

Dixie & Anne Leavitt Foundation

216 South 200 West, P O Box 1027, Cedar City, UT 84721-1027

Phone: (435) 586-1558 Fax: (435) 586-1510 E-Mail: sherrie-dix@leavitt.com or cori-gower@leavitt.com

Check us out on the web at: www.cedarcityhousing.com

BEFORE YOUR APPLICATION WILL BE CONSIDERED, WE WILL NEED A COPY OF YOUR DRIVER'S LICENSE, STATE ISSUED ID, OR A PASSPORT, AND A COPY OF YOUR SOCIAL SECURITY CARD.

Apartment Complex & Number of Bedrooms:	Southgate IOne-Bedroom Units
	Southgate II.....One-, Two-, & Three-Bedroom Units
	Northfield Village.....Two-Bedroom Units
	Northfield Suites.....Studio Units and 2 Handicapped Units
	MapleTwo-bedroom Unit
	Fourplex.....Two-Bedroom Units

Accommodations:	<u>Southgate I</u>	<u>655 South 300 West, Cedar City, Utah</u> Upper-level and Lower-level units are available. Upper units contain living room, kitchen, and stairs to bedroom, bathroom, & study. Lower units are one level.
	<u>Southgate II</u>	<u>468 South 75 West, Cedar City, Utah</u> All units are one level.
	<u>Northfield Village</u>	<u>315 West 1175 North, Cedar City, Utah</u> All units are one level, two bedrooms, two bathrooms, living room and kitchen.
	<u>Northfield Suites</u>	<u>197 West 1175 North, 236 West 1175 North, Cedar City, Utah</u> One-level studio apartments. Some buildings have a handicapped unit available.
	<u>Maple</u>	<u>73 South 200 West</u> Six - Two-bedroom, one-bathroom units, living room & kitchen in each.
	<u>75 West Fourplex</u>	<u>430 South 75 West, Cedar City, Utah</u> Four, one-level units with two-bedrooms, living room & kitchen in each.

Laundry Facilities: **Southgate I, Southgate II, and Northfield Village** have ample coin-op laundry facilities. **Northfield Village** units also have washer & dryer hookups.

Kitchens: Kitchens have frost-free refrigerator, electric range, garbage disposal & dishwasher.

Cable TV: **Southgate I, Southgate II, and Northfield Village** each have the necessary wiring for cable TV service. It is the tenant's responsibility to arrange and pay for cable service.

Heat: Each unit has a gas-fired direct-vent wall furnace.

Utilities: Except for water, sewer, & garbage collection, all utilities are the responsibility of the tenant. All units are separately metered. **Each prospective tenant will need to present proof of utility hook-ups (Rocky Mountain Power & Questar Gas) to the main office before the keys will be given to the new tenant.**

Income Verification: **Employment verification forms need to be completed by your employer if you are employed, or if you are unemployed, unemployment forms are at the office. These need to be turned in at the time of application to be put on our waiting list.** Employment verification is renewed on a yearly basis.

Roommates: **Only tenants who sign a lease agreement with landlords may reside in apartment.** Guest shall not stay for more than three days.

No Smoking Rule: **Smoking of any kind or controlled substances by tenants or their guests is strictly prohibited at all times on the premises. If you smoke you must do so in your car or on the sidewalk.**

Security Deposits: At time occupancy begins, tenant shall pay -- along with the first month's rent -- a **security deposit** equal to one month's rent. This deposit shall be held until tenant elects to end tenancy and thereafter shows compliance with vacating provisions of the lease. This means that all rent due has been paid and the unit is left clean and orderly upon tenant vacating. There will be an automatic deduction that covers basic wear & tear and to shampoo the carpet upon vacancy. The carpets need to be left in a condition ready to shampoo (no dirt or litter).

Rental Subsidies: As indicated above, a number of the units rent for rates lower than similar units in the same complex. To qualify for rental subsidies, a tenant must provide information concerning anticipated income levels and sources for the coming 12-month period by completing an Income Eligibility form (a copy of which is included in this information packet). Upon meeting HUD-specified income criteria, the applicant becomes eligible for a "rent subsidized unit." (**For example, the 2017 income limit for a two-person household is \$30,780.00**) The number of available "rent subsidized units" is limited. Eligibility for a "rent subsidized unit" is not a guarantee of availability of a "rent subsidized unit."

Lease Terms: Tenants are required to enter into a **6-month minimum lease**. At the end of the 6 month period, the lease automatically goes **month-to-month**. Subleasing is permitted subject to pre-qualification & approval of the management. **Each new tenant will need to return a properly signed lease before the keys to the apartment will be given to the lessee.**

Renters Insurance: Tenants are responsible for insurance coverage for their own personal belongings.

Rent Amounts:

Southgate I Associates

Status	One Bedroom
Subsidy	\$ 425
Non-Subsidy	\$ 475

Northfield Village - Gas & dryer hook up

Status	Two Bedroom
Subsidy	\$ 500
Non-Subsidy	\$ 550

Southgate II Associates

Status	One Bedroom	Two Bedroom	Three Bedroom
Subsidy	\$ 425	\$ 475	\$ 525
Non-Subsidy	\$ 475	\$ 525	\$ 600

Northfield Suites

Status	Studio
Non-Subsidy	\$ 350

Maple

Status	Two Bedroom
Non-Subsidy	\$ 450

75 West Fourplex

Location	Two Bedroom
Upstairs	\$ 500
Basement Unit	\$ 450

(RENT AMOUNTS ARE SUBJECT TO CHANGE)

APARTMENT APPLICATION FORM

BEFORE YOUR APPLICATION WILL BE CONSIDERED, WE WILL NEED A COPY OF YOUR DRIVER'S LICENSE, STATE ISSUED ID, OR A PASSPORT, AND A COPY OF YOUR SOCIAL SECURITY CARD.

Applicant _____ **SS#** _____ - _____ - _____ **Birth Date** ____/____/____
Last Name Name Middle Name

Additional Tenant _____ **SS#** _____ - _____ - _____ **Birth Date** ____/____/____
Last Name Name Middle Name

Current Address of Applicant _____

Current Phone Number(s): (____) _____ **Work** (____) _____

Email: _____

Relative/Friend to Notify In Case of Emergency

Name _____

Address _____

Phone Number (____) _____ **Work** (____) _____

Relationship _____

Marital Status (Check One)

Married: Marriage Date _____
 Single parent with children

Family with children
 Single

Children and Ages (Under 18 years)

Name(s) _____ Age _____

Name(s) _____ Age _____

Name(s) _____ Age _____

Desired Date of Occupancy ____/____/____

Are You Applying for a Rent Subsidized Unit? Yes No

Unit Location: CHECK ALL UNITS FOR WHICH YOU WOULD LIKE TO BE CONSIDERED.

Southgate I: One Bedroom Only
 Upstairs Unit Lower Level Unit

Southgate II: One Bedroom Two Bedroom Three Bedroom
 Upper Unit Middle Level Lower Level

North Field Village: Two Bedroom Only

North Field Suites: Studio Handicapped

Maple: Two Bedroom

75 West Fourplex: Two Bedroom Only

APARTMENT APPLICATION FORM

Do you smoke? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Have you ever filed for bankruptcy? Yes No If yes, when ____/____/____

List any special consideration such as disability, special physical requirements, etc.:

How did you hear about our apartments? _____

Current Landlord _____ Phone # (____) _____ Time There: _____

Address (Street, City, State, Zip) _____

Previous Landlord _____ Phone # (____) _____ Time There: _____

Address (Street, City, State, Zip) _____

Reason for moving: _____

Have you ever been evicted or asked to move? Yes No

Applicant drivers license number: _____ State: _____

Automobile make: _____ Model _____ Yr. _____ License Plate No _____

Personal References:

Name: _____ Phone (____) _____

Name: _____ Phone (____) _____

Tenant: Most Recent Employer

_____ Phone (____) _____ Time There: _____

Additional Tenant: Most Recent Employer

_____ Phone (____) _____ Time There: _____

Income Tax Filing Status: Single **If Married:** Joint Separate

Is applicant a student? Yes No **Graduation date:** ____/____/____

Is additional applicant a student? Yes No **Graduation date:** ____/____/____

Do you expect any additions to the household within the next twelve months? Yes No

I (the applicant) certify **under penalties of perjury** that the contents of this application packet are true and accurate. All information provided above is correct and I authorize verification thereof by credit report or otherwise.

Applicant Signature

_____/_____/_____
Date

Additional Applicant Signature

_____/_____/_____
Date

APPENDIX A: RESIDENT RULES

THE VIOLATION OF ANY OF THE FOLLOWING RULES MAY RESULT IN THE TERMINATION OF YOUR LEASE. DISCRETION WILL BE LEFT UP TO THE PROPERTY MANAGEMENT.

PLEASE READ CAREFULLY

1. **No smoking of any kind allowed on the property.** Do not smoke outside of the units, in the laundry facilities, on the stairways or the lawns, etc. If the Landlord or Manager at any time observes or smells smoke in or about your unit, you will be asked to vacate, and you will forfeit your security deposit. Do not burn incense at any time.
2. **No pets allowed.** This includes dogs, cats and domestic pets, birds in cages, and fish in aquariums. You will forfeit all of your security deposit if this rule is violated.
3. **Parking shall be in designated spaces only.** Tenants with more than one vehicle must park along the street.
4. **Rent is due on or before the first day of each month.** Checks & Money Orders are to be made payable as directed by the management. In the event that rent is paid after the first day of any month or a bad check is received, a flat late fee of \$35.00 will apply. You are instructed to deposit your rent in the rent box on the complex premises. Leaving cash in the rent box is done at your own risk. You may also bring your rent to the management office at 216 South 200 West.
5. **No business ventures such as baby-sitting services, etc. shall be allowed on the property.**
6. **The storing of hazardous or dangerous materials such as gasoline or other flammable material is expressly prohibited.**
7. **The unlawful possession of firearms is prohibited.**
8. **Criminal conduct is expressly prohibited, including disorderly conduct on the property.**
9. **Excessive noise from stereos, musical instruments, tenants or their guests and other items outside of normal daylight hours will not be tolerated.** Recurrent complaints from neighbors could lead to the forfeiture of your lease and eviction from your apartment.
10. **Each tenant will be issued 1 to 5 keys at initial occupancy:** In the event that one of these keys is lost, another may be purchased for \$10.00 from Management. In addition, in the event that all the keys are not returned at the time of vacating the apartment, \$10.00 for each key will be withheld from the Security Deposit. If the manager is not available, the tenant, at his/her own expense, will get a locksmith to open the lock instead of breaking the lock or door.
11. **No waterbeds allowed.**
12. **Vehicles are not allowed on lawns or landscaping.** Do not wash cars on the lawns or in the parking lots. Do not repair car engines, change oil, etc. on the parking lots or streets. Management is not responsible for items that get wet when the sprinklers are running. Do not use any of the building's exterior water faucets.
13. **Portable washers & dryers are not allowed. This includes stackable washer/dryers in Northfield – it blocks the circuit Breaker panel.**
14. **Do not operate outside barbecue close to the building as it may melt the siding and create fire hazards.** The tenant will pay to have the siding repaired.
15. **If the Landlord or manager is not notified about needed repairs or cleaning in the apartment by the new tenant within 3 days after moving in, management will not refund money or give additional credit on your rent or security deposit return because you repaired or cleaned the unit yourself.**
16. **Each tenant that is occupying a rent subsidized unit will need to re-certify each tenant's employment at the end of each tenant's year.** The management will notify the tenant when this needs to be completed.
17. **Northfield Apartment tenants only: You are responsible to protect the fire extinguisher from harm and vandalism in your respective unit, if your unit still has one. New larger extinguishers have been placed on the outsides of buildings.**

18. **Do not store items or flammable materials at any time in the water heater closet. Do not store any items within two (2) feet of the water heater. Also, do not cover the vent in the water heater room.**
19. **Southgate I & II Apartment tenants should check with their manager concerning their swamp coolers. If the water has not been connected, serious damage can occur to the cooler. The cost of repair will be the responsibility of the tenant.**
20. **Only tenants who sign a lease agreement with landlord may reside in apartment.** Guest shall not stay for more than one night without prior approval from management.
21. **Use only 60-watt light bulbs in the light fixtures.** Higher wattage can cause damage to the fixture, and the tenant will be responsible for the repair cost.
22. **Do not use powder carpet cleaners or powder carpet deodorizers.** You will be charged extra for carpet cleaning when you vacate.
23. **It is suggested that you use "Jet Dry" or similar products in the dishwashers.** The dishwasher will then clean much better due to the hard water in this area.
24. **Do not put aluminum foil on stove drip pans or in oven.** The foil could result in an electrical short and can damage the oven/stove.
25. **Tenants are not allowed to paint, wallpaper, or put up borders in any room.** If you do we will charge you a minimum of \$100.00 per room.
26. **Do not pull smoke detectors from ceilings or walls – chirping means you need to change the 9-volt battery.** All hanging and missing smoke detectors can result in a \$10.00 to \$20.00 charge.
27. **Regular inspections will be done on all apartments. We expect the apartments to be clean and we need to have access To all closets, sinks, appliances smoke detectors and circuit breaker panels.**
28. **UPON VACATING YOUR UNIT, ANY CLEANING THAT WAS NOT COMPLETED BY THE TENANT WILL BE CLEANED BY A CLEANING SERVICE AT \$25.00 PER HOUR. THIS AMOUNT WILL BE DEDUCTED FROM YOUR SECURITY DEPOSIT.**
29. **DO NOT FLUSH, Q-TIPS, TAMPONS, PADS, DISPOSABLE DIAPERS DOWN TOILETS OR DRAINS.** If we have to snake your drains, it could result in a \$100.00 charge.
30. **DO NOT TURN OFF YOUR HEAT ANYTIME DURING THE WINTER ESP. WHEN YOU ARE OUT OF TOWN.** The pipes can freeze and cause major damage which will result in hefty charges for the damage repair.

NOTE: This list of rules may be amended or updated from time-to-time as contemplated in the Lease Agreement.

Tenant Signature

_____/_____/_____
Date

Additional Tenant Signature

_____/_____/_____
Date

You are responsible to have your power & gas connected when moving in and disconnected when you vacate. Below are phone numbers of various utilities.

ITEMS REQUIRED TO OCCUPY APARTMENTS

1. **Security Deposit in full. Once deposit is paid it's non-refundable if you decide not to move-in.**
2. **First month's rent or prorated rent as instructed by management office.**
3. **Proof of utility hookups: Rocky Mountain Power and Questar Gas.**
4. **If subsidized:**
 - a) **All documents as outlined in the Subsidy Requirement worksheet.**

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216 South 200 West, P O Box 1027, Cedar City, UT 84721-1027

Phone: (435) 586-1558 Fax: (435) 586-1510 E-Mail: Stephanie-Smith@leavitt.com

APARTMENT REPAIR/REPLACEMENT COST LIST

<u>Items</u>	<u>Replacement Cost</u>
1. Stains on the carpet	\$ 20.00 or more
2. Cut in vinyl floor covering.....	\$ 20.00 or more
3. Tear in vinyl floor covering	\$ 30.00
4. Melted vinyl siding	\$ 50.00
5. Fist size hole in the wall.....	\$ 25.00
6. Large nail or screw hole in the wall.....	\$ 1.00
7. More than 15 small nail holes (\$1.00) in wall within reason.....	\$ 1.00
8. Cuts in the counter top	\$ 10.00
9. Door replacement because of holes	\$ 100.00
10. Patch a small hole in the door (if it can be patched)	\$ 25.00
11. Patch a nail size hole in the door	\$ 2.00
12. Extra dirty carpet (\$ 25.00 per hour)	\$ 20.00
13. Repair small to medium size area of vinyl.....	\$ 25.00
14. Large oil spot that has caused damage on the asphalt	\$ 25.00
15. Replace window:	
SG I & SG II	\$ 100.00
NF side window	\$ 80.00
NF front window.....	\$ 100.00
All apartment screens.....	\$ 25.00
16. Removal of any vinyl letter from anywhere in your apartment..	\$ 10.00 per letter

17. Carpet cleaning & basic wear & tear prices. These prices are for normal wear. Carpets that are extra dirty or stained will be charged more.

Southgate I

- 1) Downstairs\$ 175.00
- 2) Upstairs.....\$ 175.00

Northfield

- 2 Bedroom unit\$225.00

Southgate II

- 1) 1 Bedroom\$ 175.00
- 2) 2 Bedroom\$ 185.00
- 3) 3 Bedroom\$ 200.00

Northfield Suites

- Studio\$135.00

18. Glass light fixtures

- Square\$ 15.00
- Round.....\$ 10.00

19. Light Bulbs:

- 60 W light bulb\$ 3.00
- Bathroom heat lamp...\$ 15.00

- 20. Electrical outlets, covers, etc.
 - Cover.....\$ 5.00
 - Outlet.....\$ 5.00
 - Switches\$ 5.00
- 21. Replace door jambs.....\$ 50.00 (minimum)
- 22. Door knobs.....\$ 100.00
- 23. Replace carpet per room\$ 22.61 (yard)
- 24. Replace kitchen vinyl.....\$ 17.95 (yard)
- 25. Replace bathroom vinyl\$ 17.95 yard)
- 26. Replace kitchen counter\$ Cost of replacement (\$600.00 minimum)
- 27. Replace bathroom sink.....\$ 65.00
- 28. Replace bathroom counter\$ Cost of replacement (\$250.00 minimum)
- 29. Replace blinds.....\$ 50.00
- 30. CO² detector.....\$ 25.00
- 31. Smoke detector.....\$ 15.00
- 32. Microwave oven.....\$ 100.00
- 33. Repaint any room.....\$ 150.00 (minimum)
- 34. Shower Rod – any size.....\$ 25.00

The undersigned (tenants) have read this list of costs of repairs and understand that these amounts may be withheld from their security deposit. Prices are subject to change at any time. If damage and repair costs exceed the amount of the security deposit, the undersigned will pay to the Landlord the excess amount upon demand.

Tenant Signature

_____/_____/_____
Date

Additional Tenant Signature

_____/_____/_____
Date

REQUIRED DOCUMENTATION

Should an apartment become available for you, The Utah Housing Finance Agency requires us to obtain the following documentation from you. **Please turn in the documentation, which applies, to you with your application.** If you have questions concerning what you need, feel free to contact us.

IDENTIFICATION

1. Before your application will even be considered, we need copies of driver's licenses or other official forms of identification for every applicant over 18 years old and copies of social security cards for **everyone** that will be living in the apartment, this includes children.

EMPLOYMENT

1. **If you are employed:**

A) Employment verification is required for each employed applicant. These forms are included with the application.

2. **If you are Non-Employed:**

A) An affidavit is required for each unemployed applicant. The affidavit needs to be witnessed by a Notary Public.

FEDERAL TAX (1040, or 1040A, or 1040EZ FORMS)

A) A copy of your latest **Federal tax return** is required as documentation.

B) This affidavit can be obtained and filled out at the office.

3. **If you are self employed:**

A) An affidavit is required for each self employed tenant.

B) Federal tax returns for the 3 previous years are required regardless of the start-up date of your business.

C) This affidavit can be obtained and filled out at the office.

MARITAL STATUS

1. **If Married:**

A) A copy of your marriage certificate.

2. **If Divorced:**

A) A copy of your divorce decree. The decree should contain information concerning alimony & child support.

B) A child support affidavit.

This affidavit can be obtained and filled out at the office.

3. **If Un-Wed Single Parent:**

A) A copy of your latest tax returns.

B) A non-dependent affidavit. This form can be obtained and fill out at the office.

DEPENDENT INFORMATION

1. **Number of Dependents?**(children) _____

2. **A birth certificate** for each dependent under the age of 18.

GRANT & SCHOLARSHIP INFORMATION

1. Verification of received awards, grants, or scholarships.

A tuition receipt is required or all proceeds will be deemed income.

ANNUAL TENANT INCOME CERTIFICATION

1. This form is completed upon occupancy.

OFFICE USE ONLY

- Applicant
- Additional #1
- Additional #2

- Applicant
- Additional #1
- Additional #2

- Applicant
- Additional #1
- Additional #2

- Marriage Certificate

- Divorce Decree

- Child Support

- Tax Return
- Non-Dependent

- Dependent #1
- Dependent #2
- Dependent #3

- Applicant
- Additional #1
- Additional #2

UTAH HOUSING FINANCE AGENCY
INCOME ELIGIBILITY FORM

NAME OF TENANTS

CURRENT ADDRESS

Anticipated Gross Income for the **NEXT 12 MONTHS** determined as of: _____/_____/_____

Please indicate the anticipated income for the next 12 months the **name of the income source (employer, parent, investment, trust fund, etc.)** for each category below. In calculating Anticipated Income, the determination must be made at the time of application.

Type of Income	Tenant	Additional Tenant	Source of Income
Wages, Salaries, Tips, Etc.	\$	\$	
Overtime	\$	\$	
Shift Differential, Bonuses	\$	\$	
Scholarships & Grants	\$	\$	
Allowances for Automobiles, Housing, Uniforms, ETC.	\$	\$	
Child Support	\$	\$	
Alimony	\$	\$	
Pension Income	\$	\$	
Social Security	\$	\$	
Supplemental Security Income (SSI)	\$	\$	
Disability or Death Benefits	\$	\$	
Unemployment Compensation	\$	\$	
Temporary Assistance for Needy Families	\$	\$	
General Assistance or Relief	\$	\$	
Food Stamps	\$	\$	
Child Care	\$	\$	
Military Base Pay:	\$	\$	
Military Proficiency Pay:	\$	\$	
Military Subsistence Allowance:	\$	\$	
Military Other Pay:	\$	\$	
Veteran's Benefit, Retirement Pay or Annuity	\$	\$	
Severance Pay	\$	\$	
Regular gifts or payments	\$	\$	
Total Income of the Tenants	\$	\$	
Total Household Income	\$		

Continued

NET FAMILY ASSETS VERIFICATION

List the value of all capital investments, checking and savings balances, stocks, bonds, property, etc. (*Excluding automobiles and furniture*) owned by household members. Also state the expected annual income from each (Interest, dividends, etc.).

<u>Account Type</u>	<u>Name</u>	<u>Current Balance</u>	<u>Income</u>	<u>Interest Rate/ Dividends</u>
Checking Account		\$	\$	%
Checking Account		\$	\$	%
Savings Account		\$	\$	%
Savings Account		\$	\$	%
CDs/Money Markets/Mutual Funds		\$	\$	%
IRAs, Keogh or Pension Funds		\$	\$	%
Trust Funds		\$	\$	%
Stocks		\$	\$	%
Bonds		\$	\$	%
Securities		\$	\$	%
Real Estate Holding		\$	\$	%
Personal Property (<i>Held as an Investment</i>)		\$	\$	%
Life Insurance		\$	\$	%
Pension, Annuity, Retirement Account		\$	\$	%
Other		\$	\$	%
Total Amount		\$	\$	

All Net Family Assets over \$5000.00 – tenant must submit documentation

Tenant certifies under penalties of perjury that amounts represented herein are true and accurate statements of the Tenant's anticipated income for the next 12 months.

Tenant Signature

_____/_____/_____
Date

Additional Tenant Signature

_____/_____/_____
Date

Employment Verification

Employer's Name: _____ Phone #: (____) _____

Employer's Mailing Address: _____ Fax #: (____) _____

Employee: _____

The recipient named above has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Housing Credit Program. Please complete this form in full and return it to the MANAGEMENT COMPANY at your earliest convenience.

Signature: _____ Social Security #: _____

If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position or Title: _____ Date of Hire: _____

Compensation Information

	<u>YES</u>	<u>NO</u>
1. Hourly Wages \$ _____		
2. # of Hours/Week _____	ρ	ρ
3. # of Weeks/Year (Including paid vacations) _____		
		If NO, please explain _____

Overtime Information

4. Hourly Overtime Wages \$ _____	ρ	ρ
5. # of Overtime Hours/Week _____		# of Weeks of OT/Year _____

Raise Information

6. Next Raise (Please state hourly increase) \$ _____		Comments: _____
7. Date of Next Raise _____		_____

Additional Compensation Information

8. Tips/Week \$ _____		Comments: _____
9. Bonuses, Commissions or Other Types \$ _____		_____

Signature of Source: _____ Title: _____

Date Completed Form: _____ Phone #: _____

Office Use Only:

Date Received: _____ Calculations: _____

Employment Verification

Employer's Name: _____ Phone #: (____) _____

Employer's Mailing Address: _____ Fax #: (____) _____

Employee: _____

The recipient named above has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

Your assistance in completing this form accurately and timely is greatly appreciated!

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Housing Credit Program. Please complete this form in full and return it to the MANAGEMENT COMPANY at your earliest convenience.

Signature: _____ **Social Security #:** _____

If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position or Title: _____ **Date of Hire:** _____

Compensation Information

		<u>YES</u>	<u>NO</u>
1. Hourly Wages \$ _____			
2. # of Hours/Week _____	Has employment been continuous?	ρ	ρ
3. # of Weeks/Year (Including paid vacations) _____	If NO, please explain _____		

Overtime Information

4. Hourly Overtime Wages \$ _____	Is overtime seasonal?	ρ	ρ
5. # of Overtime Hours/Week _____	# of Weeks of OT/Year _____		

Raise Information

6. Next Raise (Please state hourly increase) \$ _____	Comments: _____
7. Date of Next Raise _____	_____

Additional Compensation Information

8. Tips/Week \$ _____	Comments: _____
9. Bonuses, Commissions or Other Types \$ _____	_____

Signature of Source: _____ **Title:** _____

Date Completed Form: _____ **Phone #:** _____

Office Use Only:

Date Received: _____ **Calculations:** _____

UNEMPLOYED APPLICANT'S AFFIDAVIT

Before me this _____ day of _____, 2017, personally appeared _____ who, being duly sworn deposes and says:

1. I have made application to rent an apartment in _____.

2. Check (a) or (b) as applicable:

___ (a) I am not presently employed but anticipate becoming employed with the next twelve months.

___ (b) I am not presently employed and do not anticipate becoming employed with in the next twelve months.

3. Based on my past work experience , skills, and income history as reflected in my income tax return for the must recent tax year (copy attached), and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$_____ per year when I become employed.

Signature of Applicant

STATE OF UTAH

COUNTY OF _____

Before me, personally appeared _____ who acknowledged to me that he/she/they executed the foregoing instruments this _____ day of _____, 2017.

Notary Public

UNEMPLOYED APPLICANT'S AFFIDAVIT

Before me this _____ day of _____, 2017, personally appeared _____ who, being duly sworn deposes and says:

1. I have made application to rent an apartment in _____.

2. Check (a) or (b) as applicable:

___ (a) I am not presently employed but anticipate becoming employed with the next twelve months.

___ (b) I am not presently employed and do not anticipate becoming employed with in the next twelve months.

3. Based on my past work experience , skills, and income history as reflected in my income tax return for the must recent tax year (copy attached), and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$_____ per year when I become employed.

Signature of Applicant

STATE OF UTAH

COUNTY OF _____

Before me, personally appeared _____ who acknowledged to me that he/she/they executed the foregoing instruments this _____ day of _____, 2017.

Notary Public

ANNUAL STUDENT CERTIFICATION

Effective Date: _____

Move-in Date: _____
(MM/DD/YYYY)

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

Head of Household Name: _____ Unit Number: _____
 _____ BIN Number: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). **Verification of part time student status is required for at least one occupant.**
- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-4, below must be completed:

- 1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or most recent tax return) YES NO
- 2. Is at least one student a single-parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and if applicable, divorce/custody decree or other parent's most recent tax return) YES NO
- 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), Aid to Families with Dependent Children (AFDC)? (provide written verification/printout from source) YES NO
- 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) YES NO
- 5. Does the household consist of at least one student who was previously under foster care within 5 years of the effective date of the initial income certification? (provide verification of participation) YES NO

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

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.

Signature (Date) Signature (Date)

Signature (Date) Signature (Date)

