



20665 Lorain Road Cleveland, OH 44126
Phone: 440-331-0670 Fax: 440-331-9974

Fairview Park Senior Apartments Corp Herein Referred to as Willowood Manor

Admission Policy

- Willowood Manor, sponsored by St. Angela Merici Catholic Church, Fairview Grace, United Methodist Church, Messiah Lutheran Church, and Fairview Community Church was approved by the U.S Department of Housing & Urban Development (HUD) for providing housing for the elderly, 62 years of age or older. Residency is offered under the Section 202 program.
- Policies and regulations set forth by HUD are strictly adhered to.
- We are pledged to the letter and the spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

Application Procedure

- All interested persons must complete an application for residency. Applications are reviewed to determine preliminary eligibility.
- Applicants may be placed on the waiting list when eligible. Placement on the waiting list does not constitute acceptance of the applicant for residency.
- Applicants are placed in one of the categories on the waiting list, Standard 1 bedroom, Mobility accessible 1 bedroom, and an Efficiency Suite.
- Application date is determined by the date the application is received and accepted by the Willowood Manor Office.
- Vacancies are filled in chronological order by application date.
- Willowood's Office Manager will contact applicants by telephone or mail annually to determine if he/she wishes to remain on the waitlist, applicants who fail to respond to the inquiry by returning the completed forms by the deadline of 14 days will be removed from the waitlist.
- Applicants are required to notify Willowood Manor of any changes in address and/or telephone number.
- When your application reaches the top of our waitlist an appointment will be made for the initial interview. If we cannot reach the applicant by phone a letter will be mailed to the address on the preliminary application. The applicant must respond within 10 business days of notification or his/ her name will be removed from the waiting list.
- After refusing two apartments the applicant will be removed from the waiting list. They may reapply at any time.





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Eligibility Requirements

- The head of the household must be 62 years of age or older.
- Applicants must meet the annual income limits established by HUD. Applicants may contact the Willowood Manor office for the current income limits.
- It is the responsibility of the applicant to furnish all income, asset, identification, and social security number(s) where applicable to determine eligibility.
- Applicants are screened based on information obtained from criminal background check, eviction check, and rental history verified through current or recent landlords.
- Applicants with current and/or prior criminal convictions will be rejected or accepted as outlined in the Tenant Selection Plan; applicants may contact the Willowood Manor office for further information.
- Applicants with prior evictions or negative evaluations from previous landlords will be rejected or accepted as outlined in the Willowood Manor Tenant Selection Plan; applicants may contact the Willowood Manor office for further information.
- All applicants accepted for residency are required to sign a lease prior to move-in.
- You should be in reasonably good health and able to live independently.

Rejection of Applicants

- Applicants who do not meet the eligibility requirements outlined above are ineligible for residency.
- According to HUD regulations an applicant who is rejected is notified in writing and has 14 days to respond. If requested, a meeting will be scheduled to discuss the decision. Those in attendance will include the rejected applicant and a member of the Willowood Manor administrative staff, who did not participate in the initial decision to reject the applicant.

The complete Willowood Manor Apartments' Tenant Selection Plan is available in the Willowood Manor office or online at www.willowoodmanor.com.

For further information or application assistance, please contact the
Willowood Manor Office at:
440-331-0670
Return applications to
Willowood Manor 20665 Lorain Rd. Fairview Park, OH 44126





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Please check one: _____ Efficiency _____ One Bedroom

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

AGE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

Please list full name, date of birth, and social security number of anyone else that will be living in the apartment with you:

_____ Do you Own _____ Rent _____

Please list your previous address: _____

Please list all states in which you or members of the household have ever lived: _____

Total **GROSS** Monthly Household Income _____ (this includes pensions, social security, SSI, employment, Annuities, etc)

Do you have a physical mobility and believe you would benefit from an ADA apartment? _____

How did you hear about Willowood Manor? _____

*****IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE USE THE BACK OF THIS APPLICATION TO PROVIDE DETAILED INFORMATION*****

Are you or any member of your household a full-time student? Yes _____ No _____

Have you or any member of the household ever been evicted or had a rent subsidy terminated? Yes _____ No _____

Are you or any members of the household subject to a state lifetime sex offender registration Yes _____ No _____

The undersigned declares that the facts contained in the Preliminary Application are true and complete to the best of his or her knowledge and understands that false statements on the Preliminary Application relating to residency history, income, or assets and other factors are of eligibility, and our resident selection standards may result in the rejection of this and any future application of housing. You are further advised that our resident selection process includes a criminal background search an inquiry of current or past landlords. Your signature below released all parties providing pertinent information from any liability that may result from furnishing this information.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

To assure that we are able to contact you when a unit becomes available, please remember to notify Willowood Manor in writing if your address or phone number changes.



LSC SENIOR HOUSING

Fedor Manor
12400 Madison Ave.
Lakewood, OH 441074
216-226-7575
fedormanorapartments.com

Franciscan Village
3648 Rocky River Dr.
Cleveland, OH 44111
216-941-3330
franvillage.org

Knickerbocker Apartments
27100 Knickerbocker Rd.
Bay Village, OH 44140
440-871-3234
knickerbockerapartments.org

Rotary Commons
259 Northwest St.
Bellevue, OH 44811
419-483-1590
rotarycommons.com

Westerly Apartments
14300 Detroit Ave.
Lakewood, OH 44107
216-521-0053
westerlyapartments.com

Willowood Manor
20665 Lorain Rd.
Fairview Park, OH 44126
440-331-0670
willowoodmanor.com

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.

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)	
<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	
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.

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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.

