-the-Lake, Ohio 44060

\_\_\_\_\_ **Sheffield Vistas** 1480 Lincoln Blvd., Sheffield Twp., Ohio 44055

\_\_\_\_\_ **Meadow Vistas** 371 Lear Road, Avon Lake, Ohio 44012

**APPLICATION PROCESSING OVERVIEW**

(1) If you meet the minimum requirements relating to age, income, and mobility disability, your application will be put in Class R – Referral Status. (2) Referral letters and verifications would then be sent out by MaxHousing. Once these are returned, if you still qualify, your application would go Class E – Waiting to be interviewed. (3) If your application is rejected at Steps 1 or 2, you will be notified that you have been placed in Class F – Inappropriate with the reason and the chance to appeal. (4) Within about 2 months after being put in Class E, you will be required to come for a personal interview with Admissions Representatives. A letter will be sent out to inform you of the time and place. If you fail to come to an interview or contact us, you will be placed in Class D – Inactive. (5) Within about 2 weeks after your interview, your application will undergo a final review and you will be notified in writing as to the status of your application.

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application, including criminal records, and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information is punishable under federal law and is grounds for rejection of my/our application and/or termination of tenancy and eviction.

**Signature of Head** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Spouse/Co-Head \_\_\_\_\_ Date \_\_\_\_\_

Signature of MaxHousing Representative \_\_\_\_\_ Date \_\_\_\_\_

**Please return application to:  
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## CONSENT TO RELEASE OF INFORMATION

*Explanation of this consent form:*

*Some assisted housing projects limit eligibility for some or all units to persons with disabilities.*

*Some of these units may be limited to persons with types of disabilities. Owners are permitted to verify an applicant's disability only if:*

- 1) Your eligibility for admission is dependent on your being a person with a disability; or*
- 2) You claim eligibility for allowances that are given to a person with a disability.*

*An owner may only request the minimum information necessary to determine whether you meet the applicable definition(s) of a person with a disability.*

*The health care provider from whom verification of disability is being requested has knowledge of whether your disability meets the applicable definition of a disability or a person with a disability. The property owner must verify this information before deciding your eligibility for admission to the project or determining eligibility for allowances given to a person with a disability.*

**In connection with my application for housing assistance, I hereby authorize and request any and all agencies, companies, or individuals having information pertaining to the undersigned to furnish complete information to MaxHousing. This information includes but is not limited**

**to:**

- If my disability is qualifying disability and my need for a special apartment. I only authorize MaxHousing to verify this information with the health care provider I listed on my application.
- My current and/or previous tenancies, including when I lived in certain residences, how much rent was paid, my behavior while living in the unit and other relevant issues. I authorize MaxHousing to verify this information with any landlords/housing owners I have had.

- My ability to fulfill the requirements of tenancy via a professional/personal reference letter from a non-family member. I only authorize MaxHousing to verify this information with the professional/personal references listed on my application.
- My credit and criminal background.
- This authorization is valid for one year from the date it was signed.

A photocopy of this release shall be considered as the original.

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Applicant Signature

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Date

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**PENALTIES FOR MISUSING THIS CONSENT:**

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, the PHA and any other owner (or any employee of HUD, the PHA, 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 based on this verification form is restricted to the purposes 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 42 U.S.C. 208(f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

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**MaxHousing** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.