Housing Connect 3595 South Main Street Salt Lake City, UT 84115 www.HousingConnect.org

Name of property or building you are applying for:

Apt. Number

Rental Application



| | HOUSEHOLD COMPOSITION | | | | | | | |
|---|---|--|---|---|--|--|--|--|
| | | | | Relationship to | Were you, Are you o | | | |
| HH | E'ret News | Lest News | Dete of Dist | - | will you be a student | | | ial Security |
| Mbr# | First Name | Last Name | Date of Birth | Head of | months or more out o | | or Al | lien Reg No. |
| | | | | Household | the year? | | | |
| 1 | | | | | Y / N | | | |
| 2 | | | | | Y / N | | | |
| 3 | | | | | Y / N | | | |
| 4 | | | | | Y / N | | | |
| 5 | | | | | Y / N | | | |
| 6 | | | | | Y / N | | | |
| 7 | | | | | Y / N | | | |
| 8 | | | | | Y / N | | | |
| 9 | | | | | Y / N | | | |
| Do you | anticipate a change in the h | ousehold in the next 12 months? | | | | 0 | | Do you smoke? |
| | If Yes, please explain: | | | | | | | Yes No |
| If childr | en are listed, will the natura | al parent(s) also reside in the Hous | sehold? | | YES N | 0 | | |
| | | | STUDENT ST | ATUS | | | | |
| | | | | | | | | |
| | cocupants of the household | | | | Y | es | No (Circle | e one) |
| If Yes, t | o the above, answer the foll | | 1.11/ | | | | | |
| | | of a single parent and with school ag are dependents of a third party? | e child(ren), | | X | | No (Circle | a ana) |
| | | int married and do they file a joint in | ncome tax returr | 19 | | es es | No (Circle No (Circle | · · |
| | Does the household receive 7 | | | | | 'es | No (Circle | |
| | Are any of the students, parti | cipants in the Job Training Partnersl | hip Act? | | | es | No (Circle | |
| | Have any students been in Fo | oster care in the last 5 years?(If yes | whom: | |) Y | es | No (Circle | e one) |
| | | RENTAL HISTOR | Y (Previous 2 | Years for each a | pplicant) | | | |
| Head of Hou | | | | | | | | |
| Curront | Address | City | State Zin | Low Lor | ang (|) Ouun | Dhono | Monthly Poymont |
| Current | Address | City | State Zip | How Lon from | |) Own) Rent | Phone | Monthly Payment |
| | Address | | State Zip | How Lon from City | to (|) Rent | Phone () Day Phone | Monthly Payment \$ Night Phone |
| Name of | | | | from City How Lon | to (State Z |) Rent ip) Own | () Day Phone () | \$ |
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| | RECURRING INCOM | IE - PREVIOUS 2 YEARS | 6 (Head of Househo | old) | |
|---|--|--|--|--|---|
| Head of Household's Name: | | | | | |
| (Circle all applicable) Employed Full | Time Employed Par | t Time Self-Employe | ed Anticipate | d Income | Non-Employed |
| Current Employer | | Position | How Long from | to | Supervisor Name |
| Telephone Number | Fax Number | | Address | 10 | |
| Current Wages (Circle one) | Average Hours W | orked Per Week | Do you earn t | tips? | Do you have more than one job? |
| \$ per Hour / Week / Mon | th | | YES | NO | YES NO |
| 2nd Job | | Position | How Long | | Supervisor Name |
| Telephone Number | Fax Number | | from Address | to | |
| | i ux i tumoor | | i iuu oso | | |
| Current Wages (Circle one) | Average Hours W | orked Per Week | Do you earn t | tips? | |
| \$ per Hour / Week / Mon | th | | YES | NO | |
| Previous Employer | | Position | How Long | | Supervisor Name |
| Telephone Number | Fax Number | | from Address | to | |
| | | | 11001055 | | |
| Current Wages (Circle one) | Average Hours W | orked Per Week | Do you earn t | tips? | |
| \$ per Hour / Week / Mon | th | | YES | NO | |
| | | | (Circle each | one indivi | dually) |
| OTHER INCOME: | Alimony / Child Support | rt | YES | NO | \$ |
| Program regulations require that all income be disclosed in order | AFDC / TANF (Exclu | | YES | NO | \$ |
| to determine qualification. | Social Security / Disabi Retirement / Pension / A | - | YES | NO | \$ |
| Please provide recurring | Unemployment | Annulues | YES YES | NO NO | <u>\$</u> |
| monthly amount if applicable. | Worker's Compensation | 1 | YES | NO | \$ |
| | Recurring Gifts from Fa | | YES | NO | \$ |
| | Grants & Scholarships | | YES | NO | \$ |
| | Military Pay Other Recurring Monie | ~ | YES | NO | \$ |
| | Other Recurring Monie | 8 | YES | NO | \$ |
| | | | | | |
| | RECURRING INCO | OME - PREVIOUS 2 YEA | RS (2nd Applicant |) | |
| 2nd Applicants Name: | | | | | |
| (Circle all applicable) Employed Full | | | ed Anticipate | | Non-Employed |
| | | | ed Anticipate | d Income | Non-Employed Supervisor Name |
| (Circle all applicable) Employed Full | | t Time Self-Employ | ed Anticipate | | |
| (Circle all applicable) Employed Full Current Employer Telephone Number | Time Employed Par | t Time Self-Employe Position | ed Anticipate How Long from Address | d Income to | Supervisor Name |
| (Circle all applicable) Employed Full Current Employer Telephone Number Current Wages (Circle one) | Time Employed Par | t Time Self-Employe Position | ed Anticipate How Long from Address Do you earn t | d Income to | Supervisor Name Do you have more than one job? |
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| (Circle all applicable) Employed Full Current Employer Telephone Number Current Wages (Circle one) \$ per Hour / Week / Mo 2nd Job Telephone Number Current Wages (Circle one) \$ per Hour / Week / Mo Previous Employer Telephone Number Current Wages (Circle one) \$ per Hour / Week / Mo Previous Employer Telephone Number Current Wages (Circle one) \$ per Hour / Week / Mo OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring | Time Employed Par Fax Number Average Hours W Ith Average Hours W Fax Number Average Hours W Ith Average Hours W Average Hours W Average Hours W Alimony / Child Suppor AFDC / TANF (Exclude Social Security / Disabit Retirement / Pension / A Unemployment Worker's Compensation Worker's Compensation Recurring Gifts from Fa Grants & Scholarships Scholarships | t Time Self-Employ | ed Anticipate How Long from Address Do you earn t YES How Long from Address Do you earn t YES How Long from Address Do you earn t YES (Circle each YES YES YES YES YES YES YES YES YES YES | d Income to to ips? NO to ips? NO to ips? NO one indivi NO NO NO NO NO NO NO NO NO NO NO NO NO | Supervisor Name Do you have more than one job? YES NO Supervisor Name Supervisor Name dually) \$ |
| (Circle all applicable) Employed Full Current Employer Telephone Number Current Wages (Circle one) \$ per Hour / Week / Mo 2nd Job Telephone Number Current Wages (Circle one) \$ per Hour / Week / Mo Previous Employer Telephone Number Current Wages (Circle one) \$ per Hour / Week / Mo Previous Employer Telephone Number Current Wages (Circle one) \$ per Hour / Week / Mo OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring | Time Employed Par Fax Number Average Hours W Image: Average Hours W Average Hours W Average Hours W Average Hours W Alimony / Child Suppor AFDC / TANF (Exclude Social Security / Disabit Retirement / Pension / A Unemployment Worker's Compensation Recurring Gifts from Fa Average from Fa | t Time Self-Employed Position orked Per Week Position orked Per Week Position orked Per Week t ling Food Stamps) lity Annuities a mily | ed Anticipate How Long from Address Do you earn to YES How Long from Address Do you earn to YES How Long from Address Do you earn to YES Circle each YES YES YES YES YES YES YES YES | d Income to to ips? NO to ips? NO to ips? NO one indivi NO NO NO NO NO NO NO NO NO | Supervisor Name Do you have more than one job? YES NO Supervisor Name Supervisor Name dually) \$ |



ASSETS

OTHER INCOME: Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need **not** be disclosed.

| | Applicant Name: | | | |
|---|--|------------------------------------|------------------|----|
| | Value | Annual Interest Earnings | Bank/Institution | |
| Checking Account (6 month avg) | YES NO \$ | | | |
| Savings Account | YES NO \$ | | | |
| Money Market, CD's and Other | YES NO \$ | | | |
| Stocks / Bonds | YES NO \$ | | | |
| IRA'S, 401(K), Keogh | YES NO \$ | | | |
| Real Estate | YES NO \$ | | | |
| Boat, Trailer and Rec Vehicles | YES NO \$ | | | |
| Life Insurance Policies (Universal or Whole life policies only.) | YES NO \$ | | | |
| Cash on Hand | YES NO \$ | | | |
| Other Assets | YES NO \$ | | | |
| | Total: \$ | | | |
| | Co. Annikont Norma | | | |
| | Co-Applicant Name: | | | |
| | Value | Annual Interest Earnings | Bank/Institution | |
| Checking Account (6 month avg) | YES NO \$ | | | |
| Savings Account | YES NO \$ | | | |
| Money Market, CD's and Other | YES NO \$ | <u> </u> | | |
| Stocks / Bonds | YES NO \$ | <u> </u> | | |
| IRA'S, 401(K), Keogh Real Estate | YES NO \$ YES NO \$ | | | |
| Boat, Trailer and Rec Vehicles | YES NO \$ | | | |
| Life Insurance Policies (Universal or Whole life policies only.) | YES NO \$ | | | |
| Cash on Hand | YES NO \$ | | | |
| Other Assets | YES NO \$ | | | |
| | Total: \$ | | | |
| Has any member of the hous | sehold sold any real estate in th | ne last 24 months? | Yes | No |
| 0 | v | | | |
| Has any member of the househol If YES, pleas | d disposed of an asset for less than f se list: | air market value in the past 24 mo | nths? Yes | No |
| | ur annual income or assets within th | ne next 12 months? | Yes | No |
| | se list: | | | |
| If YES, pleas | | | | |



| CERTIFICATION | | | |
|--|--|---|---|
| I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to the property, a to accept this application, I warrant that all statements contained herein are true and complete to the best of my knowledge a information will result in immediate eviction and prosecution and that each occupant/tenant/resident is residing in the Uni advised and understand that residency at this property entails certain income restrictions and that residency is subject to qualification execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certific penalty of perjury. I hereby deposit \$ as an earnest deposit to be refunded to me in full within ten (10) business days if the application hereby waive any claim to damages by reason of non-acceptance. | and that ted State on. I agr cation w | t falsif tes lega ree that vill be r | ication of ally. I have been t in addition to made under the |
| Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to possession is delivered and to pay the balance of the security and other move-in costs. ONCE APPROVED, IF I FAIL TO TAK APARTMENT, THE DEPOSIT WILL BE FORFEITED. | | | |
| By execution of this application, I hereby authorize Management to make such investigations into my credit, criminal, and rental hi I understand that such investigations typically include (but are not limited to) verification of employment and salary, any and all herental history, criminal and consumer credit reports. | | | |
| Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense? | Yes | No | (Circle one) |
| If Yes, Please Explain: Have you ever been EVICTED? | Yes | No | (Circle one) |
| If Yes, Please Explain: | Vee | Na | |
| If Yes, Please Explain: | Yes | No | (Circle one) |
| Do you have a pet? | Yes | No | (Circle one) |
| If Yes, Please Explain: Have you filed bankruptcy? If Yes, Please Explain: | Yes | No | (Circle one) |
| How did you hear about us? (Please be Specific) Does anyone in your household require a reasonable accommodation? (Examples: Grab bars, roll in shower, lower cabinets, wheelchair accessible features) If Yes, Please Explain: | Yes | No | (Circle one) |
| Do you have a Drivers License? | Yes | No | (Circle one) |
| If you do not currently have a Drivers License, do you have the ability to get a drivers License? | Yes | No | (Circle one) |
| Applicant Date | | | |
| Applicant Date | _ | | |
| Management Representative Date | | | |





Resident Release

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: Housing Connect 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 the following: 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.

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

- Past and Present Employers
- Welfare Agencies
- Veterans Administration
- Previous Landlords (including Public Housing Agencies)
- State Unemployment Agencies
- Retirement System
- Military/Government Agencies
- Educational Institutions
- Support and Alimony Providers
- Social Security Administration
- Banks and other Financial Institutions
- Medical and Child Care Providers
- Credit Providers/ Credit Bureaus
- Public Court Records

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes 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.

| Applicant/Resident Signature | (Print Name) | Social Security Number | Date |
|------------------------------|--------------|------------------------|------|
| Applicant/Resident Signature | (Print Name) | Social Security Number | Date |
| Applicant/Resident Signature | (Print Name) | Social Security Number | Date |
| Applicant/Resident Signature | (Print Name) | Social Security Number | Date |

TENANT INQUIRY RELEASE

I, the under-signed certify that the information given is accurate. I give my authorization to The Housing Authority of the County of Salt Lake and Back Track Screening to verify any and all information below, including but not limited to my credit history through the national credit bureaus and/or my creditors, verify my criminal background, obtain references from current/past landlords and employers (including income verification), bank and personal references. I hold Back Track Screening, their owners, employees, and their client, harmless for any information shown on my report and any action taken based on that information. I understand that this report will be sent directly to The Housing Authority of the County of Salt Lake and that we cannot receive a copy of this report directly from The Housing Authority of the County of Salt Lake. I understand that I am entitled to a free copy of this report from Back Track Screening if I am denied residency based upon information contained in this report.

| Name |
|---|
| Social Security # |
| CURRENT ADDRESS |
| Address |
| City/State/Zip |
| PREVIOUS ADDRESS HISTORY (WITHIN 7 YEAR PERIOD) |
| Previous Address |
| City/State/Zip City City |
| Previous Address |
| City/State/Zip City City |
| Driver's License # |
| Signature Date: / |

Please Print Clearly or Type

* Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes.

ANNUAL STUDENT SELF CERTIFICATION

This Annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

| Head of Household Name: | | old Name: Unit Number | Unit Number | | | | |
|-------------------------|-------------|---|----------------|--------------|--|--|--|
| Develo | opment Na | ame and Address: | | | | | |
| Move- | in Date if | applicable: Effective Date: | | | | | |
| high so | chools, sei | C as applicable (note that students include those attending public or private elementary schools, m nior high schools, colleges, universities, technical, trade, Online, or mechanical schools, but does -job training courses): | | | | | |
| A. | | Household contains at least one occupant who is not a student and has not been/will not be a stu | ident for fiv | ve | | | |
| | | months or more out of the current and/or upcoming calendar year (months need not be consecut is checked, no further information is needed (Do not answer questions 1-5). Sign and date bel | | is item | | | |
| B. | | Household contains all students, but is qualified because the following occupant(s) is/are a PART-TIME student(s) who have not been/will not be time student for five months or more of the current and/or upcoming calendar year. Verification of part-tin student status is required for at least one occupant. If this item is checked, no further information is needed not answer questions 1-5). Sign and date below. | | | | | |
| C. | | Household contains <u>all</u> students who were, are, or will be FULL-TIME for five months or more current and/or upcoming calendar year (months need not be consecutive). If this item is check below must be completed: | | | | | |
| 1. 2. | • | nember married and entitled to file a joint tax return? (attach marriage certificate or tax return) ast one student a single parent with child(ren) <i>and</i> this parent is not a dependent of someone | □ YES □ YES | □ NO □ NO | | | |
| | else, an | <i>d</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most ax return and, if applicable, divorce/custody decree or other parent's most recent tax return) | | | | | |
| 3. | Is at lea | st one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of ation for verification purposes) | □ YES | □ NO | | | |
| 4. | Does at | least one student participate in a program receiving assistance under the Workforce Innovation portunity Act or under other similar federal, state, or local laws? (attach verification of | □ YES | □ NO | | | |
| 5. | Does th | e household consist of at least one student who has ever been under the care and placement ibility of the state agency responsible for administering foster care? (provide verification of | □ YES | □ NO | | | |

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

| Printed Name | Signature | Date |
|--------------|-----------|------|
| Printed Name | Signature | Date |
| Printed Name | Signature | Date |
| Printed Name | Signature | Date |

Annual Student Certification - Form 21 (2019)