

Residential Application

This box: Staff use only			
Time/Date Received:	___/___/___	@ ___ AM PM	Initials: _____

Name of Property(s) you are interested in: _____

Number of Bedrooms interested in, check your choice(s): ☐ Studio ☐ 1 BR ☐ 2BR ☐ 3BR ☐ 4B

Applicant(s) Contact Information:	Applicants (18 or older) Driver's License/State ID Number:
Phone:	DL/ID #:
Cell/Other Phone:	DL/ID #:
Email:	DL/ID #:

Household Composition and Status:					
<i>List the Head of Household (applicant) and all other persons who will be residing in unit. List all members you anticipate to live with you at least 50% of the time in the next twelve months. Include any temporary absent family members.</i>					
Household Members Legal Name (First, Last)	Relationship to Head of Household	Date of Birth	Social Security Number	Student Yes or No	(FT/PT)
	HOH				

*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.

Household Information

- Are all applicants U.S. Citizens or non-citizens with eligible immigration status? ☐ Yes ☐ No
- Were any applicants born outside of the United States or Puerto Rico? ☐ Yes ☐ No
- Have any applicants ever used different names from the names provided above? ☐ Yes ☐ No
- Are any adults listed currently displaced as a result of a Federally Declared Disaster? ☐ Yes ☐ No

Any questions answered Yes from above (#1-#4), please write question # and brief description:

Please advise Cardinal Capital Management staff if you need assistance with completing this application. All questions must be answered for this application to be accepted.



Residential History: <i>Please provide 3 years of housing history</i>		
Current Address: _____ <div style="text-align: center; font-size: small;">Address/City/State/Zip</div>	_____ Own _____ Rent	
Landlord Information: _____ <div style="text-align: center; font-size: small;">Landlord Name, phone number, email</div>		
Reason for leaving: _____		
Date Moved In: _____	Date moved out: _____	Rent \$ _____
Previous Address: _____ <div style="text-align: center; font-size: small;">Address/City/State/Zip</div>	_____ Own _____ Rent	
Landlord Information: _____ <div style="text-align: center; font-size: small;">Landlord Name, phone number, email</div>		
Reason for leaving: _____		
Date Moved In: _____	Date moved out: _____	Rent \$ _____
Previous Address: _____ <div style="text-align: center; font-size: small;">Address/City/State/Zip</div>	_____ Own _____ Rent	
Landlord Information: _____ <div style="text-align: center; font-size: small;">Landlord Name, phone number, email</div>		
Reason for leaving: _____		
Date Moved In: _____	Date moved out: _____	Rent \$ _____
Please list all states in which any household member has Resided: _____		

Residential Information

- | | | |
|--|------------------------------|-----------------------------|
| 5) Are any listed applicants currently living in Subsidized Housing?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Will any applicants be receiving any other rental assistance while living at this community?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Will this be the only place of residence for all applicants listed?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Do you expect to any changes to the household within the next twelve months?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) Are any applicants living and/or previously lived at a Cardinal Capital Management property?.. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10) Have any applicants been evicted from any type of rental unit within the past 3 years?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11) Are any applicants currently using any illegal drugs?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12) Are any applicants required to register as a sex offender in any state?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13) Have any applicants been convicted of a crime or have pending charges against them?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14) Have any applicants been terminated from housing for fraud, nonpayment of rent,
or failure to recertify?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any questions answered Yes from above (#5-#14), please write question # and brief description:



Income, Assets, and Expenses Information

Declaration of Incomes:			
Identify each source of income currently received	Circle one	Applicant Name Receiving Income	Monthly Gross Income
Employment	Yes or No		\$
Self-Employment	Yes or No		\$
Unemployment	Yes or No		\$
Social Security	Yes or No		\$
If yes, how do you receive funds? <input type="checkbox"/> Direct Deposit or <input type="checkbox"/> Prepaid Debit Card			
Social Security Disability	Yes or No		\$
If yes, how do you receive funds? <input type="checkbox"/> Direct Deposit or <input type="checkbox"/> Prepaid Debit Card			
State Social Security	Yes or No		\$
If yes, how do you receive funds? <input type="checkbox"/> Direct Deposit or <input type="checkbox"/> Prepaid Debit Card			
VA Benefits	Yes or No		\$
If yes, how do you receive funds? <input type="checkbox"/> Direct Deposit or <input type="checkbox"/> Prepaid Debit Card			
Disability/Worker's Compensation/Severance Pay	Yes or No		\$
Military Pay	Yes or No		\$
Pension/Annuity	Yes or No		\$
Child Support/Alimony/Family Maintenance	Yes or No		\$
If yes, how do you receive funds? <input type="checkbox"/> Direct Deposit or <input type="checkbox"/> Prepaid Debit Card			
Recurring gifts/income from persons outside of household	Yes or No		\$
Adoption Assistance	Yes or No		\$
Rental Income	Yes or No		\$
Trust Income	Yes or No		\$
Lottery Winnings paid periodically	Yes or No		\$
Financial Aid-Education Assistance	Yes or No		
Other Income not listed above	N/A or Yes		\$
Other Income could include but is not limited to: Income from inheritance, insurance policies, temporarily absent family member who intends to return, etc.			
Zero Income (No income from any source)	Yes or No		
Energy/Utility Assistance (other than HUD Allowance)	Yes or No		\$

Please provide contact information for any employment income:

Name of Company or Program: _____	Phone: _____
Address: _____	
Fax or Email: _____	Supervisor: _____

Name of Company or Program: _____	Phone: _____
Address: _____	
Fax or Email: _____	Supervisor: _____



Income, Assets, and Expenses Information

Declaration of Assets: Report current amounts				
Asset Type:	Circle One	Applicant Name	Bank/Financial Institution	Dollar Value
Checking Account	Yes or No			\$
Checking Account	Yes or No			\$
Savings Account	Yes or No			\$
Savings Account	Yes or No			\$
Direct Express Debit Card	Yes or No			\$
Trust Account	Yes or No			\$
Certificate of Deposit	Yes or No			\$
Money Markets	Yes or No			\$
Whole Life Insurance	Yes or No			\$
Universal Life Insurance	Yes or No			\$
Funeral Trusts	Yes or No			\$
Pension/Annuity	Yes or No			\$
IRA/Keough/401K	Yes or No			\$
Stocks/Bonds	Yes or No			\$
Real Estate	Yes or No			\$
Personal Property	Yes or No			\$
Cash on Hand	Yes or No			\$
Other	Yes or No			\$

15) In the past two years, have you sold or given away any assets for more than \$1,000 less than Fair Market Value? ☐ Yes ☐ No

If Yes, please complete the following	Was the disposal of this asset due to:
Asset Disposed: _____	Bankruptcy Yes or No
Date Disposed: _____	Foreclosure Yes or No
Amount Disposed: _____	Divorce Yes or No

Expenses- Possible deductions will be based on answers provided below				
*Deduction will only count if the Head of Household or Co-Head of Household are 62 years old or older, or handicapped/disabled.				
Description	Circle One	Applicant Member	Source	Monthly Out of pocket Amount
Medical Premiums*	Yes or No			\$
Medical Prescriptions*	Yes or No			\$
Child Care	Yes or No			\$
Does child care allow you to: <input type="checkbox"/> go to work <input type="checkbox"/> find work <input type="checkbox"/> go to school <input type="checkbox"/> None				
Medical Apparatuses	Yes or No			\$
Does this apparatus allow you to: <input type="checkbox"/> go to work <input type="checkbox"/> find work <input type="checkbox"/> go to school <input type="checkbox"/> None				
Other	Yes or No			\$



Special Features Information

- 17) Will any listed applicant require a live-in care attendant?..... ☐ Yes ☐ No
- 18) Will any listed applicant require the features of an accessible unit?..... ☐ Yes ☐ No
- 19) If applying to a property which limits eligibility to
 *persons who are aged 62 and over, or are disabled as defined in federal regulation 24 CFR 5.403
 do you qualify as a person with disabilities?..... ☐ Yes ☐ No

Pets & Assistance/Companion Animals- The presence of any animal must be approved prior to housing any animal in the unit.
 Do you plan to house an animal in the unit?..... ☐ Yes ☐ No

Do you have Full custody of your children?..... ☐ Yes ☐ No
 If no, what are your custody arrangements? _____

Unit Size & Special Features

Cardinal Capital Management's occupancy standards comply with HUD standards, a minimum of one person per bedroom and a maximum of two people per bedroom. Please indicate below any necessary special features or unit sizes below.

- ☐ No, Household does not have needs better served by a unit that is accessible/special features
- ☐ Yes, Household does have needs that are better served by a unit that is accessible/special features
- *If yes, special feature(s) must be documented below

Special Features-Unit Size
<input type="checkbox"/> Studio Unit
<input type="checkbox"/> 1 bedroom
<input type="checkbox"/> 2 bedroom
<input type="checkbox"/> 3 bedroom
<input type="checkbox"/> 4 bedroom

Special Features
<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Other special feature(s):

Cardinal Capital Management, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in its federally assisted programs and activities.



Applicant Certification and Consent:

All undersigned applicant(s) authorize their consent to have management verify the information contained in this application questionnaire. All undersigned applicant(s) authorize Cardinal Capital Management, Inc. to perform a credit check, criminal background check, sex offender check, rental history verifications, proof of current citizenship, and EIV screening for all applicants for purposes of proving eligibility for occupancy.

Complying with HUD standards and the Properties Tenant Selection Plan, all live-in aides are subject to a criminal background check, sex offender check, and rental history verifications.

All undersigned applicants understand that any applicants who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing and may subject applicants to criminal penalties. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Head of Household	_____ Date
_____ Signature of Other Member (18 years old or older)	_____ Date

Section only to be completed if this document was filled out on the behalf of the applicant due to a disablement
This application has been filled out on the behalf of the applicant by:

_____ Name of Representative Completing Application	_____ Signature of Representative	_____ Date
--	--------------------------------------	---------------

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the "Social Security Act at 208 (a)(6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6),(7) and (8).

Thank you for completing your application



CARDINAL CAPITAL MANAGEMENT
Waiting List Policy

Cardinal Capital Management is pleased that you have completed an application and want to make our apartments your future home. We fill vacancies in our apartment homes from applicants on the waiting list. Your application will be screened to determine if you meet tenant selection criteria. If you pass the initial screening, your name will be added to the waiting list of the apartment home that you indicated on page 1.

Your placement on the waiting list, or lists, is according to the date your application is received in our site office. You will be contacted in this order when a vacant apartment with the number of bedrooms you specified becomes available. Our Property Manager will contact you. As soon as we receive your application in our office, we will contact you **each time** there is a vacancy and your name is next on the waiting list, **unless** you specify when you want us to begin contacting you. Therefore, it is very important that you choose on page 1, the number of bedrooms.

When you are contacted, you will need to decide whether you want this opportunity to proceed with applying for residency. You will be contacted by phone, or in writing. Please know that if we are unable to reach you, we will have to continue down the waiting list to the next applicant(s). It is expected that you will be prepared to make your decision within 5 working days.

If you decline the opening, your name remains on the waiting list in your same placement. You do have three opportunities to choose an apartment. If you have **not** accepted, completed an application and leased an apartment after the third offer, your name will be removed from the waiting list.

It is your responsibility to keep us informed of your phone number, address or any changes in the information on your application. Keeping us informed of these changes will allow us to contact you when there is a vacancy. You can report changes or check your status on the waiting list by contacting the Management **office**.

Thank you again for completing the application.



**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.