

Cuyahoga County Division of Senior & Adult Services Application for Assistance with Bed Bugs

Date:			
Owner occupied Sin	ngle Family	Two Family	Social Security number (last 4 digits)
Landlord's name:			Phone Number:
Applicant's name:			Applicant's Birthdate:
Address:			Zip Code:
Phone (home or mobile):			Number of Persons in household:
Marital status: Married] Single 🗌 Divor	ced Widowed S	eparated
Check all appropriate boxes	: 🗌 Asian 🗌	Black 🗌 White 🗌	Native American 🔲 Other
Are you Hispanic?	s No		
Do you own other property?	Yes No	Do you have a	ny foreclosure/judgments pending? Yes No
If approved for services the home for exterminatio		sion of Senior & Adul	t Services Bed Bug Assistance Program, you must prepare
Monthly income of primary applicant			Secondary applicant (spouse or other person residing in the home)
Employment:			Name:
Social Security:			Relationship to owner:
SSI:			Birthdate:
Pension:			Source of income:
VA benefit:			Monthly amount:
Other:			Total yearly Household income: <u>\$</u>
Additional /	Applicants (Hou:	sehold Members)	Yes 🔲 No If yes, list below
Name:	S	ource of Income:	
Name:	S	ource of Income:	Monthly Income:
Describe bed bug problem:			
			ledge. I hereby authorize the Division of Senior & Adult Services ment as identified on this form.
Applicant's signature:			Date Signed:
Co-Applicant's signature:			Date Signed:
The Mission of the		g resources and support Services & Solutio	power seniors and adults with disabilities to age successfully by that preserve their independence.