

# Old Mill at Stansbury

*Affordable Housing*

6754 N. Rockwell Lane  
Stansbury Park, Utah 84074

Onsite Phone: (435) 882-4004 Fax: (435) 882-4284  
[oldmilltownhomes@gmail.com](mailto:oldmilltownhomes@gmail.com)  
<http://www.stansburyparkapartment.com>

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*Equal Housing Opportunity*

Thank you for your interest in Old Mill at Stansbury. In this packet, you will find the application forms that need to be filled out in order for our office to process your eligibility. Please complete and sign the attached forms. Fill in all blanks, write N/A for those questions that do not apply. **Complete a separate application for ALL household members 18 years of age and older, even those that will turn 18 within the first year of occupancy. (Blue Ink Only. Do not use white out or pencil. If you make an error simply line through it and initial the change.)**

**\*\*\*Note: The head of household needs to be the same person on all applications.**

Please return these forms, along with your ***\$25 non-refundable application fee (Fee is per applicant 18 years or older. Application fee must be paid in the form of a Money Order or Cashier's Checks. No Cash or personal checks accepted!)*** to the office located at 6754 N. Rockwell Lane Stansbury Park, Utah 84074 Monday-Friday, 8:00 am - 5:00 pm. (**Office hours may change, it is advised to call us prior to showing up**).

If you have any questions, you may contact us at **(435) 882-4004** or **(435) 882-4284** or you can e-mail the office at [oldmilltownhomes@gmail.com](mailto:oldmilltownhomes@gmail.com).

Thank you again for your interest in Old Mill at Stansbury, I look forward to hearing from you soon.

Sincerely,  
The Management

# Old Mill at Stansbury

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*Equal Housing Opportunity*

Old Mill at Stansbury has, and STRONGLY enforces the following rules:

- NO SMOKING ANYWHERE ON PROPERTY
- NO PETS (NOT EVEN FROM VISITORS)
- CLEAN UNITS AND GARAGES
- TENANTS PAY GAS, POWER, PHONE, TV SERVICE & INTERNET SERVICE
- 6 MONTH LEASE/ MONTH TO MONTH FOLLOWING
- FULL CREDIT, CRIMINAL & RENTAL BACKGROUND

Please sign that you have read and understand the above information.

Signature X

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Signature X

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Sincerely,  
The Management

**RELEASE AND CONSENT**

**Old Mill at Stansbury  
6754 N. Rockwell Lane  
Stansbury Park, UT 84074**

**(435) 882-4004  
Fax: (435) 882-4284**

**I, the undersigned, hereby authorize all persons of companies listed below to release without liability, information regarding employment income, and/or assets to Old Mill at Stansbury for the purpose 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; student status; employment, income, 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/our eligibility for and continued participation as a Qualified Tenant.**

**GROUPS OF INDIVIDUALS THAT MAY BE ASKED:**

<b>Past and present employers</b>	<b>Welfare Agencies</b>	<b>Veterans Admin.</b>
<b>Past and present landlords including</b>	<b>State unemployment agencies</b>	<b>Retirement systems</b>
<b>Public housing agencies</b>	<b>Social Security Admin.</b>	<b>Banks &amp; other</b>
<b>Support and Alimony providers</b>	<b>Medical &amp; child care</b>	<b>Institutions</b>
<b>Financial Admin.</b>	<b>Providers</b>	<b>Educational</b>
<b>Institutes</b>		
<b>Credit and Background check Agencies</b>		

**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 the file and correct any information that is incorrect.**

**SIGNATURES**

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**Applicant/Resident**

**Social Security #**

**Date**

# Things You Should Know!

Don't risk your chances for Affordable Housing by providing false, incomplete, or inaccurate information on your application forms.

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**Purpose** This is to inform you that there is certain information you must provide when applying for Tax Credit Affordable Housing. There are penalties that apply if you knowingly omit information or give false information.

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**Penalties For Committing Fraud** The United States Department of Housing and the Internal Revenue Service (IRS) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or housing unit:
- Required to repay all overpaid rental assistance you receive:
- Fined up to \$10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

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**Asking Questions** When you fill out your application, you should know what is expected of you. If you do not understand something, leave it blank until you can ask the manager for assistance or clarification.

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**Signing the Application** Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. When you sign the application and certification forms, you are claiming that they are complete and accurate. You are committing fraud if you sign a form knowing that it contains false or misleading information. Information you give on your application will be verified.

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**Recertifications** You must provide updated information at least once a year. Tax Credit Affordable Housing requires that you report any changes in income or family/household composition immediately.

Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any asset that was sold in the last 2 years for less than its full value.

Signatures(s) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Property Name: **Old Mill at Stansbury**  
 Address: 6754 N. Rockwell Lane, Stansbury Park UT 84074  
 Phone: (435) 882-4004  
 Fax: (435) 882-4284

Date Received: \_\_\_\_\_  
 Time: \_\_\_\_\_ am/pm

**LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION**

All co-applicants, age 18 or older, including spouse, should complete a separate application.

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

<b>PROPERTY INFORMATION (For Office Use Only):</b>	
Unit Address: _____	_____ Initial Certification
Unit Number: _____	_____ Recertification
# of Bedrooms: _____	_____ Other _____
Proposed Effective Date: _____	

<b>CONTACT INFORMATION</b>	
Applicant Name: _____	Hm.Ph #1 _____
Driver's License #: _____	Cell Ph #2 _____
Email Address: _____	Wk Ph #2 _____

<b>HOUSEHOLD COMPOSITION AND STATUS:</b>						
<i>List the Head of Household (applicant) and <b>all</b> other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. <b>Please answer all questions. Write N/A if a particular question is not applicable. Do no leave any questions blank or unanswered.</b> List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.</i>						
Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	Head					

**\*For each household member listed above - List this member as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

1. **ONLY COMPLETE** If every household member above is indicated as a full-time student, please answer the following questions:
- |  |                   |
|--|-------------------|
|  | <u>Circle One</u> |
| a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF)   | Yes or No         |
| b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? | Yes or No         |
| c. Are any full-time students married and entitled to file a joint tax return?   | Yes or No         |
| d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual?  | Yes or No         |

2. If you are divorced or separated, please provide date effective: \_\_\_\_\_ N/A  
 If divorced within last 3 years, please provide full copy of divorce decree.
3. Do you expect any changes in the household in the next 12 months? Yes or No  
 If yes, please describe change \_\_\_\_\_  
 When will this occur? \_\_\_\_\_  
 (If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members, under age 18, claiming emancipation (yourself included)? Yes or No  
 If yes, please provide documentation to validate emancipation.

<b>CURRENT EMPLOYMENT INFORMATION:</b>		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
<b>ADDITIONAL EMPLOYER INFORMATION:</b>		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
<b>PREVIOUS EMPLOYMENT INFORMATION:</b>		
Company Name: _____		Title: _____
Address: _____		Date Left: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____

<b>OTHER INCOME INFORMATION:</b>		
<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Self-Employment	Yes or No	\$ _____
2. Not Employed	Yes or No	\$ _____
3. Unemployment Compensation	Yes or No	\$ _____
4. Disability/Worker's Compensation/Severance Pay	Yes or No	\$ _____
5. Social Security/SSI Benefits	Yes or No	\$ _____
6. VA Benefits	Yes or No	\$ _____
7. Pension/Annuity	Yes or No	\$ _____
8. Military Pay	Yes or No	\$ _____
9. Public Assistance (AFDC/TANF/W-2)	Yes or No	\$ _____
10. Child Support/Alimony/Family Maintenance	Yes or No	\$ _____
11. Recurring Gift/Contribution	Yes or No	\$ _____
12. Rental Income	Yes or No	\$ _____
13. Lottery Winnings Paid Periodically	Yes or No	\$ _____
14. Adoption Assistance	Yes or No	\$ _____
15. Trust Income	Yes or No	\$ _____
16. Educational Financial Assistance	Yes or No	\$ _____
17. Other Income (i.e. inheritance, insurance policies)	Yes or No	\$ _____
18. Zero Income (No income from any source)	Yes or No	\$ _____



**ASSET INFORMATION:** List all assets for this household member. Complete one for every household member.

	Name of Financial Institution(s)	Circle One	Amount
1. Checking Is this a joint acct?    Yes    NO	_____	Yes   or   No	\$ _____ \$ _____
2. Savings Is this a joint acct?    Yes    NO	_____	Yes   or   No	\$ _____ \$ _____
3. Cash on Hand		Yes   or   No	\$ _____
4. Stocks/Mutual Funds	_____	Yes   or   No	\$ _____ \$ _____
5. CD/Money Markets	_____	Yes   or   No	\$ _____ \$ _____
6. Treasury Bill	_____	Yes   or   No	\$ _____ \$ _____
7. Bonds	_____	Yes   or   No	\$ _____ \$ _____
8. IRA/KEOGH	_____	Yes   or   No	\$ _____ \$ _____
9. 401K	_____	Yes   or   No	\$ _____ \$ _____
10. Pension/Annuity	_____	Yes   or   No	\$ _____ \$ _____
11. Whole Life Insurance	_____	Yes   or   No	\$ _____ \$ _____
12. Universal Life Insurance	_____	Yes   or   No	\$ _____ \$ _____
13. Land Contract/Deed of Trust	_____	Yes   or   No	\$ _____ \$ _____
14. Real Estate	_____	Yes   or   No	\$ _____ \$ _____
15. Safety Deposit Box	_____	Yes   or   No	\$ _____ \$ _____
16. Personal Property Held as an Investment	_____	Yes   or   No	\$ _____ \$ _____
17. Trusts	_____	Yes   or   No	\$ _____ \$ _____
18. Lottery Winnings (Lump Sum)	_____	Yes   or   No	\$ _____ \$ _____
19. Lump Sum Receipts	_____	Yes   or   No	\$ _____ \$ _____

5. Do all combined assets of the entire household total **less than** \$5000?                      Yes   or   No



6. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please complete the following:

Asset Disposed: \_\_\_\_\_  
 Date Disposed: \_\_\_\_\_  
 Amount Disposed: \_\_\_\_\_

Was the disposal of this asset due to:

Bankruptcy Yes No  
 Foreclosure Yes No  
 Marital Separation Yes No  
 Divorce Yes No

Asset Disposed: \_\_\_\_\_  
 Date Disposed: \_\_\_\_\_  
 Amount Disposed: \_\_\_\_\_

Was the disposal of this asset due to:

Bankruptcy Yes No  
 Foreclosure Yes No  
 Marital Separation Yes No  
 Divorce Yes No

7. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: \_\_\_\_\_  
 Date Gifted: \_\_\_\_\_  
 Amount Gifted: \_\_\_\_\_

Gifted To: \_\_\_\_\_  
 Date Gifted: \_\_\_\_\_  
 Amount Gifted: \_\_\_\_\_

<b>RESIDENTIAL HISTORY: <i>Please provide 3 years of housing history</i></b>	
Current Address: _____	<input type="checkbox"/> Own <span style="margin-left: 100px;"><input type="checkbox"/> Rent</span> <input type="checkbox"/> Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	<input type="checkbox"/> Own <span style="margin-left: 100px;"><input type="checkbox"/> Rent</span> <input type="checkbox"/> Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	<input type="checkbox"/> Own <span style="margin-left: 100px;"><input type="checkbox"/> Rent</span> <input type="checkbox"/> Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____

8. Have you ever been evicted from tenancy? Yes or No  
 If yes, please list date: \_\_\_\_\_

9. Have you ever filed for bankruptcy? Yes or No  
 If yes, please list date: \_\_\_\_\_

10. Have **you** or **any** household member ever been convicted of a felony or misdemeanor? Yes or No  
 If yes, please list what for: \_\_\_\_\_





11. Are you or any member of the household listed on page 1, subject to a lifetime sex offender registration requirement in any state? Yes or No  
 If yes, please list the state of registration requirement: \_\_\_\_\_  
 If yes, please list what for: \_\_\_\_\_
12. Will this be your only place of residence? Yes or No  
 If no, please explain: \_\_\_\_\_
13. Provide a complete list of states in which you have previously resided in during your life. \_\_\_\_\_
14. Provide a complete list of states in which any household member has previously resided in during their lives. \_\_\_\_\_
15. Will you have 50% or more physical custody of all minor members in household? Yes or No  
 If no, please explain: \_\_\_\_\_
16. Will you be receiving rental assistance while living at this community? Yes or No  
 If yes, please list source of assistance: \_\_\_\_\_
- a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No  
 If yes, please explain: \_\_\_\_\_
17. Do you have a service or assistance animal that would be moving with you into the community? If yes, please list: \_\_\_\_\_
18. Do you currently own any pets? Yes or No  
 If yes, please list all: \_\_\_\_\_

<b>OTHER INFORMATION:</b>		
Type of Vehicle : _____ (car, truck, etc...)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc...)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
<b>EMERGENCY CONTACT INFORMATION: Non-household member. In case of emergency, notify...</b>		
Name: _____	Phone #1 _____ Phone #2 _____	
Address: _____	Relationship: _____	

**CERTIFICATION OF ACCURACY AND COMPLETENESS**

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

**I certify that all persons who will reside within the premises are and will be legally residing within the United States.**

**I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



# OFFICE USE ONLY

## ADDITIONAL DOCUMENTS REQUIRED FOR THIS HOUSEHOLD

Needed    Received

**Household Composition**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Social security cards for each member of household.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Birth certificates for all minor members.                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Drivers Licenses for all household members over the age of 18. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of current vehicle registration                                   |

**Student Question**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1.a. Public Assistance Verification                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.b. Documentation of JTPA enrollment or other qualified program          |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.c. Full copy of most recent federal and state <u>joint</u> tax return   |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.d. Full copy of most recent federal and state tax return                |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Copy of divorce decree including child support and property settlement |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Application for additional household member(s) expected                |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Emancipation documentation   |

**Employment Income**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Verification of current employment    |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Verification of additional employment |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Verification of previous employment   |

**Other Income (number corresponds to type of income listed in chart)**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. (New)-Complete Newly Self-Employed Verification  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. (Established)-Affidavit of Self-Employment Income and a full copy of most recent federal and state tax return, including all schedules |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Non-Employment Affidavit   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Unemployment Compensation Verification   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Disability/Severance Pay/Worker's Compensation Verification  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Social Security/SSI Income Verification  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Veteran's Administration Income Verification   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Pension/Annuity Income Verification  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Military Compensation Verification   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Public Assistance Verification   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Child Support/Spousal Support/Family Maintenance Verification   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Affidavit of Child Support, alimony or Family Maintenance   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Recurring Gift/Contribution Verification  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Affidavit of Rental Income  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Lottery Winnings Income/Asset Verification  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Adoption Assistance Verification  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Trust Income-Asset Verification   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Educational Financial Assistance (unless applicant is over 23 with dependent children)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Other Income Verification   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Certification of Zero Income  |

**Asset Information**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Checking/Savings Asset Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Checking/Savings Asset Verification |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Affidavit of Cash Assets            |



