Time:_____

www.extendedhousing.org

EXTENDED HOUSING

Housing Loan Walk-In Hours- Every Wednesday 8:30am-12:30pm
Must have completed Application & All required documentation to be seen.

HOUSING LOAN APPLICATION

(Please note that this is not an application for housing or housing subsidies)

EXTENDED HOUSING, INC. IS A PRIVATE NON-PROFIT AGENCY, WHICH PROVIDES NO-INTEREST LOANS FOR LOW-INCOME PERSONS AND FAMILIES IN LAKE COUNTY EXPERIENCING MENTAL ILLNESS, INCLUDING THE HOMELESS.

APPLICANT MUST COMPLETE ALL ITEMS IN FULL. A PSYCHIATRIST, PSYCHOLOGIST, OR NURSE PRACTITIONER (from a mental health agency – pertains to nurse practitioner only). **MUST COMPLETE CERTIFICATION OF DISABILITY. THIS APPLICATION WILL NOT BE ACCEPTED UNTIL THE APPLICATION IS COMPLETE.**

_____
Last Name of Applicant First Name M.I.

_____
Address (Street)

_____ _____ _____
City State Zip Code

Home Telephone_____ Other #_____

Head of Household: ☐ White ☐ Black ☐ Hispanic ☐ American Indian ☐ Asian ☐ Multiracial ☐ Other

Citizenship: ☐ US Citizen ☐ Eligible non-citizen ☐ Veteran

LAKE COUNTY ADAMHS BOARD

EQUAL HOUSING OPPORTUNITY

CURRENT LANDLORD INFORMATION

Landlord Name: _____

Landlord Address: _____

Present Monthly Rent Amount: _____

All information in this application must be verified before an applicant can obtain an interest-free loan for housing through Extended Housing. Applicants will be required to present a birth certificate (original or certified copy) or a valid U.S. passport, or a baptismal record, or naturalization certificate, or military discharge papers. Additional verifications required are Social Security Cards for all household members, proof of all income (SSDI/SSI, child support, alimony, employment, workman's compensation, unemployment benefits.)

FINANCIAL INFORMATION:

Present Source of Income: _____

Gross Monthly Income:_____(Total amount of all income) Annual Income: _____

Do you have a utility balance? ☐ Yes ☐ No

If yes, list company and amount owed:

_____

Guardian/Payee (Name, address & phone)

_____

How/Where did you hear of this service?

_____

_____

I UNDERSTAND THAT THIS APPLICATION IS FOR AN INTEREST-FREE HOUSING LOAN ONLY. I UNDERSTAND THAT IF I WANT HOUSING OR HOUSING SUBSIDIES FROM EXTENDED HOUSING THAT I MUST COMPLETE AN APPLICATION FOR HOUSING. ***ONLY A COMPLETED APPLICATION FOR HOUSING WILL PLACE ME ON THE WAITING LIST FOR HOUSING AND HOUSING SUBSIDIES.*** I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE MY APPLICATION WHENEVER THERE IS A CHANGE IN MY HOUSING STATUS. I ALSO UNDERSTAND THAT ALL UPDATES MUST BE DONE IN WRITING IN ORDER TO MEET ALL REPORTING RESPONSIBILITIES:

SIGNED:_____Date: _____

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge.

I authorize Extended Housing, Inc. to verify all information that may be released to appropriate Federal, State and Local agencies. I agree to permit my Community Support Worker/Mental Health Worker, and Extended Housing Inc. to consult with the Inter-Agency Housing Team to determine my eligibility for the programs I have applied for and to make necessary and reasonable interventions to preserve the safety, sanitation, and permanence of my rent subsidy and/or housing situation. I permit Extended Housing Inc. to consult with previous and prospective landlord(s) for the purpose stated above. I understand that false statements or information are punishable under Federal Law.

It is understood that this information will be used solely for the purpose of determining my eligibility for assistance.

Applicant Signature_____Date: _____

Extended Housing, Inc., Staff Signature_____ Date: _____

AFFIRMATIVE ACTION

We consider all applicants without regard to race, color, religion, sex, national origin, citizenship, age, or any other similarly protected status. We also comply with all applicable laws governing housing practices and do not discriminate on the basis of any unlawful criteria.

For Office Use Only

Income Level: ☐ Extremely Low Income ☐ Very Low Income ☐ Low Income

Notes:

_____

_____

_____

Approval Date_____Rejection Date_____

Date Denial Letter Sent _____

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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.

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 action.

Dev.10/9/09

PREAMBLE

Extended Housing, Inc. is a non-profit housing development corporation and contract agency of the Lake County Board of Alcohol, Drug Addiction, and Mental Health Services (ADAMHS). Extended Housing, Inc. serves as the developer of Lake County ADAMHS Board's permanent housing for its' clients.

Extended Housing, Inc. maintains ownership of completed apartment buildings and provides property management services. In addition, Extended Housing provides homeless outreach services and manages several rental subsidy programs. All mental health and supportive social services are provided by case managers employed by county mental health center/agencies and any staff assigned to work in the community.

As a contract agency of the ADAMHS Board, Extended Housing, Inc. is committed to adherence to provisions of the Client Rights Policy of the Lake County ADAMHS Board that follows.

CLIENT RIGHTS

LAKE COUNTY BOARD OF ALCOHOL, DRUG ADDICTION
AND MENTAL HEALTH SERVICES
CLIENT RIGHTS POLICY

For clients of our services certified by the Ohio Department of Alcohol and Drug Addiction Services, Extended Housing, Inc. recognizes, protects and promotes the following rights;

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;

2. The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;

3. The right to receive services in the least restrictive, feasible environment;

4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;

5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;

6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;

7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;

8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;

9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit

monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;

10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;

11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;

12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;

13. The right to be informed of the reason for denial of a service;

14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;

15. The right to know the cost of services;

16. The right to be verbally informed of all client rights, and to receive a written copy upon request;

17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;

18. The right to file a grievance;

19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;

20. The right to be informed of one's own condition; and,

21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

To protect and enhance the rights of those who apply for, or receive mental health services, the Alcohol, Drug Addiction and the Mental Health Board has developed a Grievance Procedure that addresses the alleged denial or abuse of Client Rights. Extended Housing, Inc is committed to following this Grievance Procedure.

_____	_____
NAME	WITNESS
_____	_____
DATE	DATE

Notice of FRAUD

In the broadest sense, a **fraud** is a deception made for personal gain. Fraud is a crime and is a civil law violation.

You are committing fraud if you sign a form knowing that you provided false or misleading information or if you have omitted information.

The information you provide on Extended Housing's housing assistance application and recertification forms will be checked**. Certifying false information through your signature is fraud.**

When you complete your application and recertification, make sure that your answers to the questions are accurate and honest. You ***must*** include:

- All sources of income and changes in income you or any members of your household receive such as wages, welfare payments, social security and veterans' benefits, pensions, and retirement.
- Any money you receive on behalf of your children, such as child support, AFDC payments, or social security for children.
- Any increase in income such as wages from a job or a pay raise or bonus.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate that is owned by you or any member or your household.
- All income from assets such as interest from savings and checking accounts or stock dividends.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives who are living with you and make up your household.

Extended Housing will not pay for housing over the fair market/rent reasonableness rent as established by HUD. Making side-deals with landlords is ***fraud***. Examples of side deals are:

- Making a payment or payments to the landlord which makes the rent different than the agreed upon rent as stated in the lease.
- Paying for utilities which were supposed to be included in your rent.
- Allowing others not listed on your lease to live with you.

I have read and understood the above. I have been given a copy of this notice of fraud. I understand that committing fraud can result in the loss of my housing subsidy and may be reported to the HUD Office of the Inspector General or to local law enforcement.

_____ _____

Signature Date Witness Date

EXTENDED HOUSING

270 E. Main St. Suite 300 • Painesville, Ohio 44077

(440) 352-8424 • (440) 942-9441 • Fax (440) 352-8421 • e-mail www.extendedhousing.org

Certification of Disability

Housing Subsidy/ Housing Loan Application

Must be completed by a psychiatrist, psychologist, or nurse practitioner (from a mental health agency – pertains to nurse practitioner only)

Name:

The above named person is applying for participation in a housing assistance program operated by Extended Housing, Inc. To determine the applicant's eligibility, we must verify that he/she is Severely Mentally Disabled (SMD) or Severely Emotionally Disturbed (SED). A psychiatrist, psychologist or nurse practitioner (from a mental health agency – pertains to nurse practitioner only) must complete this form. No other professional submissions will be accepted.

(Definitions and criteria for SMD and SED are on the back of this form)

A. _____ ☐ **is SMD** ☐ **is not SMD**
(Name of Person over the age of 18)

OR

B. _____ ☐ **is SED** ☐ **is not SED**
(Name of Child under the age of 18)

_____
Psychiatrist/Psychologist/Nurse Practitioner certifying (print name)

_____
Occupation/Title

_____
Agency

_____
Address

_____
Phone

_____ _____
Signature of Psychiatrist, Psychologist, Nurse Practitioner **Date**

<u>Person with serious emotional disturbance (SED):</u> A person less than eighteen years of age who meets criteria that is a combination of duration of impairment, intensity of impairment and diagnosis:

(a) Criteria:
  (i) Under eighteen years of age;
  (ii) Marked to severe emotional/behavioral impairment;
  (iii) Impairment that seriously disrupts family or interpersonal relationships; and
  (iv) May require the services of other youth-service systems (e.g., education, human services, juvenile court, health, mental health/mental retardation, youth services, and others).

(b) Marked-to-severe behavioral impairment is defined as impairment that is at or greater than the level implied by any of the following criteria in most social areas of functioning:
  (i) Inability or unwillingness to cooperate or participate in self-care activities;
  (ii) Suicidal preoccupation or rumination with or without lethal intent;
  (iii) School refusal and other anxieties or more severe withdrawal and isolation;
  (iv) Obsessive rituals, frequent anxiety attacks, or major conversion symptoms;
  (v) Frequent episodes of aggressive or other antisocial behavior, either mild with some preservation in social relationships or more severe requiring considerable constant supervision; and
  (vi) Impairment so severe as to preclude observation of social functioning or assessment of symptoms related to anxiety (e.g., severe depression or psychosis).

(c) An impairment that seriously disrupts family or interpersonal relationships is defined as one:
  (i) Requiring assistance or intervention by police, courts, educational system, mental health system, social service, human services, and/or children's services;
  (ii) Preventing participation in age-appropriate activities;
  (iii) In which community (home, school, peers) is unable to tolerate behavior; or
  (iv) In which behavior is life-threatening (e.g., suicidal, homicidal, or otherwise potentially able to cause serious injury to self or others).

<u>Person with severe mental disability (SMD):</u> A person eighteen years of age or older with a severe mental or emotional disability who meets at least *two of the three following criteria of diagnosis, duration, and disability:*

(a) Diagnosis: the current primary diagnosis is delusional disorders (DSM IV 297.1); dissociative disorders (DSM IV 300.14); eating disorders (DSM IV 307.1, 307.51, 307.52); mood disorders (DSM IV 296.3x, 296.4x, 296.5x, 296.6x, 296.7, 300.4, 301.13, 311); personality disorders (DSM IV 290.0, 290.10, 290.1x, 290.4x, 294.10, 294.80); personality disorders (DSM IV 301, 301.20, 301.22, 301.4, 301.50, 301.6, 301.7, 301.81, 301.82, 301.83, 301.9); psychotic disorders (DSM IV 295.40, 295.70, 298.9); schizophrenia (DSM IV 295.1, 295.2, 295.3, 295.6, 295.9); somatoform disorder (DSM IV 307.80); other disorders (DSM IV 313.23, 313.81, 313.82); or other specified.

(b) Duration: the length of the problem can be assessed by either inpatient or outpatient use of service history, reported length of time of impairment, or some combination, including at least two prior hospitalizations of more than twenty-one days or any number of hospitalizations (more than one) totaling at least forty-two days prior to the assessment, or ninety to three hundred sixty-five days in a hospital or nursing home within three prior years, or major functional impairment lasting more than two years, resulting in utilization of outpatient mental health services on an intermittent and/or continuous basis.

(c) Disability/functional impairment: severity of disability can be established by disruption in two or more life activities, including but not limited to: employment, contributing substantially to one's own financial support (not to be entitlements), independent residence, self-care, perception and cognition, stress management/coping skills, interpersonal and social relations.

Housing Loan Question Worksheet

Please answer each question neatly and to the best of your ability.

1. What will this loan be for? (please circle one)

    - One-time rent assistance to avoid eviction
    - security deposit

2. How much are you asking for the loan? (Can only be equal or less then the monthly rent amount or Security Deposit Amount)

    $

3. What event caused you to fall behind in Rent?

4. Please complete budget worksheet on back to demonstrate how you are able to pay your household bills and the loan back.

Monthly Budget

Starting Balance:_____

Total Monthly Income Amount:_____

Bills:

Rent:_____

Groceries:_____

Health Insurance:_____

Electric:_____

Gas :_____

Phone:_____

T.V.:_____

Internet:_____

Water:_____

Other debt:_____

Housing Loan Payment: _____

Bill Total:_____

Extra Spending:

Expense:

_____

Expense:

_____

Expense:

_____

Savings:

Income:_____

Minus Bill Total:_____

Balance Left:_____

Minus Expenses:_____

Balance Left:_____

Possible Savings:_____

To assist us in processing your Housing Loan Application please provide the following when you turn in your application.

1. Proof of income for all household members.
2. Copy of identification for all household members (photo ID, birth certificate, social security card).
3. Completed Housing Loan questionnaire
4. Completed monthly budget
5. Signed Fraud Statement

If you are preapproved for a housing loan you will be asked to complete a release so we may contact your landlord.
Extended Housing will base loan amount on number of household members and the Fair Market Rent Rate. Loans are based on available funds. Turning in an application does not guarantee that you will be granted a loan.
We will not accept any incomplete applications which include items listed above.

If you have any questions you can contact me at 440-352-8424 ext. 128.

Sincerely,

Kelli Giambetro