FOR OFFICE USE ONLY
Date received_____
Time_____

CROWN
LEASE APPLICATION

APPLICANT NAME:_____

CURRENT ADDRESS:_____**(cannot be a P.O. Box)**

CITY, STATE, ZIP CODE:_____ PHONE:_____

MAILING ADDRESS:_____

LIST THE APPLICANT AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT

FULL NAME	RELATIONSHIP	DOB	SEX	SOCIAL SECURITY #	STUDENT (Y or N)
	Head of Household				
	Co-Head				

Have you had a change in your household size in the last 12 months? ___No ____Yes- Explain:_____

Do you anticipated a change in your household size in the next 12 months? ___No ____Yes- Explain:_____

Is there someone not listed above who would normally be living in the household? ___No ____Yes- Explain:_____

Are any household members listed aboveas live-in attendants? ___No ____Yes- If so, _____

Will all household members be full time students during the next 12 months? ___No ____Yes- If yes, answer the following questions:

- Is the household comprised entirely of a single parent and child(ren) none of whom are dependents of another individual? **_____Yes or _____No**
- Are any full-time student(s) married filing a joint tax return? **_____Yes or _____No**
- Does the household receive assistance of Title IV of the Social Security Act (AFDC/TANF) **_____Yes or _____No**
- Are there any 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**

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EMPLOYMENT INFORMATION (IF ADDITIONAL SPACE IS NEEDED, LIST ON SEPERATE SHEET AND ATTACH.):

CURRENT EMPLOYMENT:

Applicant's Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: ☐ Hourly ☐ Weekly ☐ Monthly ☐ Bi-Weekly ☐ Twice a Month ☐ Other: _____ Amount: $ _____			

Co-Applicant's Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: ☐ Hourly ☐ Weekly ☐ Monthly ☐ Bi-Weekly ☐ Twice a Month ☐ Other: _____ Amount: $ _____			

Household Member Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: ☐ Hourly ☐ Weekly ☐ Monthly ☐ Bi-Weekly ☐ Twice a Month ☐ Other: _____ Amount: $ _____			

Household Member Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: ☐ Hourly ☐ Weekly ☐ Monthly ☐ Bi-Weekly ☐ Twice a Month ☐ Other: _____ Amount: $ _____			

IF ANY HOUSEHOLD MEMBERS' CURRENT EMPLOYMENT IS LESS THAN 12 MONTHS OR IS SEASONAL, LIST

PREVIOUS EMPLOYMENT:

Household Member Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired: Termination Date:	Salary: ☐ Hourly ☐ Weekly ☐ Monthly ☐ Bi-Weekly ☐ Twice a Month ☐ Other: _____ Amount: $ _____			

Household Member Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired: Termination Date:	Salary: ☐ Hourly ☐ Weekly ☐ Monthly ☐ Bi-Weekly ☐ Twice a Month ☐ Other: _____ Amount: $ _____			

OTHER SOURCES OF INCOME

Does any household member receive income from one or more of the following sources (Mark Yes or No):

Provide copy of source documentation related to any "Yes" responses, i.e. Court Order, Award Letter, Monthly Statement, etc.

Source- Benefit/Pension:		**Annual Amount**	**Source- Other**		**Annual Amount**
Unemployment	☐ Yes or ☐ No	$	Self Employment	☐ Yes or ☐ No	$
Worker's Compensation	☐ Yes or ☐ No	$	Child Support/Alimony	☐ Yes or ☐ No	$
Disability	☐ Yes or ☐ No	$	Reoccuring Gifts/Contributions	☐ Yes or ☐ No	$
Social Security/SSI Benefit	☐ Yes or ☐ No	$	Grants/Scholarships	☐ Yes or ☐ No	$
VA Benefits	☐ Yes or ☐ No	$	Rental Income	☐ Yes or ☐ No	$
Pension/Annuity	☐ Yes or ☐ No	$	Trust Income/Inheritance Income	☐ Yes or ☐ No	$
Military Pay	☐ Yes or ☐ No	$	Insurance policies	☐ Yes or ☐ No	$
Public Assistance(AFDC/TANF)	☐ Yes or ☐ No	$	Lottery Winnings paid periodically	☐ Yes or ☐ No	$
Adoption Assistance	☐ Yes or ☐ No	$	Other:_____	☐ Yes or ☐ No	$

Do you anticiapte an addition, deletion or substantial change for any income source in the next 12 months? ___No ____Yes- If "Yes",Explain:_____

_____

CREDIT INFORMATION:

List all debts owed by you or your spouse or any adult living in the household, to whom owed, amount owed and amount of monthly payment:

PARTY OWED AMOUNT OWED MONTHLY PAYMENT

_____

_____

_____

_____

Do you or the co-applicant have a credit judgment rendered against you in court? _____ if yes, explain: _____

_____

_____

HOUSEHOLD ASSETS

Does any household member have one or more of the following Assets (Mark Yes or No):

Provide copy of source documentation related to any "Yes" responses, i.e. Court Order, Award Letter, Monthly Statement, etc.

Type of Asset:		**Amount**	**Household Member Asset Belongs To:**	**Name of Financial Institute**
Checking Account	☐ Yes or ☐ No	$		
Savings Account	☐ Yes or ☐ No	$		
Cash on Hand	☐ Yes or ☐ No	$		
CD/Money Market Account	☐ Yes or ☐ No			

Retirement/Pension Fund	☐ Yes or ☐ No	$		
Mutual Funds/Stocks/Bonds	☐ Yes or ☐ No	$		
IRA/Keogh Account	☐ Yes or ☐ No	$		
401K	☐ Yes or ☐ No	$		
Life Insurance Policy	☐ Yes or ☐ No	$		
Real Estate/Land	☐ Yes or ☐ No	$		
Personal Property Held as An Investment	☐ Yes or ☐ No	$		
Trust Fund	☐ Yes or ☐ No	$		
Lottery Winnings (Lump Sum)	☐ Yes or ☐ No	$		
Other: _____	☐ Yes or ☐ No	$		
Other: _____	☐ Yes or ☐ No	$		

*PLEASE NOTE- Certain funds (e.g., Retirement, Pensions, Trusts, 401K, etc.) may or may not be [fully] accessible to you. Only include those amounts which are accessible to you.

Do all assets combined for the entire household total less than $5,000? ___No ____Yes

Do you anticipate an addition, deletion or substancial change of any asset in the next 12 months? ___No ____Yes- If "Yes", Explain:_____

_____

Has any Household Member disposed of any asset in the last 24 months? ___No ____Yes- If "Yes", Explain:_____

_____

_____

What was/is the current market value of the asset at time of disposal? _____

RENTAL HISTORY:

Provide rental information for the **previous 24 month** period. Attach additional sheets if necessary.

CURRENT RESIDENCE ☐ **RENT** ☐ **OWN**				
MOVE IN DATE:	RENT/MORTGAGE AMOUNT: $_____	LANDLORD/COMPANY	LANDLORD/COMPANY CONTACT INFO: PHONE: ADDRESS:	
ADDRESS:		CITY	STATE	ZIP
REASON FOR LEAVING:				
PREVIOUS RESIDENCE ☐ **RENT** ☐ **OWN**				
MOVE IN DATE: MOVE OUT DATE:	RENT/MORTGAGE AMOUNT: $_____	LANDLORD/COMPANY	LANDLORD/COMPANY CONTACT INFO: PHONE: ADDRESS:	
ADDRESS:		CITY	STATE	ZIP
REASON FOR LEAVING:				
PREVIOUS RESIDENCE ☐ **RENT** ☐ **OWN**				
MOVE IN DATE: MOVE OUT DATE:	RENT/MORTGAGE AMOUNT: $_____	LANDLORD/COMPANY	LANDLORD/COMPANY CONTACT INFO: PHONE: ADDRESS:	
ADDRESS:		CITY	STATE	ZIP
REASON FOR LEAVING:				

Have you ever been evicted from an apartment or left an apartment owing rent or utilities? [ ] Yes [ ] **If yes, briefly explain:**

_____

_____

Have you *ever* forfeited your security deposit? [ ] Yes [ ] No **If yes, briefly explain**

_____

_____

Do you owe any debt or utilities to a previous landlord or utility provider? [ ] Yes [ ] No **If yes, briefly explain**

_____

_____

Have you or any of your household members been convicted of a felony or misdemeanor? [ ] Yes [ ] No If yes, explain including when and where:_____

_____

_____

_____

Do you currently have any pets? _____ if yes, what and how many? _____

Do any members of household require handicap accessibility accommodations?_____ if yes, describe accommodation needs:

_____

_____

_____

IN CASE OF EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

APPLICANT CERTIFICATION: I/We certify that the information releiased in this application on household composition, income, net family assets, and rental history information is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or incomplete information are grounds for rejection of this application.

I/ We hereby give permission to verify the information on this application.

SIGNATURE: _____ Phone where you can be reached _____

SIGNATURE: _____ Phone where you can be reached _____

No person will be discriminated against because of race, color, religion, sex familial status, disability, national origin, or source of income.

LIHTC APPLICANT/TENANT QUESTIONNAIRE

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" or "No" to each question as they apply to you. **Form to be completed by the applicant/tenant.**

Applicant/Tenant Name: _____ Unit #: _____

Applicant/Tenant Estimated **GROSS** Monthly Income: $_____

Yes	No	
		I do not receive income from any source.
		I filed a tax return last year for myself, jointly with my spouse, and/or for my business.
		I am married and am entitled to file a joint tax return.
		I am employed and receive wages. If "Yes", are you employed at more than one job? ☐ Yes ☐ No
		I am employed and receive tips/commissions/bonuses.
		I am self-employed and/or own a business.
		I have secured new employment and will begin during the next 30 days (from eff. date of certification).
		I am on leave of absence from work. If yes, for how long? _____
		I receive income from Unemployment, Workers Compensation, Disability Compensation, and/or a Severance.
		I receive/am entitled to receive Child Support and/or Alimony payments.
		I receive Social Security (SS), Supplemental Security (SSI), and/or Social Security Disability (SSD) income.
		I receive Section 8/Welfare/Public Assistance (i.e. AFDC, TANF, etc.) (exclude Food Stamps).
		I am a Part-time or Full-time Student (financial assistance verification may be needed if receiving Section 8).
		I receive income from a household member(s) temporarily absent from the unit.
		I receive income from a household member(s) permanently confined to a hospital or nursing home.
		I receive periodic payments from family, friends, church, etc.
		I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me.
		I receive periodic income from Long-Term Care insurance, Disability, and/or Death Benefits.
		I have a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s).
		I receive income from a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s).
		I have (check one): ☐ one ☐ multiple Checking account(s).
		I have (check one): ☐ one ☐ multiple Savings account(s).
		I have (check one): ☐ one ☐ multiple Money Market account(s).
		I own (check one): ☐ one ☐ multiple Certificate of Deposit(s).
		I have cash on hand or in a safe deposit box.
		I have investments in Stocks, Bonds, Treasury Bills and/or Mutual Funds.
		I own Real Estate or am in the process of selling real estate.
		I hold a Mortgage or Deed of Trust.
		I have a Life Insurance policy (exclude Term Life).
		I hold personal property as an investment (coin collections, gems, antique cars, etc.).
		I have other forms of income or assets not specified above (i.e. Adoption Assistance, Resident Stipend, etc.).
		I have disposed of assets for more than $1,000 less than Fair Market Value (FMV) during the past two years.

I have assets: ☐ **No** ☐ **Yes – Combined household** assets are **under $5,000** (complete Under $5,000 Asset Cert.)
☐ **Yes – Combined household** assets are **$5,000 or more** (obtain third-party verification)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ _____
Signature of Applicant/Tenant Date

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.

CROWN
Rental Recommendation Request

TO: (Name & Address of Landlord)

_____

_____

_____

Fax: _____

FROM: (Leasing Agent & Name/Address of Project)

_____

_____

_____

Phone: _____ Fax: _____

APPLICANT NAME(S): _____

_____

TO BE COMPLETED BY FORMER/CURRENT LANDLORD

Dates of former/current tenant's rental period: **FROM:** _____ (Month/Year) **TO:** _____ (Month/Year or Current)

Did the former/current tenant pay rent on time? **YES/NO** If no, please explain: Rent amount $_____

_____

_____

As applicable, will the (or has the) tenant receive a full security deposit upon vacating? **YES/NO** If no, please explain: _____

_____

_____

As a tenant, do you regard this person as: (circle one) **Excellent Fair Poor**? Please explain:

_____

_____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Name (Print): _____ Signature: _____

Address: _____ Title: _____

Telephone: _____ Date: _____

*PLEASE FAX OR MAIL TO THE REQUESTING LEASING AGENT

UTAH HOUSING CORPORATION

PRIVACY POLICY

This notice is being sent to you in accordance with federal law. There is no action required on your part. The notice is for informational purposes only.

Your Privacy

At Utah Housing Corporation (UHC), respecting the privacy and security of your personal information is important to us. Just like you, we want all of your personal information kept that way – personal and private. This notice describes the privacy policy and practices followed by UHC.

Safeguarding Customer Information

UHC will restrict access to nonpublic personal information about you to employees who need it to perform their job responsibilities. Furthermore, nonpublic personal information, as described below, may be provided to our service providers so we can provide or offer products or services to you and process and service your account(s). Even if you are no longer our customer, we will continue to treat your nonpublic personal information in the same way as if you were still a customer. In addition, we maintain physical, electronic and procedural safeguards that comply with federal regulations for maintaining the confidentiality of your information.

Any agreements entered into by UHC with other business partners to provide services to us or to make products or services available to you contain specific conditions requiring those companies to safeguard this information and to not use it for any other purpose.

Collection of Information

We only obtain the information needed to process your application. The following lists the usual kinds of nonpublic financial information we obtain and from what sources that information is obtained:

- From you, on forms (such as an application), via the Internet, by telephone or otherwise. Examples of this type of information include your name, address, social security number, credit history, employment information and other financial information.
- From credit reporting agencies, such as information relating to your credit scores and credit history.
- From third parties to verify information you have provided to us.

Sharing of Information

UHC does not disclose, or reserve the right to disclose, nonpublic financial information about its current or previous customers except as permitted or required by law.

Current or previous customers' nonpublic personal information is neither sold to nor shared with other businesses or marketers offering their products and services.

We value your business and are committed to protecting your privacy.

I/We acknowledge that I/we received a copy of this disclosure.

Applicant	Date
Applicant	Date

TENANT RELEASE AND CONSENT

I/We_____, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to _____, the Owner/Agent, for purposes of verifying information on my/our CROWN Home 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; employment, income, and assets; medical or child care allowances/support. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a CROWN Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Previous Landlords (including Public Housing Authorities)
Support and Alimony Providers
Internal Revenue Service
Utility Companies
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Credit Reporting Agencies
Veterans Administration
Retirement System
Banks or other Financial Institutions
Background Report Providers

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 one year and one month from the date signed. I/We have a right to review this file and correct any information this is incorrect.

SIGNATURES

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Co- Head of Household	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

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SIGNATURES

_____	_____	_____
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_____	_____	_____
Co- Head of Household	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date