

APPLICATION PROCESS

REQUIRED WHEN SUBMITTING APPLICATION

Applications missing any of the following items will not be accepted

1. \$25 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 all members over the ages of 18.
4. Social security cards for all members.
5. Birth certificates for all members under the ages of 18.
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 1ST 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 #	Home#	
	Cell #	
Current Street Address	City, State, Zip Code	# of Years at Current Address
Co-Applicant (Co-Head of Household) Information		
Name (First & Last):	Maiden Name/or all other names	
Social Security #	Home#	
	Cell #	
Current Street Address	City, State, Zip Code	# of Years at Current Address

HOUSEHOLD COMPOSITION

	Head of House	Co-Head	Member	Member	Member	Member
First Name						
Last Name						
M/F						
Birthdate						
Relationship to Head of House						
SS Number						
Full-Time Student? Yes or No						
Citizenship Status						
Marital Status*						
Race/Ethnicity**						
Disabled? Y or N						
US Veteran? Y or N						

* Single, Married, Divorced, Separated, Widowed

**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 HISTORY

	Yes	No
Do the persons above plan on living in the unit 100% of the time?	_____	_____
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?	_____	_____
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 Phone Number	To & From Date
Former Address	Landlord Phone Number	To & From Date
Former Address	Landlord Phone Number	To & From Date
Former Address	Landlord Phone Number	To & From Date
Former Address	Landlord Phone Number	To & From Date
Former Address	Landlord Phone Number	To & From Date

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					
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					

Estimated household total income received in one year _____

How many applicants have a source of income from what is indicated above? _____

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

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

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

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

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

HOUSEHOLD ASSET INFORMATION

**Are any of these assets listed above being deposited onto a pre-paid card?
(Direct Express, ReliaCard, NetSpend, Citi Bank, etc.)**

Yes No

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

**2022 PROGRAM INCOME LIMITS
TOPEKA AND SHAWNEE COUNTY, KANSAS**

	30% of Median	50% of Median	60% of Median	80% of Median
Household Size	Annual Income	Annual Income	Annual Income	Annual Income
1 person	\$17,370	\$28,950	\$34,740	\$46,320
2 persons	\$19,860	\$33,100	\$39,720	\$52,960
3 persons	\$22,350	\$37,250	\$44,700	\$59,600
4 persons	\$24,810	\$41,350	\$49,620	\$66,160
5 persons	\$26,820	\$44,700	\$53,640	\$71,520
6 persons	\$28,800	\$48,000	\$57,600	\$76,800
7 persons	\$30,780	\$51,300	\$61,560	\$82,080
8 persons	\$32,760	\$54,600	\$65,520	\$87,360

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

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