



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

## Accessibility First Housing Connector Application

**MaxHousing**, a nonprofit agency, works to provide accessible housing for people with mobility disabilities. We know how difficult it is for people in need of accessible and affordable housing in Northeast Ohio to find it. The Housing Connector is meant to bring together people needing accessible rental housing with existing accessible units. Filling out the application is the first step in the process.

Fill out the application as completely and accurately as possible. When complete email, fax, or mail the application.

**Fax** us the application at: 216-231-8008

**Email** it to: [info@maxhousing.org](mailto:info@maxhousing.org)

**Mail** it to us at: 1725 East 115<sup>th</sup> Street, Cleveland, OH 44106

For more information about the Accessibility First Connection Program call: 216-231-2771 or email: [info@maxhousing.org](mailto:info@maxhousing.org).

**Name** (*first and last*): \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Preferred Method of Contact** (*check one*): Call: \_\_\_\_\_ Email: \_\_\_\_\_ Mail: \_\_\_\_\_

**Number of people in your household:** \_\_\_\_\_



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In order to qualify for the housing this service will offer, the renter or a member of the household will be required to have a qualifying disability such that they will benefit from living in an accessible unit.

**Do you or a member of your household have a qualifying disability?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

The following questions pertain to the individual with a qualifying disability to help identify an appropriate apartment/unit.

**Age (check one):** Under 18: \_\_\_\_\_ 19-64: \_\_\_\_\_ 65+: \_\_\_\_\_

**Does the individual use a wheelchair? (check one)**

Always/almost always: \_\_\_\_\_ Sometimes: \_\_\_\_\_ Rarely/never: \_\_\_\_\_

**Does the individual use other mobility aids? (check one)**

Always/almost always: \_\_\_\_\_ Sometimes: \_\_\_\_\_ Rarely/never: \_\_\_\_\_

**How did you hear about MaxHousing's Accessibility First program?**

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All information gathered is for MaxHousing's Accessibility First Housing Connector only. Information will not be given to Property Owners or Managers or other entities without consent from the applicant.