

Hello,

Thank you for your interest in Libertad Cedar City!

Libertad Cedar City is a 3 building, 80 unit apartment complex having 1, 2, 3, and 4 bedroom units, currently under construction by The Vecino Group. The property is located at 1044 N. Howvi Hills Drive; Cedar City, Utah 84721. Our anticipated move-in date will be January of 2019. This date is subject to change pending construction; However, we are accepting applications for our waiting list now. Applications will go on our waiting list in the order they are received.

56 of the 80 units are subject to Section 42 Tax Credit income restrictions. Rents will vary pending on annual gross but will range from approximate \$200 to \$780. Please feel free to call or email for details. Applicants that qualify for income restrictive units will be offered the lowest rent available that they qualify per their bedroom preference.

24 of the 80 units are not subjected to any income restrictions. The approximate maximum rent for these non-restrictive units will be \$1150. All applicants must pass our screening process.

All units will include in-unit Washer and Dryer, Dishwasher, Oven and Range Stove, Refrigerator, and Garbage Disposal. There will be surface and underground parking available. There will be a Tot-lot (playground), computer room with free wifi, fully furnished club room with kitchenette, exercise room with cardio machines and free weights with benches, and on-site life skills classes.

To submit your application please complete the attached application and send it to us at below contact information. Please be sure to include the \$25 application processing fee with your application and proof of income. Please also be sure that all adult household members sign where prompted.

If you have additional questions please email us with your preferred contact method (address, email, fax, phone number) at libertadcedarcity@cardinalcapital.us, or give us a call at 435-287-4135, or fax to 1-866-787-9281. Check on the progress at :

www.cedarcity.wearelibertad.com.

Thank You,

Libertad Cedar City



CARDINAL CAPITAL MANAGEMENT Application For Residency

Name of Apartment Home you are interested in: Libertad Cedar City

How many bedrooms are you interested in? _____

Date/time received _____

List all persons that are applying to live in this unit:

Staff Initials _____

Name (Last, First, MI)	Relationship	Sex	Disabled Y or N	Social Security Number	Date of Birth
	HOH				

***Acceptable age verifications include: Birth Certificate, Driver's License or Passport**

Applicant's Driver's License Number: _____

Current Address: _____
City State Zip Code

Current Daytime Phone: _____ Other Phone: _____

Email Address (Optional): _____

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) _____

Is anyone listed on this application required to register as a sex offender in any state? 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 ever been evicted? YES ___ NO ___ If yes, please explain (include dates) _____

Have you been or will you be a part-time student for at least 5 months in the current calendar year?

YES ___ NO ___

If yes, at what institution are you enrolled? _____

Have you been or will you be a full time student for at least 5 months in the current calendar year?

YES ___ NO ___

If yes, at what institution are you enrolled? _____

Do you or other adult household members anticipate becoming a full student for at least 5 months in the next calendar year? Yes _____ No _____

Do you or other adult household members anticipate becoming a part-time student for at least 5 months in the next calendar year? Yes _____ No _____

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	Landlord's Name	Landlord's Address/Phone
	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

Cardinal Capital Management 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.



Declaration of Income

Circle One	Description	Family Member	Source	Monthly Gross 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	Financial Institution	Cash Value
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			



NOTE: A criminal, credit and sex offender check will be completed on the application and all adult members of the applicant household including live-in aides.

Where did you learn about our apartments? _____

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.

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

Signature of Head of Household Date

Signature of Spouse Date
(or other Adult Member of Household)

Other Adult Household member Date

10/31/13



CARDINAL CAPITAL MANAGEMENT

Documents Required

To be able to process your application all questions in the application need to be answered. Please cross out and initial any mistakes that were made, and select the appropriate option. Please note that we will not be able to process any incomplete applications.

- _____ 1. Picture ID for all adult household members.
- _____ 2. Most recent 6 consecutive paystubs, or proof of gross monthly income (ex: statement of benefits from SSA.gov).
- _____ 3. \$25 check, money order, or other secure funds for application fee. For other options of payment, please contact the leasing office.

Please note that if you are applying for an income restrictive unit, all household income(s) and asset(s) will need to be 3rd party verified, after your application has been approved.

→ *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*



AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose:

This form enables Cardinal Capital Management, to comply with federal Regulations requiring verifications of all tenant selection criteria as specified in the Tenant Selection Plan.

Authorization:

I also authorize the Landlord and Manger to investigate my credit, criminal, rental, and evictions history, and the statements made in this application. I also authorize Management to obtain a consumer credit report on me from a consumer reporting agency that complies 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 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. I/We agree to provide verifications of all income and assets as required by the Owner and its agent.

I understand that there is a non refundable application processing fee of \$25 per application, not per household member.

_____	_____
Signature of Head of Household	Date
_____	_____
Signature of Spouse (or other Adult Member of the Household)	Date
_____	_____
Other adult Household Member	Date



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 5/31/2011)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

***Definitions of these categories may be found on the next page**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.