



# City of Parma, Ohio

DEAN DePIERO  
MAYOR



1440 Rockside Road, Suite 306  
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015  
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## VERIFICATION INFORMATION SHEET

1. Head of Household Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City, State & Zip Code: \_\_\_\_\_

4. Telephone #: \_\_\_\_\_

5. Please list first and last names of all household members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any active bank accounts for yourself or any member of your household?

Yes  
 No

If yes, what Bank or Credit Union do you have accounts with? \_\_\_\_\_  
\_\_\_\_\_

7. Do you have any stocks, bonds, mutual funds or IRA's?

Yes  
 No

If yes, who is the provider? \_\_\_\_\_  
\_\_\_\_\_

8. Do you own any real estate?

Yes  
 No

9. Have you disposed of any real estate in the past 2 years?

Yes  
 No

10. Are you, or is any member of your household currently working (employed)?

Yes  
 No

Household Member's Name: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Household Member's Name: \_\_\_\_\_

Employers Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

11. Are you, or is any member of your household receiving OWF, ADC or TANF (cash assistance from ODJFS)?

Yes

No

If yes, what is your monthly cash amount? \_\_\_\_\_

12. Are you, or is any member of your household receiving Food Stamps?

Yes

No

If yes, what is the monthly amount of your Food Stamps? \_\_\_\_\_

13. Are you, or is any member of your household receiving Child Support?

Yes

No

If yes, who is receiving payments and what is the monthly amount? \_\_\_\_\_

14. Are you, or is any member of your household receiving Social Security or SSI benefits?

Yes

No

If yes, who is receiving payments and what is the monthly benefit amount? \_\_\_\_\_

15. Are you, or is any member of you household receiving a Pension?

Yes

No

Name of Pension Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

16. Are you, or is any member of your household receiving Alimony?

Yes

No

If yes, who is receiving payments and what is the monthly amount? \_\_\_\_\_

17. Are you, or is any member of your household receiving Unemployment?

Yes

No

If yes, who is receiving payments and what is the weekly benefit amount? \_\_\_\_\_

18. Are you, or is any member of your household receiving Workers Compensation?

Yes

No

If yes, who is receiving payments and what is the weekly benefit amount? \_\_\_\_\_

19. Are you, or is any member of your household receiving financial assistance from family and/or friends?

Yes

No

If yes, who is receiving assistance and what is the monthly assistance amount? \_\_\_\_\_

20. Are you, or is any member of your household paying for child care?

Yes

No

Name of Child Care provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

21. Are you, or is any member of your household paying for Medical Insurance? (only answer if the Head of Household, Spouse or Co-head are elderly or disabled)

Yes

No

Name of Insurance provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

22. Are you, or is any member of your household paying for or have paid for prescriptions in the past year? (only answer if the Head of Household, Spouse or Co-head are elderly or disabled)

Yes

No

Name of Pharmacy: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

23. Are you, or is any member of your household paying for or have paid for doctor co-pays in the past year? (only answer if the Head of Household, Spouse or Co-head are elderly or disabled)

Yes

No

If yes, please list names and addresses of all doctors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Are you, or is any member of your household over the age of 18 a full time student?

Yes

No

If yes, who is a full time student and what school is the household member attending? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date