

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

** Complete only if applying to a project where disability may be an eligibility requirement.

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.



Web site: www.cardinalcapital.us



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 currently a part-time student? YES _____ NO _____

If yes, at what institution are you enrolled? _____

Are you currently a full time student? YES _____ NO _____

If yes, at what institution are you enrolled? _____

Do you or other adult household members anticipate becoming a full student in the next 12 months?

Yes _____ No _____

Do you or other adult household members anticipate becoming a part-time student in the next 12 months?

Yes _____ No _____

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	Landlord's Name	Landlord's Address/Phone
	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.

Cardinal Capital Management 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.



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/Keough/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 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.*



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.



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)	
<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	
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.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

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 form 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.

REASONABLE ACCOMMODATIONS POLICY
GUIDELINES FOR TENANTS WITH DISABILITIES

If you (or a member of your household) suffers from a physical or mental disability, and you believe you require (1) a change or exception to any of management's rules, policies, procedures or practices, or (2) a physical alteration of your apartment or a common area, you may request that management accommodate your needs. You have the right to make such a request at any point during your tenancy.

Although you may make a request for an accommodation orally, management recommends that you do so in writing using our Reasonable Accommodations Form. These forms are available upon request. We will consider a request made, whether orally or in writing, if you indicate that the change you seek is due to a disability and would assist you in making more effective use of your apartment or a common area even if you do not use the words "reasonable accommodation."

You should fully explain the specific accommodation you are seeking. You do not need to disclose the specifics of your disability unless that disability is not readily apparent or the need for the accommodation you are seeking is not readily apparent. If either is the case, please explain the relationship between the requested accommodation and your disability. In some cases, management may need to verify certain disability-related information and may ask that you provide such information, including from a doctor or other medical professional. The information provided will be kept confidential unless disclosure is required by law.

Management will discuss your request with you and provided that there is a disability-related need for the accommodation, will make the requested change as soon as practicable and at management's expense. However, if a requested accommodation would impose an undue financial or administrative burden or would fundamentally alter the nature of management's operations, management may deny your request. In that case, management will discuss with you alternative accommodations that will meet your disability-related needs without an undue burden or fundamental alteration of operations.

We are here to assist you with any disability-related needs you may have. Please do not hesitate to contact our on-site manager if you have any questions about this policy.