

CARDINAL CAPITAL MANAGEMENT
Application For Residency

Name of Apartment Home you are interested in: _____

How many bedrooms are you interested in? _____ Date/Time Received _____

List all persons that are applying to live in this unit:

Name	Relationship	Sex	Disabled	Social Security Number	Date of Birth*
	HOH		Yes No		
			Yes No		
			Yes No		
			Yes No		

***Acceptable age verifications include: Birth Certificate, Driver's License or passport**

Applicant's Driver's License Number: _____

Other Adult's Driver's License Number: _____

Current Address: _____
City State Zip Code

Current Daytime Phone: _____ Other Phone: _____

Emergency Contact:
 Name: _____ Relationship: _____ Phone Number: _____

Do you expect to add anyone to the household within the next twelve months? YES NO

If yes, please provide the name and relationship of the person to be added, and explain why they are being added.

Have you ever filed bankruptcy? YES NO If yes, please explain (include dates)

Have you or anyone listed on this application ever been convicted of a felony (or have any charges pending against them)? YES NO If yes, please explain (include dates)

Are you or anyone listed on this application required to register as a sex offender? YES NO

Please advise Cardinal Capital Management staff if you need assistance reading or completing this application.



Have you or anyone listed on this application been evicted from subsidized housing for drug related criminal offenses in the last three years? YES _____ NO _____

Are you or anyone listed on this application a current user of illegal drugs? YES _____ NO _____

Have you or anyone listed on this application ever been evicted from a rental unit of any type? YES _____ NO _____

If yes, please explain (include dates) _____

Do you currently live in a Section 8 subsidized apartment? YES _____ NO _____

Have you or anyone listed on this application ever lived in an apartment that was managed by Cardinal Capital Management? YES _____ NO _____ If yes, please explain (include dates) _____

Are you a full time student? YES _____ NO _____ If yes, at what institution are you enrolled? _____

List all addresses that you have lived at within the last three years. (Attach another page if necessary)

Property Address	Dates	Did you Own or Rent	Landlords's Name	Landlord's Address/Phone
	From To			
	From To			
	From To			

Will you or any adult household member require a live-in care attendant? YES _____ NO _____

Does the head or co-head of the household require the features of an accessible unit? YES _____ NO _____

All _____ /Some _____ household members are U.S. Citizens or non-citizens with eligible immigration status.



Declaration of Income

Circle One	Description	Family Member	Source	Amount of Income
YES NO	Employment			
YES NO	Self-Employment			
YES NO	Unemployment			
YES NO	Social Security			
YES NO	Social Security (SSI)			
YES NO	VA Benefits			
YES NO	Pension/Annuity			
YES NO	Disability			
YES NO	Child Support			
YES NO	Alimony			
YES NO	Military Compensation			
YES NO	Rental Income			
YES NO	Other Income			
YES NO	Lottery Payments			
YES NO	Workers Compensation			
YES NO	In-kind contributions			
YES NO	Anticipated Income			
YES NO	Recurring Gift			



Declaration of Assets

Circle One	Description	Family Member	Source	Amount of Income
YES NO	Checking Account			
YES NO	Checking Account			
YES NO	Savings Account			
YES NO	Savings Account			
YES NO	Trust Account			
YES NO	Certificate of Deposit			
YES NO	Money Markets			
YES NO	Mutual Funds			
YES NO	Pension/Annuity			
YES NO	IRA/Keogh/401 K			
YES NO	Stocks/Bonds			
YES NO	Real Estate			
YES NO	Personal Property			
YES NO	Cash (more than \$500)			
YES NO	Lump Sum Payment			
YES NO	Whole Life Insurance			
YES NO	Other			

Declaration of Expenses

Circle One	Description	Family Member	Source	Amount of Expense
YES NO	Child Care			
YES NO	Medical			
YES NO	Other			



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 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 recontacted, 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 applicants. It is expected that you be prepared to make your decision within two 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.



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) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Late payment of rent											
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)) will be used by HUD to protect disbursement data from fraudulent actions.

CARDINAL CAPITAL MANAGEMENT Documents Required (Income Restricted Application)

To help you prepare for your application appointment, and to prevent any unnecessary delays in the application process, please read over the following items you will need to bring with you. If you have any of the following, please submit the originals or copies of the most current documentation with your application.

- _____ 1. Driver's license, birth certificate, state or country ID for proof of age.
 - _____ 2. Rental history (current and previous landlord's address and telephone).
 - _____ 3. Final legal documents if separated or divorced.
 - _____ 4. Latest tax bill showing estimated market values for all owned real estate. (If this is a mobile home and is personal property, bring appraisal). If you sold a home in the last two years, bring proof of sale.
 - _____ 5. All rental properties, land contracts and mortgages owned with amortization schedules.
 - _____ 6. All whole life insurance policies with current name, address and telephone of agent.
 - _____ 7. All stock and bond certificates including Savings Bonds such as E, EE or H bonds along with latest brokerage statements and/or 1099 tax forms.
 - _____ 8. If you have received a lump sum payment, disposed of any assets, and/or changed any assets in the last 24 months, bring proof.
 - _____ 9. Social Security awards letter normally received at the beginning of the year.
 - _____ 10. Veteran's Affairs benefits letter showing claim number and name of veteran.
 - _____ 11. Pension payment information including name, address and phone number of both the company paying pension and the institution distributing pension check.
- *Power of Attorney: If applicant has designated Power of Attorney for finances and that person is signing any part of the application, a copy of the Power of Attorney document must be submitted.*

