



135 South 84th St., Suite 100
Milwaukee, WI 53214
www.cardinalcapital.us
P: 414-727-9902
F: 414-727-9731

Thank you for your interest in United House Apartments

Applications should be returned to:

**Jim Mathy
Milwaukee County Housing
9201 West Watertown Plank Road
Milwaukee WI 53226
Telephone (414) 257-7889
FAX (414) 454-4242**

Questions regarding United House please call:

**Carol Keen
Cardinal Capital Management
134 South 84th Street Suite 100
Milwaukee WI 53214
Telephone (414) 727-9902
FAX (414) 727-9731**

Questions regarding onsite social services please call:

**Joan Lawrence
Our Space Inc.
525 West Lincoln Avenue
Milwaukee WI 53207
(414)383-8921
FAX (414) 383-9016**

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/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			



Authorization for Release of Information

Purpose:

This form enables Cardinal Capital Management, to comply with federal regulations requiring verification of all sources of income, assets, and expenses of household members residing in federally assisted housing.

Conditions:

The consent granted by this form may be used as a basis to collect income, asset, and expense information which is confidential and protected by the Federal Privacy Act. Such information will be used by Cardinal Capital Management, to determine eligibility to reside in federally financed housing. Such information will not be disclosed or released outside of Cardinal Capital Management except to appropriate Federal, State and local agencies monitoring Cardinal Capital Management compliance with federal regulations.

Authorization:

I hereby authorize release of any information requested by Cardinal Capital Management to be used in determining my eligibility to reside in federally financed housing. I agree that photocopies of this authorization may be used for the purpose stated above.

I also authorize the Landlord and Manager to investigate my credit and financial responsibility, rental, criminal and evictions history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files of consumers on a nationwide basis.

The undersigned certify that the information and statements provided in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We authorize disclosure of all information which will verify my/our income, assets, and expenses.

Subject to approval, this will be my/our primary residence.

Signature of Head of Household

Date

Signature of Spouse
(or other Adult Member of Household)

Date

Other Adult Household member

Date



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 county 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. Most recent monthly or quarterly financial statements for all accounts; checking, savings, CD's, mutual funds.
- _____ 5. 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.
- _____ 6. All rental properties, land contracts and mortgages owned with amortization schedules.
- _____ 7. All whole life insurance policies with current name, address and telephone of agent.
- _____ 8. 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.
- _____ 9. If you have received a lump sum payment, disposed of any assets, and/or changed any assets in the last 24 months, bring proof.
- _____ 10. Recent check stub, if employed.
- _____ 11. Social Security awards letter normally received at the beginning of the year.
- _____ 12. Veteran's Affairs benefits letter showing claim number and name of veteran.
- _____ 13. Annuity and IRA statements and 1099 tax forms.
- _____ 14. Pension payment information including name, address and phone number of both the company paying pension and the institution distributing pension check.
- *If your spouse is in a nursing home and is not expected to be discharged, no income documentation is required for that person. This information must be certified by the nursing home administration.*
- *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 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 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.

