



c/o Two Plus Four Management Co.
 6737 Myers Road
 East Syracuse, NY 13057
 315-437-2178 (p) 315-437-3881 (f) 711 TDD



APPLICATION

PROJECT NAME: Cardinal Cove Apartments
ADDRESS: 7 Cove Avenue Endicott, NY 13760

OFFICE USE ONLY
Date Received: _____
Time Received: _____
Estimated Income: _____
Income Category: _____
Application #: _____

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST TENANT FIRST, CO-TENANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form.)

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
 Street Apt.# City State ZIP

Email address: _____

Daytime Phone: _____ **Evening Phone:** _____

No. of BR's in current Unit: _____ **Do you RENT or OWN (circle one)**

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property: Yes No (check one)

How did you hear about the apartment complex? _____

Housing Voucher? Yes or No. If Yes, what kind? _____

Bedroom size requested: One BR Two BR Three BR Handicap BR

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						



Will all listed minors be living in the unit at least 50% of the time? Yes No

If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	SSI Benefits	\$
14.	SSI Benefits	\$
15.	Pension (list source)	\$
16.	Pension (list source)	\$
17.	Veteran's Benefits (list claim #)	\$
18.	Veteran's Benefits (list claim #)	\$
19.	Unemployment Compensation	\$
20.	Unemployment Compensation	\$
21.	Public Assistance (Title IV/TANF etc.)	\$
22.	Contributions to the Household (monetary or not)	\$
23.	Full-Time Student Income (18 & Over Only)	\$
24.	Financial Aid (excluding loans)	\$
25.	Annuities (list sources)	\$
26.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
27.	Scheduled Payments from Investments	\$
28.	Retirement Account Payments (including RMDs)	\$
29.	Income From Rental Property	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	

33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	Alimony	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
35.	Child Support	
	Do you receive formal/informal (money, items, etc.) child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Gig Income ex: Uber, Door Dash etc.	\$
37.	Self Employment, Day laborer, Independent contractor, Seasonal worker	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS (even if jointly held)

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

48. Trust Account (revocable or irrevocable)	#	Bank	Balance \$
	#	Bank	Balance \$

49. Debit cards not associated with a checking account ex: Direct Express	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Peer-to-peer ex: Venmo, PayPal, Apple Pay	Name:		Balance:\$	
	Name:		Balance:\$	
54. Sport vehicle or other Non-necessary Personal Property	Type:		Value:\$	
	Type:		Value:\$	
55. Collection or other Non-necessary Personal Property ex: coin collection	Type:		Value:\$	
	Type:		Value:\$	
56. Deed of Trust/Loan <i>(you loaned someone money and they are paying you back with or without interest)</i>	Type:		Balance:\$	
	Type:		Balance:\$	
57. Life Insurance Policy	#		Cash Value \$	
58. Life Insurance Policy	#		Cash Value \$	
59. Cash on Hand			Amount:\$	
60. Digital Banking Ex: Cash App	Name:		Balance:\$	
	Name:		Balance:\$	
	Name:		Balance:\$	
61. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
62. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$

63. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
64. Crowd Funding Account ex: GoFundMe, Kickstarter	Type:			Balance:\$
	Type:			Balance:\$
65. Investment Accounts (<i>accounts that include stocks, bonds, and other like investments</i>)	#			Value:\$
	#			Value:\$
66. Investments in Precious metals including gold, silver, copper, etc.	Type:			Value:\$
	Type:			Value:\$
67. Crypto-Currency (<i>Bitcoin, Altcoins, Crypto coins, etc.</i>)	Type:			Value:\$
	Type:			Value:\$
68. Special Needs Trust	Name:			Balance:\$

Real Property

69. Does any family member own...				
A home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence				<input type="checkbox"/> Yes <input type="checkbox"/> No
For Sale?: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	Market Value:\$	Cost to Sell:\$	Cash Value:\$	
Rental Property-home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence but where there is a lease and the resident does not have a legal right to reside in				<input type="checkbox"/> Yes <input type="checkbox"/> No
For Sale?: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	Market Value:\$	Cost to Sell:\$	Cash Value:\$	
RENTAL INCOME	\$	Weekly Monthly N/A	Annual Expenses:\$	
Real Property not used for a business a member has legal authority to sell such property				Yes No
For Sale?: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	Market Value:\$	Cost to Sell:\$	Cash Value:\$	

Real Property used for a business when a member has legal authority to sell such property			Yes	No
For Sale?: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	Market Value:\$	Cost to Sell:\$	Cash Value:\$	

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Basically, how much money would you receive if you converted the asset to cash. If you do not know, please leave this field blank and we will assist you in deriving the cash value of your assets.

Assets Disposed of For Less Than Fair Market Value (choose one)

70. I have NOT disposed of any assets for less than fair market value Yes No

71. During the previous two-year (24-month) period I have disposed of assets for less than fair market value as indicated below:

Cash Contributions or Gifts (to Churches, Charities, Individuals, etc.)	None	Date Disposed:	Amount: \$
Property sold for less than fair market value (this identifies property that was given away or sold for substantially less than current real estate market would bear such a <i>Quit Claim</i>)			
Trust/Savings/Investment Accounts opened for another person			
Transfer of Assets for Free or For Less than Market Value (for ex: giving a child stock or mutual funds or setting up a trust for someone who does not live in the unit)			
Other:			

E. ADDITIONAL INFORMATION

73. Are you or any member of your family currently using an illegal substance? Yes No

74. Have you or any member of your family ever been convicted of a felony? Yes No

If yes, describe:

75. Will you take an apartment when one is available? Yes No

F. REFERENCE INFORMATION

76. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	
77. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	
78. Credit Reference #1:		
Address:		
Account #:		Phone #:
79. Credit Reference #2:		
Address:		
Account #:		Phone #:
80. Personal Reference #1:		
Address:		
Relationship:		Phone #:
81. Personal Reference #2:		
Address:		
Relationship:		Phone #:
82. Personal Reference #3:		
Address:		
Relationship:		Phone #:
83. In case of emergency notify:		
Address:		
Relationship:		Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

84. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
85. Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
86. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
<i>*Please note the property may only allow service/support animals</i>		

H. APPLICATION ASSISTANCE

87. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign and date the application.

SIGNATURE(S) (***Must be dated***):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE TWO PLUS FOUR MANAGEMENT COMPANY AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY TWO PLUS FOUR MANAGEMENT COMPANY.

SIGNATURES:

_____ Applicant	_____ Co-Applicant
_____ Date Signed	_____ Date Signed

Signature of Person Filling Out Form for Tenant