



Housing Authority of Salt Lake City

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Appl. Number: \_\_\_\_\_

**Rental Application**

**PART I: HOUSEHOLD COMPOSITION**

HH Mbr#	First Name	Last Name	Date of Birth	Relationship to Head of Household	Were you, Are you or will you be a student 5 months or more out of the year?	Social Security or official ID# for each ADULT household member
1				Head/Self	Y / N	
2					Y / N	
3					Y / N	
4					Y / N	
5					Y / N	
6					Y / N	
7					Y / N	
8					Y / N	

Do you anticipate a change in the household in the next 12 months? YES NO Do you smoke? Yes No  
If Yes, please explain: \_\_\_\_\_

**PART II: STUDENT STATUS**

Are ALL occupants of the household full time students? Yes No (Circle one)  
If Yes, to the above, answer the following:  
Is the household comprised of a single parent and with school age child(ren), neither of whom are dependents of a third party? Yes No (Circle one)  
Are Applicant & Co-Applicant married and do they file a joint income tax return? Yes No (Circle one)  
Does the household receive TANF/AFDC? Yes No (Circle one)  
Are any of the students, participants in the Job Training Partnership Act? Yes No (Circle one)  
Have any students been in Foster care in the last 5 years?( If yes whom: \_\_\_\_\_ Yes No (Circle one)

**PART III: RENTAL HISTORY (Previous 2 Years for each applicant)**

Head of Household:						
Current Address	City	State	Zip	How Long?	( ) Own	Monthly Payment
				from to current	( ) Rent	\$
Name of Present Landlord/Mortgage Co.	City	State	Zip		Phone:	
					( )	
Previous Address	City	State	Zip	How Long?	( ) Own	Monthly Payment
				from to	( ) Rent	\$
Name of Present Landlord/Mortgage Co.	City	State	Zip		Phone:	
					( )	
Co-Applicant:						
Current Address	City	State	Zip	How Long?	( ) Own	Monthly Payment
				from to current	( ) Rent	\$
Name of Present Landlord/Mortgage Co.	City	State	Zip		Phone:	
					( )	
Previous Address	City	State	Zip	How Long?	( ) Own	Monthly Payment
				from to	( ) Rent	\$
Name of Present Landlord/Mortgage Co.	City	State	Zip		Phone:	
					( )	

**PART IV: IMPORTANT INFORMATION**

Head of Household Phone#: ( )	Head of Household Cell Phone#: ( )	Cell Carrier/provider	Head of Household E-mail Address:
Co-Head Phone#: ( )	Co-Head Cell Phone#: ( )	Cell Carrier/provider	Co-Head Email Address:
AUTO #1 (Year, Make, Model, Color)		License Plate	State
AUTO #2 (Year, Make, Model, Color)		License Plate	State
Name of APPLICANT'S nearest Relative		Home Phone ( )	Cell Phone ( ) Relationship
Emergency Contact		Home Phone ( )	Cell Phone ( ) Relationship

**PART V: SECTION 8**

Do you receive Section 8 assistance? YES NO If YES, please complete the rest of this section  
Name of Caseworker Telephone number of Caseworker Office: Voucher Amount \$

**PART VI - RECURRING INCOME - (PREVIOUS if worked in the last 3 months) (Head of Household)**

Head of Household's Name:

<b>(Circle all applicable)</b>		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed
<b>Current Employer</b>		Position		How Long?	From:	To: Current
Current Wages	(Circle one)	Average Hours Worked Per Week		Do you earn tips?		Supervisor Name
\$	per Hour / Week / Month			YES NO		
Telephone Number	Fax Number	Address		If Yes, Please list amount		Do you have more than one job?
				\$ /per week		YES NO
<b>2nd Job</b>		Position		How Long?	From:	To: Current
Current Wages	(Circle one)	Average Hours Worked Per Week		Do you earn tips?		Supervisor Name
\$	per Hour / Week / Month			YES NO		
Telephone Number	Fax Number	Address		If Yes, Please list amount		
				\$ /per week		
<b>Previous Employer</b>		Position		How Long?	From:	To:
Ending Wage	(Circle one)	Average Hours Worked Per Week		Did you earn tips?		Supervisor Name
\$	per Hour / Week / Month			YES NO		
Telephone Number	Fax Number	Address		If Yes, Please list amount		
				\$ /per week		

<p><b>OTHER INCOME:</b></p> <p><i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i></p>				
	Alimony / Child Support	YES	NO	\$ _____
	AFDC / TANF	YES	NO	\$ _____
	Social Security / Disability	YES	NO	\$ _____
	Retirement / Pension / Annuities	YES	NO	\$ _____
	Unemployment	YES	NO	\$ _____
	Worker's Compensation	YES	NO	\$ _____
	Recurring Gifts from Family	YES	NO	\$ _____
	Grants & Scholarships	YES	NO	\$ _____
	Military Pay	YES	NO	\$ _____
	Rental Income	YES	NO	\$ _____
	Adoption Assistance	YES	NO	\$ _____
Other Recurring Monies: _____	YES	NO	\$ _____	

**RECURRING INCOME - (PREVIOUS if worked in the last 3 months) (2nd Applicant)**

2nd Applicant's Name:

<b>(Circle all applicable)</b>		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed
<b>Current Employer</b>		Position		How Long?	From:	To: Current
Current Wages	(Circle one)	Average Hours Worked Per Week		Do you earn tips?		Supervisor Name
\$	per Hour / Week / Month			YES NO		
Telephone Number	Fax Number	Address		If Yes, Please list amount		Do you have more than one job?
				\$ /per week		YES NO
<b>2nd Job</b>		Position		How Long?	From:	To: Current
Current Wages	(Circle one)	Average Hours Worked Per Week		Do you earn tips?		Supervisor Name
\$	per Hour / Week / Month			YES NO		
Telephone Number	Fax Number	Address		If Yes, Please list amount		
				\$ /per week		
<b>Previous Employer</b>		Position		How Long?	From:	To:
Ending Wage	(Circle one)	Average Hours Worked Per Week		Did you earn tips?		Supervisor Name
\$	per Hour / Week / Month			YES NO		
Telephone Number	Fax Number	Address		If Yes, Please list amount		
				\$ /per week		

<p><b>OTHER INCOME:</b></p> <p><i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i></p>				
	Alimony / Child Support	YES	NO	\$ _____
	AFDC / TANF	YES	NO	\$ _____
	Social Security / Disability	YES	NO	\$ _____
	Retirement / Pension / Annuities	YES	NO	\$ _____
	Unemployment	YES	NO	\$ _____
	Worker's Compensation	YES	NO	\$ _____
	Recurring Gifts from Family	YES	NO	\$ _____
	Grants & Scholarships	YES	NO	\$ _____
	Military Pay	YES	NO	\$ _____
	Rental Income	YES	NO	\$ _____
	Adoption Assistance	YES	NO	\$ _____
Other Recurring Monies: _____	YES	NO	\$ _____	

**PART VII - 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.

<b>Applicant Name:</b> _____			
	Value	Annual Interest Earnings	Bank/Institution
Checking Account (6 month avg)	YES NO \$ _____	\$ _____	_____
Savings Account	YES NO \$ _____	\$ _____	_____
Pre-Paid Debit Card	YES NO \$ _____	\$ _____	_____
Money Market, CD's and Other	YES NO \$ _____	\$ _____	_____
Stocks / Bonds	YES NO \$ _____	\$ _____	_____
IRA'S, 401(K), Keogh	YES NO \$ _____	\$ _____	_____
Cash on Hand	YES NO \$ _____	\$ _____	_____
Real Estate	YES NO \$ _____	\$ _____	_____
Boat, Trailer and Rec Vehicles	YES NO \$ _____	\$ _____	_____
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO \$ _____	\$ _____	_____
Other Assets _____	YES NO \$ _____	\$ _____	_____
<b>Total: \$</b>		<b>\$</b>	
<b>Co-Applicant Name:</b> _____			
	Value	Annual Interest Earnings	Bank/Institution
Checking Account (6 month avg)	YES NO \$ _____	\$ _____	_____
Savings Account	YES NO \$ _____	\$ _____	_____
Pre-Paid Debit Card	YES NO \$ _____	\$ _____	_____
Money Market, CD's and Other	YES NO \$ _____	\$ _____	_____
Stocks / Bonds	YES NO \$ _____	\$ _____	_____
IRA'S, 401(K), Keogh	YES NO \$ _____	\$ _____	_____
Cash on Hand	YES NO \$ _____	\$ _____	_____
Real Estate	YES NO \$ _____	\$ _____	_____
Boat, Trailer and Rec Vehicles	YES NO \$ _____	\$ _____	_____
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO \$ _____	\$ _____	_____
Other Assets _____	YES NO \$ _____	\$ _____	_____
<b>Total: \$</b>		<b>\$</b>	
<b>Has any member of the household sold any real estate in the last 24 months?</b>			Yes    No
<b>Has any member of the household disposed of an asset for less than fair market value in the past 24 months?</b>			Yes    No
<b>If YES, please list:</b> _____			

**PART VIII CERTIFICATION**

Have you or any other person planning to reside in our community, ever been arrested, accused, charged, indicted or convicted of any felony or misdemeanor, or any other criminal offense? Yes No (Circle one)

*If Yes, Please Explain:* \_\_\_\_\_

Has an eviction action ever been filed against you? Yes No (Circle one)

*If Yes, Please Explain:* \_\_\_\_\_

Do you currently have outstanding judgements against you or anyone in the household? Yes No (Circle one)

*If Yes, Please Explain:* \_\_\_\_\_

Do you have any other names or aliases you have gone by? Yes No (Circle one)

*If Yes, Please Explain:* \_\_\_\_\_

Do you owe any other Management group money? Yes No (Circle one)

*If Yes, Please Explain:* \_\_\_\_\_

Do you have any pet(s)? Yes No (Circle one)

*If Yes, Please Explain:* \_\_\_\_\_

Will this be your only place of residence? Yes No (Circle one)

*If No, Please Explain:* \_\_\_\_\_

Have you ever filed for bankruptcy? Yes No (Circle one)

*If Yes, Please give dates & which states:* \_\_\_\_\_

How did you hear about us? Yes No (Circle one)  
(Please be Specific) \_\_\_\_\_

Does any member of the household need reasonable accomodation? Yes No (Circle one)

*If Yes, Please Explain:* \_\_\_\_\_

Does any member of the household require a mobility, vision or hearing unit? Yes No (Circle one)

*If Yes, Please Explain:* \_\_\_\_\_

This property participates in specific programs and may have units set-aside to rent to person(s) with specific special/preference. For this reason it is very important to mark ALL that apply to any individual in the household listed on this application.

- |   |   |
|---|---|
| <input type="checkbox"/> Veteran                              | <input type="checkbox"/> A person that is a victim of domestic violence.          |
| <input type="checkbox"/> Head of House or Co-head disabled    | <input type="checkbox"/> A person who has participated in the foster care system. |
| <input type="checkbox"/> Homeless/Chronic Homeless individual | <input type="checkbox"/> A person that has a disability.                          |

Language Used in Household: \_\_\_\_\_  
Disabilities

*(Section 504 Regulations: "Any person who has a physical or mental disability that substantially limits one or more major life aqctivities; has a record of such impairment; or is regarded as having such an impairment [24 CFR 8.3] Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks and caring for oneself.")*

Do you or a member of your household have a disability?  Yes  No (If Yes, who: \_\_\_\_\_)

I hereby apply to lease the above described premises on substantially the terms set forth herein. I warrant that all statements contained herein are true and complete, and that falsification of information will result in immediate eviction and prosecution and that each occupant/tenant/resident is residing in the United States legally. I have been advised and understand that residency at this property entails certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to execute a lease agreement before possession is delivered and to pay the balance of the security and other move-in costs. **ONCE APPROVED, IF I FAIL TO TAKE POSSESSION OF THE APARTMENT, THE DEPOSIT WILL BE FORFEITED.**

By execution of this application, I hereby authorize agents of the apartment community as stated above, to make such investigations into my credit, criminal, and rental history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, any and all household income, child support, rental history, criminal and consumer credit reports.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Representative

\_\_\_\_\_  
Date

