



Cleveland/Cuyahoga County Continuum of Care HOUSING OFFER FORM

Participant's Name: _____

Agency Offering Housing: _____

Staff Name Offering Housing: _____

Type of Housing Offered: _____

Name of PSH Building Offered (if applicable): _____

The Cleveland/Cuyahoga County Continuum of Care (CoC) has a housing opportunity to offer. You have been identified as a possible applicant for this opportunity! Should you accept, the staff member offering you the housing opportunity will explain the program and work with you to complete a housing application and a CMHA portal application (if applicable). Should you decline, you may still be eligible for other housing opportunities in our CoC, but it may take more time to receive those. Should you decline three housing offers, you may be removed from the priority listing for at least 6 months.

<p><input type="checkbox"/> I have been offered housing and accept the offer.</p> <p><input type="checkbox"/> I have been offered housing and decline the offer.</p> <p><i>Please select the reason for declining:</i></p> <p><input type="checkbox"/> The offered housing is a unit that is not the right size.</p> <p><input type="checkbox"/> The offered housing is not in my preferred area of the County to live.</p> <p><input type="checkbox"/> I already have a housing plan that does not include homeless system resources</p> <p><input type="checkbox"/> Other (be specific): _____</p>
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The participant and staff member offering this opportunity must sign this document regardless of acceptance or declination.

Staff Signature: _____ Date: _____

Participant Signature: _____ Date: _____