



**Application Requirements
OHFA – Re-Entry Funds**

Eligibility Requirements:

- A member of the household must meet the eligibility criteria listed below for the program and be referred from a participating agency.
- Applicant must have been released within the last 180 days from a State Prison, county jail, halfway house, or Community Based Correctional Facility (CBCF).
- Applications must be turned in with ALL required documents.
- Rental payments must not exceed 120% of the HUD Fair Market Rent (FMR) for the CoC service area, unless approved by OHFA.

| # of Bedrooms | Eff | 1 | 2 | 3 | 4 | 5 |
|---------------|-------|-------|--------|--------|--------|--------|
| 120% of FMR | \$702 | \$829 | \$1018 | \$1342 | \$1408 | \$1620 |

Documentation Needed for All Applications:

- Photo I.D. for EVERYONE 18 AND OVER living in the home.
- Current proof of income for EVERYONE 18 AND OVER living in the home.
 - This includes any source of income; job, unemployment ADC, OWF, SSI, SSDI, child support, etc.
 - Make sure any pay stubs detail the period of time the person is being paid; weekly, bi-weekly, monthly, etc.
- Documentation that current housing is in jeopardy or that client is moving to a new unit.

Types of Assistance:

- **Homeless Prevention – Rapid Re-Housing**
 - This assistance will be used to assist households who need to move into a new unit and meet the eligibility requirements for the program
 - Eligible uses of these funds include security deposit, rental assistance (including arrears)
 - The length of rental assistance will be based on the individualized assessment of each applicant
- **Emergency Rental Assistance**
 - This assistance will be used to assist households that are unable to pay their rent, are at imminent risk of eviction and meet the eligibility requirements for the program
 - Eligible uses of these funds include rental assistance (including arrears)
 - The length of rental assistance will be based on the individualized assessment of each applicant

Documentation Needed based on Type of Assistance Requested:

- **Security Deposit**
 - Provide Security Deposit / First Month’s Rent / Back Rent Request Form
 - *W-9 is required*
 - Application must be received prior to move-in date
- **Rent**
 - Provide Security Deposit / First Month’s Rent / Back Rent Request Form
 - Provide documentation of eviction if applying for non-payment of rent
 - Provide Rent Ledger showing amount due if applying for non-payment of rent
 - Current Lease Agreement
 - *W-9 is required*



OHFA – Re-Entry Funds Application

Please complete application and submit with all required documentation.

Date: _____

First _____ Last _____
 (Name of **ADULT APPLICANT**)

Address _____

City/State _____ Zip _____ Phone no. _____

Type of Correctional Facility applicant was released from in the last 180 days:

- State Prison,
- County jail,
- Halfway house
- Community Based Correctional Facility (CBCF). Release date from the facility: _____

Please list everyone in the home including applicant (Please copy this form for additional family members.)

| Name | Relationship | DOB | Gender | Social Security Number | Race | Hispanic: Yes/No | Monthly Income And Source |
|-----------------------|--------------|-----|--------|------------------------|------|------------------|---------------------------|
| APPLICANT/SELF | SELF | | | | | | |
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Name of Referring Agency _____

Staff Name _____ Phone no. _____

E-mail _____ Fax no. _____

Is applicant currently receiving a rental subsidy through an EDEN program? Yes No

If yes, what program? _____

Has the applicant previously received assistance through an EDEN program? Yes No

If yes, what program(s)? _____

Briefly describe your current housing situation and why you are requesting funds:

How long have you been residing at your current housing? _____

Please check which fund and item applicant is applying for:

Homeless Prevention (can choose more than one)

- Security Deposit** (Must Include Security Deposit / First Month's Rent / Back Rent Request Form , W-9 for Landlord)
- Recurring Monthly Payments** (Must include Security Deposit / First Month's Rent / Back Rent Request Form, Lease Agreement and W-9 for Landlord)
- Back Rent Owed** (Must include Security Deposit / First Month's Rent / Back Rent Request Form, documentation of eviction, Rent Ledger showing amount due, lease Agreement and W-9 for Landlord)

Emergency Rental Assistance

- Back Rent Owed (Must include Security Deposit / First Month's Rent / Back Rent Request Form, documentation of eviction/ Rent Ledger showing amount due, lease agreement, and W-9 for Landlord)**
- Recurring Monthly Payments (Must include Security Deposit / First Month's Rent / Back Rent Request Form, Lease Agreement and W-9 for Landlord)**

Release of Information:

I attest that the information I have provided is true and accurate and that any false statements would be immediate denial of assistance. I also understand that the above information may be released to the following agencies for reporting purposes and to verify eligibility: Ohio Housing Finance Agency, the Ohio Department of Mental Health and Addiction Services, and Cuyahoga County Office of Homeless Services. My signature also grants permission to the application processor to contact my case manager on my behalf, as well as any EDEN staff involved in my housing.

Applicant Signature _____ Date _____

Staff Signature _____ Date _____

Authorized Referring Agency Signature _____ Date _____



EDEN HMIS Consent and Release



When you request or receive a rent subsidy from EDEN, Inc., information is collected about you and your household. This information is then entered into the Cleveland/Cuyahoga County Homeless Management Information System (CCHMIS)—a.k.a. ServicePoint. CCHMIS is used by over 40 local social service agencies to coordinate service delivery.

What type of information is collected?

- Basic identifying information for you and each member of your household (may include name, SSN, date of birth, gender, race, ethnicity, household information, phone numbers, military veteran status, disability status)
• Income information (sources and amounts of household income, employment information, work skills)

What happens to the information collected?

- With your approval, information collected is shared with other service agencies participating in HMIS for the purpose of coordinating service delivery, identifying needs and tracking outcomes.
• CCHMIS aggregate data (non-identifying) may be used for community reports and shared with Federal, State, local agencies and other institutions for the purpose of research and analysis. Client information is only shared with authorized persons.

NOTE: CCHMIS uses many security protections to ensure confidentiality and only agencies that use CCHMIS can access this program. All partner agencies adhere to strict security policies to protect your privacy. HMIS software is highly secure.

Why should you agree to have your information shared with other agencies that use Cuyahoga County ServicePoint?

The benefits to sharing your information in HMIS are as follows:

- Reduce the number of visits to other agencies and forms completed;
• Identify other services or programs you may be eligible for; and
• Better coordinate services for you and your household.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to cancel access to personal information that you are providing about yourself and your minor children at any time. If you choose to cancel previous authorization, you must do so in writing. Please contact intake staff at the CoC Agency you're currently working with to formally rescind authorization. Please note that canceling authorization (rescinding authorization) will only impact future release of client information.

- [] AUTHORIZATION OF CONSENT: All Information may be shared with authorized personnel in participating and partner agencies relative to the Cleveland/Cuyahoga County: Your release of information authorization is valid for three (3) years.
[] REFUSAL OF CONSENT: I understand that I am not required to sign this authorization and that if I do not want this information disclosed; my option is not to sign this authorization. Furthermore, I understand that services will not be withheld if I refuse consent.

Signature of Client, Guardian, or Head of Household (HOH) Date

Signature of Agency Witness Date

ADDITIONAL HOUSEHOLD MEMBERS:

Printed Name of Client Relationship to HOH

Printed Name of Client Relationship to HOH

Printed Name of Client Relationship to HOH

Printed Name of Client Relationship to HOH

Printed Name of Client Relationship to HOH

Printed Name of Client Relationship to HOH

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