



Ohio Multi-County Development Corporation

Please print ALL sections ink. DO NOT leave any sections blank, even those which do not apply to you. If a section does not apply to you, enter "none", or "N/A" (not applicable). Please answer the following questions truthfully, and to the best of your ability. Complete the application in full, otherwise it will NOT be considered for possible Housing Opportunities. Please return application to:

680 East Market, Akron, Ohio 44304 Suite 307 Phone. (330)315-3718 Fax: (330)374-5117

PERSONAL

Full Legal Name _____ Date of Application _____

Social Security Number _____ Date of Birth _____ Phone/Cell Number _____

Referred by _____ Phone # _____

Emergency Contact _____ Phone # _____

Other Contact (family, etc.) _____ Phone # _____

Race: (optional - check all that apply)

- Asian
- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian/Other Pacific Islander
- Other
- Other Multi-Racial

Gender:

- Male
- Female

Are you currently homeless? Yes No

How many times in the past year have you been homeless? (check one)

- 1 or 2 times
- 3 or more times

Are you currently pregnant? Yes No

If yes, when are you due? _____

Are you a U.S. Military Veteran?

- Yes No

Do you have a long-term disability?

- Yes No

Are you HIV positive?

- Yes No

Please check Disabilities that apply to you:
(please check all that apply)

- Alcohol Abuse Drug Abuse
- Hearing Impaired Vision Impaired
- Developmental disability
- Physical or Medical Disability
- Other : _____

Please check Addictions that apply to you:
(please check all that apply)

- Alcohol Cocaine
- Crack Crystal
- Heroin Marijuana
- Methadone Prescription Drugs
- Sexual Addiction Tobacco
- Other:

Ethnicity: (optional - check one)

- Hispanic
- Non-Hispanic/Other

Are you a Domestic Violence Victim?

- Yes No

If yes, how recent was the Domestic Violence?

- Within the last month 3 to 6 months ago
- 6 to 12 months ago More than a year ago



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HOUSING INFORMATION

What is your current living situation?

- Foster care/Group Home
- Permanent Housing for Formerly Homeless
- Nursing Home*
- Own House/Apartment
- Rental House/Apartment
- Jail, Prison or Juvenile Facility*
- Transitional Housing for Homeless
- Hotel/Motel without emergency shelter
- On the Street
- Hospital*
- Emergency Shelter*
- Living with Family
- Living with Friends
- Psychiatric Hospital or Facility*
- Substance Abuse Treatment Center*
- Subsidized Housing

*If facility, please list facility, contact person, and admission date:

How long have you been at your current address?

- One week or less
- One to three months
- One year or longer
- More than one week but less than one month
- More than 3 months but less than one year

Current Address:

Address	City	State	Zip
Landlord's Name	Phone		
Monthly Rent (\$)	Utilities (\$)		

Last Permanent Address:

Address	City	State	Zip
Landlord's Name	Phone		
Monthly Rent (\$)	Utilities (\$)		

Have you ever applied for a government-subsidized apartment before? Yes No

If Yes, when/where? _____

Do you have any outstanding fines and/or monies owed? Yes No



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EMPLOYMENT HISTORY

Are you currently employed?

Yes No.

If yes, how many hours did you work last week? _____

Are you looking for work? Yes No, Explain:

If employed what is your job status?

(check one)

Permanent Temporary Seasonal

Please list all full-time, part-time, self-employment, and/or seasonal employment:

Employer Name: _____

Address: _____

Phone#: _____ Annual Earnings (\$): _____

Earnings (\$) in the last 30 days? _____ The last 90 days? _____

Employer Name: _____

Address: _____

Phone#: _____ Annual Earnings (\$): _____

INCOME

What income do you currently receive? (please check all that apply and fill in all dollar amounts)

Income from other sources: Please place a check in the box next to all non-employment income you currently receive.

Source of Income:	(\$) Last 30 Days	\$ Last 90 Days	Claim/Acct.# (only if applicable)
<input type="checkbox"/> Alimony or Other Spousal Support			
<input type="checkbox"/> Child Support			
<input type="checkbox"/> Section 8, Public Housing or Rental Assistance			
<input type="checkbox"/> WIC – Special supplemental Nutrition Program			
<input type="checkbox"/> Food Stamps			
<input type="checkbox"/> General Assistance			
<input type="checkbox"/> Medicare			
<input type="checkbox"/> Medicaid			
<input type="checkbox"/> SCHIP			
<input type="checkbox"/> SSDI			
<input type="checkbox"/> SSI			
<input type="checkbox"/> Retirement Income from Social Security			
<input type="checkbox"/> TANF Child Care Services			
<input type="checkbox"/> TANF Transportation Services			
<input type="checkbox"/> Other TANF-Funded Services:			
<input type="checkbox"/> Unemployment Insurance			
<input type="checkbox"/> Veteran's Pension			
<input type="checkbox"/> Veteran's Disability Payment			
<input type="checkbox"/> Veteran's Administration (VA) Medical Services			
<input type="checkbox"/> Worker's Compensation			
<input type="checkbox"/> Pension from a past job			
<input type="checkbox"/> Private Disability Insurance			
<input type="checkbox"/> Employment			



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MILITARY

What year did you serve in the Military? _____

How many months of active duty did you serve? _____

Did you serve in a War Zone?

Yes No

If yes, which one? _____

In which Military branch did you serve? _____

How were you discharged from the Military? _____

EDUCATION

Are you currently in school or working on a Degree? Yes No

If yes, name of school: _____

Have you received Vocational Training? Yes No

What is the highest level of Education you have completed:

- No schooling completed 10th grade Some Technical School
- Nursery school to 4th grade 11th grade Technical School

Certification

- 5th or 6th grade 12th grade, no diploma Some College
- 7th or 8th grade High School Diploma College Degree
- 9th grade GED Graduate Degree

When/Where did you graduate High School? _____

Name degrees you have earned? _____



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CHILDREN

How many children do you have? _____

Please complete the following information for each child:

(use the back of this sheet if you need more room)

Name: _____ Age: _____ Gender: _____

In school? Yes No If yes, Type of school: _____

Permanent Custody? Yes No _____

Birth Date: _____ Social Security # _____

Name: _____ Age: _____ Gender: _____

In school? Yes No If yes, Type of school: _____

Permanent Custody? Yes No _____

Birth Date: _____ Social Security # _____

Name: _____ Age: _____ Gender: _____

In school? Yes No If yes, Type of school: _____

Permanent Custody? Yes No _____

Birth Date: _____ Social Security # _____

Name: _____ Age: _____ Gender: _____

In school? Yes No If yes, Type of school: _____

Permanent custody? Yes No _____

Birth Date: _____ Social Security # _____

If you do not have permanent custody, what is the current arrangement? (Please explain)

BIO INFORMATION

Please answer the following questions as thoroughly as possible.

What is your marital status? (check one)

- Single Married Separated
Widowed Divorced – please supply document

Do you currently use any illegal drugs or other illegal controlled substance?

- Yes No

If yes, please describe: _____

What was your prior use? _____

What is your documented sobriety date? (Please provide proof) _____

Do you see other outside professionals? (Please list all that apply) _____

Do you have a counselor? Yes No If yes, please give name and facility:

Counselor Name _____ Facility _____

Are you currently a client of CHC? Yes No If yes, who is your counselor?

Counselor Name _____

Have you ever been a client of CHC? Yes No If yes, when?

How did you hear about the CHC/ OMCDC Housing Programs? _____

What is your current diagnosis? (Please provide proof) _____

Are you on any medications? Yes No If yes, please list medications: _____



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Please list any past criminal activity including ALL misdemeanors and felonies. This will not disqualify you from our housing projects. (A background check will be conducted.)

Have you ever engaged in drug-related activity, such as use, possession, distributions, trafficking, or manufacture of an illegal drug? (A background check will be conducted.)

Yes No

If yes please explain:

Are you currently or have you ever been required to register as a sex offender in Ohio or any other state? Yes No

Have you ever been charged with a sex related crime? Yes No

**** Please read the following CAREFULLY. Sign and date below:

The information provided on the previous pages is accurate and truthful to the best of my knowledge. I am aware that this is NOT a promise of placement, it is an application ONLY. I understand that a background check will be issued on my criminal history (if any). I understand that placing false information anywhere on this form may lead to disqualification of placement in OMCDC Housing. I also understand that placing false information on this form is grounds for eviction should I be placed in OMCDC Housing. In the event that I am chosen for placement, I will be prepared to submit the following: security deposit, first month's rent, and any necessary documentation listed above (documented sobriety, diagnosis, and proof of income) at the time of lease signing.

ALL HOUSING APPLICATIONS MUST BE COMPLETED IN FULL, OTHERWISE THE APPLICATION WILL NOT BE CONSIDERED FOR HOUSING OPPORTUNITIES. PLEASE COMPLETE APPLICATION IN FULL. (FILL IN ALL SPACES, COMPLETE ALL QUESTIONS)

Signature

Date

Witness

Date

Driver's License /ID Number



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PLEASE KEEP THIS PORTION OF THE APPLICATION FOR YOUR RECORDS!

Once your application is completed in full and submitted to OMCDC (Ohio Multi-County Development Corporation) or the Community Health Center, you will be scheduled for a housing interview.

Please bring to the interview with you the following items: (if applicable)

1. Photo ID
2. Proof of income (paycheck stubs, SSI, SSD verification, etc).
3. Medicaid or Medical Insurance card.
4. Reunification Plan and/or working Case Plan with CSB, or Juvenile Court documentation.
5. Documentation of diagnosis (from Doctor, Psychiatrist).