



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

Date: _____

Owner occupied _____ Single 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 Divorced Widowed Separated

Check all appropriate boxes: Asian Black White Native American Other _____

Are you Hispanic? Yes No

Do you own other property? Yes No Do you have any foreclosure/judgments pending? Yes No

If approved for services through the Division of Senior and Adult Services Bed Bug Assistance Program, you must prepare the home for extermination services.

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: \$ _____

Additional Applicants (Household Members) Yes No If yes, list below

Name: _____ Source of Income: _____ Monthly Income: _____

Name: _____ Source of Income: _____ Monthly Income: _____

Describe bed bug problem: _____

I have answered all questions honestly and to the best of my knowledge. I hereby authorize the Division of Senior and Adult Services to obtain verification of necessary financial information and employment as identified on this form.

Applicant's signature: _____

Date Signed: _____

Co-Applicant's signature: _____

Date Signed: _____

The Mission of the Division of Senior and Adult Services is to empower seniors and adults with disabilities to age successfully by providing resources and support that preserve their independence.

Services & Solutions for Better Living

