

Property Name: **The Station at Pleasant View**  
 Address: 2850 North HWY 89, Pleasant View, UT 84404  
 Phone: (801) 317-1710  
 Fax: (801) 317-1640

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: _____	<input type="checkbox"/> Initial Certification
Unit Number: _____	<input type="checkbox"/> Recertification
# of Bedrooms: _____	<input type="checkbox"/> Other _____
Proposed Effective Date: _____	

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

**HOUSEHOLD COMPOSITION AND STATUS:**  
 List the Head of Household (applicant) and all 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. Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered. 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

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.

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

OTHER INCOME INFORMATION:		
Identify each source of income currently received or anticipated to be received in the next 12 months.	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	\$ _____



<b>ASSET INFORMATION:</b> List all assets for this household member. Complete one for <u>every</u> household member.				Name of Financial Institution(s)	Circle One	Amount
1. Checking				_____	Yes or No	\$ _____
Is this a joint acct?	Yes	NO		_____		\$ _____
2. Savings				_____	Yes or No	\$ _____
Is this a joint acct?	Yes	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:</b> Please provide 3 years of housing history	
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 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: \_\_\_\_\_ Yes or No
18. Do you currently own any pets? Yes or No  
 If yes, please list all: \_\_\_\_\_

OTHER INFORMATION:		
Type of Vehicle : _____ (car, truck, etc...)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc...)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

EMERGENCY INFORMATION: In case of emergency, notify...	
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**

