CARDINAL RITTER SENIOR SERVICES
A MINISTRY OF CATHOLIC CHARITIES

Application for Admission and Rental Assistance
202 PRAC and 202/8

(Please check which site(s) that you would like to be placed on the waiting list)

Holy Angels I Apts.___ Holy Angels II Apts. ___St. Agnes Apts. ___ Pope John Paul II Apt___St. Clare of Assisi ___ St. William I___ St. William II ___
(Must be 62 and older)
Holy Infant Apts.___ St. Joseph Apts.___ St. John Neumann Apts.___
(62 and older- if under 62 must meet eligibility requirements)

Date:

Property Name:	Pope John Paul Apartments	Telephone:	314-961-8000
Address:	6325 Waterways Dr.	Fax:	314-653-2840
Address 2:	Florissant, MO 63033	TTD/TTY:	711 National Voice Relay
Property Web Site	cardinalritterseniorservices.org	Email	pjp@crssstl.org

(Please return this form to the above address)

For Office Use Only: Date application received _____	Time application received _____	By _____

Applicant Name			
Gender	☐ Male ☐ Female ☐ Prefer not to disclose		
What is your relationship to the Head of household?	☐ Head of Household ☐ *Co-head ☐ *Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in Aide (live in aides complete a different application and must be approved before move in) ☐ None of the Above *You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	
May we contact you at work?		☐ Yes	☐ No
Birth date		Social Security Number	

If you do not have a Social Security Number, you claim you are exempt because

☐ You were 62 as of 1/31/10 **and** receiving HUD housing assistance as of 1/31/10 *(if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059)*

☐ You are not contending eligible immigration status

Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	☐ Yes	☐ No
Are you a victim of a recent presidentially declared disaster?	☐ Yes	☐ No
Are you currently receiving housing assistance from HUD or a PHA?	☐ Yes	☐ No
Are you a student enrolled in an institute of higher education?	☐ Yes	☐ No
If yes	☐ Full-time	☐ Part-time
Are you currently using marijuana?	☐ Yes	☐ No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? *This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.*	☐ Yes	☐ No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	☐ Yes	☐ No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	☐ Yes	☐ No
Have you ever been convicted of a crime?	☐ Yes	☐ No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	☐ Felony	☐ Misdemeanor
Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	☐ Yes	☐ No
If yes, when		

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AK	☐ AL	☐ AR	☐ AZ	☐ CA	☐ CO	☐ CT	☐ DE	☐ FL	☐ GA	☐ HI	☐ IA	☐ ID	☐ IL	☐ IN
☐ KS	☐ KY	☐ LA	☐ MA	☐ MD	☐ ME	☐ MI	☐ MN	☐ MO	☐ MS	☐ MT	☐ NC	☐ ND	☐ NE	☐ NH
☐ NJ	☐ NM	☐ NV	☐ NY	☐ OH	☐ OK	☐ OR	☐ PA	☐ RI	☐ SC	☐ SD	☐ TN	☐ TX	☐ UT	☐ VA
☐ VT	☐ WA	☐ WV	☐ WI	☐ WY	☐ Washington, D.C.									

PREFERENCES: Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

☐	I am a veteran of the United States armed forces and I am homeless
☐	I am homeless, but I am not a veteran of the United States armed forces

RENTAL HISTORY OF THE LAST THREE YEARS

Are you currently homeless? *If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.*	☐ Yes	☐ No

Have you been evicted in the past three years? ___Yes ___No

Present Landlord			
Address			
Address			
City, State, Zip			
Contact Name (if known)		Phone Number	
How long have you lived at this address			
Reason for leaving			

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No
Do you currently have any outstanding overdue balances owed to this landlord?	☐ Yes	☐ No
Have you given this landlord notice that you will be moving?	☐ Yes	☐ No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	☐ Yes	☐ No
Have you ever been asked to sign a repayment agreement to return money to HUD?	☐ Yes	☐ No

If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? *(If Yes, continue to the next section. If No, complete the Information below)*	☐ Yes	☐ No

Previous Landlord			
Address			
Address			
City, State, Zip			
Contact Name (if known)		Phone Number	
How long did you live at this address			
Reason for leaving			

Were you or any member of your household evicted from this property?	☐ Yes	☐ No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*	☐ Yes	☐ No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	☐ Yes	☐ No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	☐ Yes	☐ No

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit.

Do you plan to house an animal in the unit?	☐ Yes	☐ No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?	☐ Yes	☐ No

ANIMAL TYPE *(I.E. DOG, CAT, TURTLE, ETC.)*	**BREED** *(IF APPLICABLE)*	**HEIGHT** *(MEASURED AT WITHERS IF APPLICABLE)*	**WEIGHT**

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:
If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than six people will live in the unit. This application must include information about everyone who will live in the unit.

If you are not the HOH, please skip to questions about income and assets.

Will anyone else live in the unit with you? *If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.*				☐ Yes	☐ No
If yes, how many people will live in the unit?	Adults		Minors		

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME			
2			
☐ Co-head ☐ Spouse ☐ Child ☐ Other adult ☐ Foster adult/child ☐ Live-in Aide ☐ None of the Above			
SSN		Date of Birth	

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AK ☐ AL ☐ AR ☐ AZ ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ IA ☐ ID ☐ IL ☐ IN
☐ KS ☐ KY ☐ LA ☐ MA ☐ MD ☐ ME ☐ MI ☐ MN ☐ MO ☐ MS ☐ MT ☐ NC ☐ ND ☐ NE ☐ NH
☐ NJ ☐ NM ☐ NV ☐ NY ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT ☐ VA
☐ VT ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington, D.C.

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size **Special Features**

☐ Studio Unit	☐ Communication Accessible Unit (Hearing)
☐ 1 Bedroom Unit	☐ Communication Accessible Unit (Visual)
☐ Mobility Accessible Unit	☐ Special features: :

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?		☐ Yes	☐ No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		$	

Do you currently have more than one employer? ☐ Yes ☐ No
If yes, please provide additional employment information on a separate sheet.

How much do you expect to receive in other income in the next 12 months? ***Please write in 0.00, NA or None if you will receive no income from these sources.*** ***THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.***				
Monthly Social Security.	☐ Check	☐ Direct Deposit	☐ Debit Card	$
Monthly SSI.	☐ Check	☐ Direct Deposit	☐ Debit Card	$
Monthly Retirement Benefits.	☐ Check	☐ Direct Deposit	☐ Debit Card	$
Monthly VA Benefits.	☐ Check	☐ Direct Deposit	☐ Debit Card	$
Monthly Unemployment Benefits – Regular.	☐ Check	☐ Direct Deposit	☐ Debit Card	$
Monthly Unemployment Benefits – CARES Act.	☐ Check	☐ Direct Deposit	☐ Debit Card	$
Monthly Public Assistance.	☐ Check	☐ Direct Deposit	☐ Debit Card	$

Are you entitled to Alimony?	☐ Yes	☐ No
Monthly Alimony Amount.	$	
Have you been awarded child support?	☐ Yes	☐ No
Monthly Child Support Amount.	$	
Income from a pension or annuity or other asset.	$	
Regular contributions from organizations or from individuals not living in the unit.	$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits.	$	
Contributions from family for rent, child care or other bills.	$	
Any lump sum amounts from delay of payments for SSI or VA Disability.	$	
Do you receive financial aid for education assistance?	☐ Yes	☐ No
Annual amount of education assistance.	$	
Do you receive any contributions to a crowdfunding account (e.g., Go Fund Me)		
Other?	$	
Other?	$	

Assets

Have you sold or given away real property or other assets valued at $1000.00 or more (including cash donations) in the past two years?		☐ Yes	☐ No
Have you given any money to charities in the past two years?		☐ Yes	☐ No
Do you have a checking account? *If you answer yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.*		☐ Yes	☐ No
Do you have a savings account? *If you answer yes, you will be required to provide the most recent bank statement so that we may estimate the value of the asset in accordance with HUD requirements.*		☐ Yes	☐ No
Do you have an eWallet account? *(Venmo, PayPal, Apple Wallet, etc.) Please provide a printout showing the last three months of transactions and the current balance.*		☐ Yes	☐ No
Do you have a Fundraiser account? *(GoFundMe or other like account) Please provide a printout showing the last twelve months of transactions and the current balance.*		☐ Yes	☐ No
Do you own Cyber Currency? *(Bitcoin or other like currency) Please provide documentation showing the current value and any interest paid (gain or losses) for the last three months.*		☐ Yes	☐ No
Do you have a 401K or other employment savings account?		☐ Yes	☐ No
If yes, do you receive regular periodic payments from the account? *(include any Required Minimum Distribution)*	☐ NA	☐ Yes	☐ No
If yes, payment amount: ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
If yes, please provide a current statement or a contact for verification:			
Do you own an IRA or other retirement account?		☐ Yes	☐ No
If yes, do you receive regular periodic payments from the account? *(include any Required Minimum Distribution)*	☐ NA	☐ Yes	☐ No
If yes, payment amount: ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	

If yes, please provide a current statement or a contact for verification:			
Do you own an annuity?		☐ Yes	☐ No
If yes, do you receive regular periodic payments from the annuity?		☐ NA	
If yes, payment amount: ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
If yes, please provide a current statement or a contact for verification:			
Do you have access to or own a trust fund?		☐ Yes	☐ No
If yes, do you receive regular periodic payments from the trust fund?	☐ NA	☐ Yes	☐ No
If yes, payment amount: ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
If yes, please provide a current statement or a contact for verification:			
Do you own a home or other property? *If yes, Please provide a current property tax statement*		☐ Yes	☐ No
If you own a home, is this home currently for sale?	☐ NA	☐ Yes	☐ No
If you own a home, is this home being rented? *If yes, please provide current lease.*	☐ NA	☐ Yes	☐ No
If yes, what is the monthly rent amount? ☐ NA or ☐ Per Month ☐ Per Quarter ☐ Annual		$	
Do you own a business? *Please provide the previous year's financial statement and tax return.*		☐ Yes	☐ No
If yes, what is the annual net income? ☐ NA or		$	
Do you own stocks/bonds/certificates of deposit (CD)?			
$			
$			
$			

<u>Medical Expenses:</u> Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1– annual premium		$	
Health Insurance - 1 – annual deductible		$	
Health Insurance - 2 – annual premium		$	
Health Insurance - 2 – annual deductible		$	
Dr. visit/medical treatments - annual out-of-pocket expense		$	
Prescription Drugs - annual out-of-pocket expense		$	
Do you have an HMO or a medical plan/policy that pays all or part of the cost of your medications?		☐ Yes	☐ No
If yes, please give the name of the HMO, plan, or insurance company.			
What amount (or percentage) of the cost must YOU pay?	$	%	
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?		☐ Yes	☐ No
If yes, who reimburses you?			
Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense *(i.e., aspirin to treat a heart condition or calcium supplements to treat osteoporosis)*		$	
Personal use items annual out-of-pocket expense *(i.e., glasses, incontinent supplies, hearing aids)*		$	
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense		$	
Mileage to and from medical appointments		$	
Other		$	
Other		$	
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?			
Other?		$	
Other?		$	

Child Care: HUD allows you to deduct a certain amount of child care expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any child care expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

Do you pay for Child Care for a minor 12 years of age or younger?	☐ Yes	☐ No
Monthly Amount Child #1 Name: _____ Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school	$ _____	
Monthly Amount Child #2 Name: _____ Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school	$ _____	

Disability Assistance Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus. If no household member works, then the household does not qualify for a Disability Assistance Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	☐ Yes	☐ No
Monthly Amount	$	
Name of Family Member who can work as a result of such an expense.		
Do you pay for equipment that allows any adult family member to work? *e.g., costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work*	☐ Yes	☐ No
Monthly Amount	$	
Name of Family Member who can work as a result of such an expense.		

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

☐ No ☐ Yes Do you give permission for the owner/agent to contact you electronically
(Email/Text/Applicant/resident portal/Other electronic methods)

Would you like to request a complete copy of the owner/agent's resident selection criteria?

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

Note: The owner/agent must comply with federal, state and local law when contacting your or other applicants who are members of your family/household.

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will by my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant Name (please print) _____

Signature _____ Date _____

If you have trouble understanding this document, please contact the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室，如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。(Japanese)

The owner/agent 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.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Jonathan Matlock
Address 7601 Watson Rd
City St. Louis State MO Zip 63119
Telephone – Voice 314-305-6960
Telephone – TTY 711

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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)) which will be used by HUD to protect disbursement data from fraudulent actions.