

Leavitt Land & Investment, Inc.

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

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

The Cottages at Shakespeare Lane

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.

- Accommodations:**
- | | |
|---|--|
| <u>Luxury Suites</u>
\$1300.00/Month | <u>190 W Shakespeare Lane, Cedar City, Utah</u>
All Front-North Units. One Bedroom, One Bathroom, Balcony, 2 Entrances, Furnished with Plush King Size Built in Bed, Night Stand, Kitchen Table w/2 chairs, TV & Living Room Furniture. |
| <u>Standard Suites</u>
\$1000.00/Month | <u>190 W Shakespeare Lane, Cedar City, Utah</u>
All Back-South Units. One Bedroom, One Bathroom, Furnished with King Size Bed, Night Stand, Kitchen Table w/2 chairs & Living Room Furniture. |
- Laundry Facilities:** Complimentary Laundry Facilities are available in each building.
- Kitchens:** Kitchens have frost-free refrigerator, electric range, garbage disposal & dishwasher.
- Antenna TV:** Free Antenna TV included in rental price.
- Heat/A/C:** Each unit has natural gas heat and central air conditioning.
- Utilities:** All Utilities are included in rental price. (Gas, Power, Water, Sewer, Trash, Internet & Antenna TV)
- Income Verification:** **Employment verification forms need to be completed by your employer if you are employed, if not employed you will need to provide proof of any income. These need to be turned in at the time of application to be put on our waiting list.**
- Roommates:** **Only tenants who sign a lease agreement with landlords may reside in apartment.** No overnight guests are allowed without prior approval.
- No Pet Rule:** **No pets allowed.** This includes any & all pets; dogs, cats, domestic pets, birds in cages, and fish in aquariums etc. You will forfeit all of your security deposit and be asked to vacate if this rule is violated.
- No Smoking Rule:** **Smoking of any kind or controlled substances by tenants or their guests is strictly prohibited at all times on the premises. This also includes Vaping & Hookah.**
- 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 liter).
- Lease Terms:** Most contracts are month to month. If you want to lock into a guaranteed rental price you will need to sign a lease with extended dates. **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.**

THE COTTAGES AT SHAKESPEARE LANE 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

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

Current Address of Applicant _____

Applicant Phone Number: (____) _____ Work (____) _____

Co Applicant Phone Number: (____) _____ Work (____) _____

Email: _____

Relative/Friend to Notify In Case of Emergency

Name _____

Address _____

Phone Number (____) _____ Work (____) _____

Relationship _____

Marital Status (Check One) Married Single

Desired Date of Occupancy ____/____/____

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

Luxury Suite:

Standard Suite:

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 driver's license number: _____ **State:** _____

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

Co Applicant driver's license number: _____ **State:** _____

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

Personal References:

Name: _____ **Phone** (_____) _____

Name: _____ **Phone** (_____) _____

Tenant: Most Recent Employer

_____ **Phone** (_____) _____ **Time There:** _____

Co Tenant: Most Recent Employer

_____ **Phone** (_____) _____ **Time There:** _____

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

Is co-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

Co 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. **This also includes Vaping & Hookah.**
2. **No pets allowed.** This includes any and all pets; dogs, cats and domestic pets, birds in cages, and fish in aquariums. You will forfeit all of your security deposit and be asked to vacate 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 to Leavitt Land & Investment, Inc. 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 can pay your rent on-line with your credit or debit card or you may also bring your rent to the management office at 216 South 200 West.
5. **No work from home business ventures 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 3 keys at initial occupancy:** In the event that one of these keys is lost, another may be purchased for \$75.00 from Management. In addition, in the event that all the keys are not returned at the time of vacating the apartment, \$75.00 for each key will be withheld from the Security Deposit.
11. **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.
12. **Outside barbecuing is not allowed as it may melt the siding and create fire hazards.**
13. **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.**
14. **Only tenants who sign a lease agreement with landlord may reside in apartment.** No overnight guests are allowed without prior approval.
15. **Do not use powder carpet cleaners or powder carpet deodorizers.** You will be charged extra for carpet cleaning when you vacate.

16. **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.**
17. **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 wall.**
18. **Do not pull smoke detectors from ceilings or walls – chirping means you need to change the battery. All hanging and missing smoke detectors can result in a \$10.00 to \$20.00 charge.**
19. **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.**
20. **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.**
21. **DO NOT FLUSH, Q-TIPS, TAMPONS, PADS, DISPOSABLE DIAPERS, FLUSHABLE WIPES, ETC., DOWN TOILETS OR DRAINS. If we have to snake your drains, it could result in a \$100.00 charge.**
22. **DO NOT TURN OFF YOUR HEAT ANYTIME DURING THE WINTER ESP. The pipes can freeze and cause major damage which will result in hefty charges for the damage repair.**
23. **DO NOT REMOVE ANY OF THE FURNITURE FROM THE APARTMENT. All furniture MUST remain inside the apartment at all times.**

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

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.**

Leavitt Land & Investment, Inc.

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Phone: (435) 586-1558

THE COTTAGES AT SHAKESPEARE LANE APARTMENT REPAIR/REPLACEMENT COST LIST

<u>Items</u>	<u>Replacement Cost</u>
1. Stains on the carpet	\$ 25.00 or more
2. Cut or Tear in vinyl floor covering	\$ 75.00 or more
3. Repair small size area of vinyl.....	\$ 100.00 or more
4. Melted vinyl siding	\$ 100.00 (minimum)
5. Fist size hole in the wall.....	\$ 75.00
6. Large nail or screw hole in the wall.....	\$ 10.00 (each hole)
7. Cuts in the counter top	\$ 50.00
8. Door replacement because of holes	\$ 125.00
9. Patch a small hole in the door (if it can be patched).....	\$ 50.00
10. Patch a nail size hole in the door	\$ 25.00
11. Extra dirty carpet (\$ 25.00 per hour)	\$ 25.00
12. Large oil spot that has caused damage on the asphalt	\$ 50.00
13. Replace window:	\$ 200.00
14. All apartment screens.....	\$ 50.00
15. Carpet cleaning prices. These prices are for normal wear. Carpets that are extra dirty or stained will be charged more.	\$ 100.00
16. Glass light fixtures.....	\$ 25.00
17. Light Bulbs:	
40 W light bulb	\$ 10.00
LED.....	\$ 20.00
18. Electrical outlets, covers, switches etc.....	\$ 5.00
19. Replace door jambs.....	\$ 50.00 (minimum)
20. Electronic Key Pads for Doors.....	\$ 250.00
21. Replace lost, stolen or damages Key.....	\$ 75.00
22. Replace carpet per room.....	\$ 35.00 (yard)
23. Replace vinyl.....	\$ 4.00 (Sq. Ft.)
24. Replace tile.....	\$ 5.00 (Sq. Ft)
24. Replace kitchen counter	\$ Cost of replacement (\$600.00 minimum)
25. Replace bathroom sink.....	\$ 100.00
26. Replace bathroom counter	\$ Cost of replacement (\$250.00 minimum)
27. Replace blinds (per window)	\$ 125.00
28. CO ² detector.....	\$ 25.00
29. Smoke detector.....	\$ 15.00
30. Microwave oven.....	\$ 250.00
31. Repaint any room.....	\$ 200.00 (minimum)
32. Bed frames.....	\$ 125.00
33. Box Springs.....	\$ 150.00

33. Mattresses.....	\$ 600.00
34. Oversized Chair.....	\$ 650.00
35. Couch/Love Seat.....	\$ 750.00
36. Coffee Table.....	\$ 300.00
37. Night Stands.....	\$ 175.00
38. Entertainment Center.....	\$ 375.00
39. Kitchen Table.....	\$ 300.00
40. Kitchen Table Chairs (each).....	\$ 100.00
41. Bathroom Mirrors.....	\$ 75.00
42. Shower Doors.....	\$ 200.00
42. Lamp.....	\$ 100.00

The undersigned (tenant) 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. Not everything is listed above, and tenant(s) are liable for any and all damages. 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

Co-Tenant Signature

_____/_____/_____
Date

EMPLOYMENT VERIFICATION

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of the federal Housing Tax Credit Program. Federal regulations (IRS Code Section 42) require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Project Owner/Management Agent



RETURN THIS FORM TO:

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title _____

Presently Employed: Yes _____ Date Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ thru ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment compensation? _____ Yes _____ No If yes, how long? _____ How much? _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.