



Cardinal Properties, Inc.
 320 South 2nd Street, Hamilton MT 59840
 (406) 363-4430 TDD 1-800-253-4093

TERRACE APTS (Hamilton), DARBY APTS (Darby), CHARLOS APTS (Stevensville)
 MUST BE 62 OR OLDER OR HANDICAPPED/DISABLED
WILLOW CREEK APTS (Corvallis), CEDAR GROVE APTS (Victor)
 FAMILY HOUSING

APPLICATION FOR OCCUPANCY ~ ONE APPLICATION PER ADULT

For office use only, applicant do not enter date

Apartment complex: _____ **Date:** _____ **Time:** _____



WE COMPLY WITH THE FEDERAL FAIR HOUSING LAWS. IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILY STATUS, AGE OR HANDICAP.

All applicants for fair housing are required to provide the information requested below and to also provide a third party verification of all household income. This information will be held in STRICT CONFIDENCE and will only be used by Project Management to determine the applicant's eligibility to occupy an apartment unit in this Project. All tenants must meet the eligibility requirements established by Rural Development, USDA, the Montana Department of Commerce HOME Program, and also meet the Occupancy Policy of the Project. All eligible applicants who have FULLY COMPLETED this application, will be entered on the waiting list and notified of vacancies based on the order of priority as established by RD, USDA, and the Montana Department of Commerce HOME Program, US Government.

Name: _____ **Home ph:** _____ **Work:** _____

Physical Address: _____

Mailing Address: _____

How Long _____ **Reason for Vacating** _____

Landlord _____ **Phone (** _____ **)** _____

Previous Address: _____ **How Long** _____

Landlord _____ **Phone (** _____ **)** _____

Previous Address: _____ **How Long** _____

Landlord _____ **Phone (** _____ **)** _____

Household Composition

	Household Member Names	Sex	Relationship	Social Security #	Date of Birth
T					
CT					
1					
2					

Email _____

- ★ Are you or any member of your household currently a user of illegal controlled substances; or had a previous conviction for such use; or have been convicted for the manufacture or distribution of illegal drugs? **Yes** **No**
- ★ Have you or any member of your household ever been convicted of or pled guilty or no contest to a felony whether or not resulting in a conviction? **Yes** **No**
- ★ Have you or any member of your household ever been convicted or pleaded guilty or no contest to a misdemeanor involving sexual misconduct whether or not resulting in a conviction? **Yes** **No**
- ★ Are you or any member of your household listed as a sexual and/or violent offender with the Department of Justice? **Yes** **No**
- ★ Please indicate the size of apartment that would best meet the living needs of your household. **One Bedroom** **Two Bedroom**
- ★ Households in which the Tenant or Co-tenant are handicapped or disabled have a special status and are eligible for a \$400 deduction from gross income prior to rent calculations. Do you believe this status applies to your household? **Yes** **No**
- ★ Would it be beneficial to your household to live in an apartment that has been designed for the handicapped or disabled? **Yes** **No**

Income from employment

	Employer	Occupation	Business Address	Phone #	YR Income
T					
CT					

All reported income must be verified and certified as correct by the Owner or Management Agent.

Income from other sources:

- Public Assistance (TANF): _____ Monthly Amount: \$ _____.
- Child Support- Spouse's Name: _____ Monthly Amount: \$ _____.
- Alimony- Spouse Name: _____ Monthly Amount: \$ _____.
- Unemployment Payments/Worker's Comp.-State _____ Monthly Amount: \$ _____.
- Student Aid/Loans- Source: _____ Monthly Amount: \$ _____.
- Interest Earnings _____ Monthly Amount: \$ _____.
- Pension/Annuity/Retirement Fund: _____ Monthly Amount: \$ _____.
- Social Security or SSI Payments-Member Benefited _____ Monthly Amount: \$ _____.
- Other/Anticipated Income: _____ Monthly Amount: \$ _____.

Family Assets:

Type	Location/ Bank/ S&L	Address/ Phone	Amount
Checking Acct.			
Savings Acct.			
Real Estate			
Other Assets			

Medical Expenses: (Those expenses NOT covered by Health Insurance) Households that claim a handicapped or disabled status and accept a \$400 deduction from income are also eligible for deductions for medical expenses in excess of 3% of gross income.

Provider/ Hospital/ Doctor/ Pharmacy	Address/ Phone	Annual Expense

How many automobiles do you have? _____

Make _____ Model _____ Color _____ Year _____ Plate # _____

Make _____ Model _____ Color _____ Year _____ Plate # _____

Do you pay for child day care outside the home? _____ No _____ Yes

Do you or any members of the household smoke? _____ No _____ Yes, and I agree to smoke off the property. By submitting the application for processing, you are agreeing to these terms. _____ (initial here)

Pet: Type: _____ Breed: _____ Age: _____

(One cat or one dog only. A pet profile must be submitted with the application.)

**Personal References- Known minimum of one year- No Relatives- References do not need to be local
Daytime numbers required**

Name: _____ Phone: _____ City/ST: _____

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I understand that should I be ineligible to occupy an apartment because of the above information, I can request occupancy as an ineligible applicant after the Management Agent confirms that no other eligible applicants are present on the waiting list. The conditions of occupancy as an ineligible tenant as stated in the Rural Development occupancy regulations have been explained to me as I understand them.

It has been explained to me that, should I be eligible for and receive the use of Rental Assistance, I will pay 30% of my adjusted monthly income as my monthly rent, but in no case would I pay more than the note rate established for my particular size apartment.

I understand that should I be offered occupancy by the Management Agent and I chose not to accept, my application will be moved to the bottom of the waiting list, and I would not be contacted again for occupancy until all other applicants above my name have been so contacted.

Notification to applicant: Applicants who have submitted a complete application, as defined by the Management Agent, will be notified in writing that he/she/they have either been selected for occupancy, rejected for cause as listed, or been placed on the waiting list.

_____ I certify by initial that the housing I will occupy is or will be my sole permanent residence.

_____ I certify by initial that I do not now or ever will maintain a separate subsidized living unit in another subsidized project or property.

Emergency contact: Name: _____ Phone: _____

Address: _____ Relationship: _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting thru Rural Development and the Montana Department of Commerce HOME Program, that Federal Laws prohibiting discrimination against housing applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. If you choose not to furnish the information, the Owner is required to note the race, national origin and sex of the household based on a visual observation or your surname.

Please indicate the Race of the Tenant: Alaskan Native , American Indian , Asian , Black or African American ,

Native Hawaiian or Pacific Islander , White

Ethnic Group: Hispanic Non-Hispanic

I HERBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT ANY MISREPRESENTATIONS WILL BE JUST CAUSE FOR THE MANAGEMENT AGENT TO REJECT MY APPLICATION FOR OCCUPANCY. MY SIGNATURE AUTHORIZES VERIFICATIONS OF RENTAL HISTORY, REFERENCES AND CREDIT.

Tenant signature: _____ Date: _____

A CREDIT REPORT WILL BE OBTAINED FROM A NATIONAL CREDIT BUREAU WHEN PROCESSING.

\$20.00 Charge for Processing Per Application. This fee is nonrefundable. A photo ID is required at the time of processing the application.

Acknowledged as received and that the conditions of occupancy and eligibility were explained.

M. Agent/Manager: _____ Date: _____ Time: _____