



www.cornerstoneoftopeka.org

# **APPLICATION PROCESS**

## **REQUIRED WHEN SUBMITTING APPLICATION**

\*Applications missing any of the following items will not be accepted\*

- 1. \$30 Non-refundable application fee (*for Affordable Housing only*). MONEY ORDER/CASHIER'S CHECK/PERSONAL CHECK
- 2. Application completed in full and signed.
- 3. Driver's license or identification card for <u>all members over the ages of 18.</u>
- 4. Social security cards for all members.
- 5. Birth certificates for <u>all members under the ages of 18.</u>
- 6. Two months of paycheck stubs or, for new employment, the Employment Verification Form.
- 7. SSI or SSDI statements (if applicable).
- 8. Referral Letter from Service Agency (for transitional housing only).

## IF THE APPLICANT IS APPROVED FOR HOUSING:

AN AMOUNT EQUAL TO THE 1<sup>ST</sup> MONTH'S RENT IS REQUIRED TO HOLD A PROPERTY FOR UP TO 14 DAYS WITH THE APPROVAL OF THE PROPERTY MANAGER. THE PAYMENT MUST BE IN THE FORM OF A MONEY ORDER OR CASHIER'S CHECK. THAT AMOUNT WILL BE FORFITED FOR THE FOLLOWING REASONS:

- Applicant decides not to move into property,
- Applicant is unable to move within 14 days of the date of the money order,
- Applicant is unable to provide valid utility confirmation numbers at lease signing,
- Cornerstone staff has determined that the applicant has not filled out the application truthfully prior to lease signing.

### APPLICANT ACKNOWLEDGEMENT OF ABOVE:

SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

EMAIL: \_\_\_\_\_

## **REQUIRED AT LEASE SIGNING**

First month's rent, full security deposit & utility confirmation numbers are required.





Return to: 1195 SW Buchanan Topeka Kansas 66604 (P) 785-232-1650

Number of Bedrooms Requested **Applicant's (Head of Household) Information** Name (First & Last): Maiden Name/or all other names Social Security # By providing your phone number, you consent to receive texts from Cornerstone of Topeka, Inc. Message frequency may vary, and data rates may apply. Cell # **Current Street Address** City, State, Zip Code **# of Years at Current Address Email Address:** Co-Applicant (Co-Head of Household) Information Name (First & Last): Maiden Name/or all other names Social Security # By providing your phone number, you consent to receive texts from Cornerstone of Topeka, Inc. Message frequency may vary, and data rates may apply. Cell # **Current Street Address** City, State, Zip Code # of Years at Current Address HOUSEHOLD COMPOSITION Co-Head Member Member Head of Member Member House First Name Last Name M/F Birthdate Relationship to Head of House SS Number Full-Time Student?

\* Single, Married, Divorced, Separated, Widowed

Yes or No Citizenship Status Marital Status\* Race/Ethnicity\*\* Disabled? Y or N US Veteran? Y or N

\*\*NAHMA Standard Race Table: A = Asian, AI = American Indian/Alaskan Native, B = African American,

NA = Not Available, NH = Native Hawaiian/Pacific Islander, O = Other, W = White/Y = Hispanic, N = Not Hispanic

HOUSING HIST	ORV

Do the persons above plan on living in the unit 100% of the time?	Yes	No
Do you require a live-in aide?		
Is the live-in aide certified?		
Is the live-in aide a family member?		
Do you expect any household changes in the next year?		
Do you have full custody of your children?		
Are any children not currently living with you going to live with you move in?		
Are you in the process of adopting any children?		
Do you care for any foster children or adults?		
Do you have a pet or any other type of animal? If yes, list type & size		
Have you or anyone on the application applied for a therapy pet or service animal?		
Does anyone plan on attending school full time in the next twelve (12) months?		
Have you or anyone on the application ever been a resident of a Cornerstone property (even as a child)? If yes, explain		
Do you or anyone on the application have a relative that is currently or has previously been a tenant of a Cornerstone property? If yes, list name(s)		
Will this be your only place of residence?		
As a renter are you aware of your rights & responsibilities under the Kansas Residential Landlord & Tenant Act:		
As a renter are you aware of your rights to file grievances?		
Are you familiar with your rights under the Fair Housing Act?		
Are you currently homeless?		
Have you or any member ever been evicted?  Number of evictions    If yes, explain		
Have you ever received a notice for non-payment of rent? If yes, explain		
Do you currently have an overdue balance on rent or utility bills? If yes, explain		
Do you have a payment agreement in place?		

If yes, please attach a copy of the agreement.

Explain reason for moving from present housing:

	Yes	No
Do you receive rental assistance?		
If yes, list source		
Are you currently on the rental voucher waiting list?		
Has your rental assistance ever been terminated due to fraud, non-payment, or failure to recertify?		
Have you ever been denied Public Housing? If yes, explain		
Have you ever been Barred or Banned from Public Housing or Section 8? If yes, explain		·
Have you ever filed for bankruptcy?		. <u> </u>
Have you or anyone on the application ever been convicted of a felony? If yes, explain		
Are you applying for housing under the Reentry Program for ex-offenders?		
Have you or anyone on the application been convicted of using, possessing for sale, or Manufacturing for sale an illegal drug?		
If yes, explain		
Do you require a reasonable modification or accommodation?		

#### **RENTAL HISTORY**

		-
Please fill in your last 5-year	rental history	
Former Address	Landlord	To & From Date
	Phone Number	
Former Address	Landlord	To & From Date
	Phone Number	
Former Address	Landlord	To & From Date
	Phone Number	
Former Address	Landlord	To & From Date
	Phone Number	
Former Address	Landlord	To & From Date
	Phone Number	
Former Address	Landlord	To & From Date
	Phone Number	

#### HOUSEHOLD INCOME

Income Source	Monthly Total Amount Head of Household		Monthly Total Amount Co-Head of Household		Monthly Total Amount Dependents
Wages					
Wages from?					
Child Support					
Child Support County Received from?					
Alimony					
Social Security/SSI					
Pension Payments					
Pension Received from?					
Public					
Assistance/Welfare VA Benefits		+			
IRA, 401K payments					
Annuity payments				1	
Unemployment					
Disability, Death Benefit					
Workman's Comp					
Severance Pay					
Self Employment					
Business-Income Rental					
Contributions/Gifts					
Lottery Winnings					
Armed Forces Pay					
Educational Funds					
Medical Care					
Payments Inheritance		+		-	
Innernance					
Estimated household total income received in one year					
How many a	pplicants have a source of income fro	om w	hat is indicated above?	_	
Has your inc	Has your income recently changed, or will it change significantly in the next year? Yes No				

If yes, explain\_\_\_\_\_

Is your household claiming zero income? Yes\_\_\_\_\_ No\_\_\_\_\_

#### **EMPLOYMENT HISTORY**

Head of Household	Current Employer's Name	
	Employer's Address	
	Employer's Phone Number	
	Position/Title	# of Years
	From date	to date

Head of Household	Former Employer's Name	
	Employer's Address	
	Employer's Phone Number	
	Position/Title	# of Years
	From date	to date

	Current Employer's Name	
	Employer's Address	
	Employer's Phone Number	
	Position/Title	# of Years
	From date	to date

	Former Employer's Name	
	Employer's Address	
	Employer's Phone Number	
	Position/Title	# of Years
	From date	to date

	Current Employer's Name	
Member	Employer's Address	
	Employer's Phone Number	
	Position/Title	# of Years
	From date	to date

	Former Employer's Name Employer's Address	
Member	Employer's Phone Number	
	Position/Title	# of Years
	From date	to date

#### HOUSEHOLD ASSET INFORMATION

Yes No

#### Are any of these assets listed above being deposited onto a pre-paid card? (*Direct Express, ReliaCard, NetSpend, Citi Bank, etc.*) If yes, please list card type(s) here and provide verification documentation:

Asset	Current Amount Head of Household	Where at?	Current Amount Co-Head of Household	Where at?	
Savings					
Checking					
CDs, Money Markets					
Bonds/Treasury Bills					
Stocks, Bonds, Securities					
Trust, Mutual Funds					
Pensions					
IRAs, Keoghs, 401K					
Cash on Hand					
Life Insurance Policy Value					
Real Estate					
Rental Property/Personal Property as Investment					
Land Contracts					
Mortgage on Deed					
Safety Deposit Box					

Do you have a revocable/irrevocable trust?

Do you have access to money/assets in the trust?

Have you or any person on the application disposed of or given away any asset(s) for less than fair market value in the last two years?

Are your assets worth more than \$5,000?

I/We certify under penalty of perjury that all information I/We provided for the purpose of completing this form is true and complete to the best of my/our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

Head of Household

Date

Co-Head of Household

Date

#### 2023 PROGRAM INCOME LIMITS TOPEKA AND SHAWNEE COUNTY, KANSAS Rev. 05/2023

	30% of Median	50% of Median	60% of Median	80% of Median
Household Size	Annual Income	Annual Income	Annual Income	Annual Income
1 person	\$18,300	\$30,500	\$36,600	\$48,800
2 persons	\$20,910	\$34,850	\$41,820	\$55,760
3 persons	\$23,520	\$39,200	\$47,040	\$62,720
4 persons	\$26,130	\$43,550	\$52,260	\$69,680
5 persons	\$28,230	\$47,050	\$56,460	\$75,280
6 persons	\$30,330	\$50,550	\$60,660	\$80,880
7 persons	\$32,430	\$54,050	\$64,860	\$86,480
8 persons	\$34,500	\$57,500	\$69,000	\$92,000

## APPLICANT & CO-APPLICANT RELEASE AND CONSENT

I/We, \_\_\_\_\_

\_\_\_\_, the

undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding my credit report, employment, income, and/or assets to Cornerstone of Topeka, for purposes of verifying information on my/our apartment rental application.

#### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to: personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

#### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers Veterans Administration State Unemployment Agencies Retirement Systems Banks/Other Financial Institutions Medical and Child Care Providers KVC TRMS Credit bureaus SRS Agencies Previous Landlords (including public housing agencies) Social Security Administration Support and Alimony Providers Law Enforcement Agencies DCF Center for Safety and Empowerment

#### **CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

Head of Household

Date

Co-Head of Household

Date

Management Signature