

CROWN LEASE APPLICATION

APPLICANT(S) NAME: _____

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

CITY, STATE, ZIP CODE: _____ PHONE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

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

FULL NAME	RELATIONSHIP	DOB	GENDER	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

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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____ Amount: \$ _____ Hours Worked Per Week: _____			

Co-Applicant's Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____ Amount: \$ _____ Hours Worked Per Week: _____			

Household Member Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____ Amount: \$ _____ Hours Worked Per Week: _____			

Household Member Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____ Amount: \$ _____ Hours Worked Per Week: _____			

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:	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____			
Termination Date:	Amount: \$ _____ Hours Worked Per Week: _____			

Household Member Name:	Occupation	Work Phone	Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired:	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____			
Termination Date:	Amount: \$ _____ Hours Worked Per Week: _____			

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 <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Self Employment <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$
Worker's Compensation <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Child Support/Alimony <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$
Disability <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Reoccurring Gifts/Contributions <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$
Social Security/SSI Benefit <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Grants/Scholarships <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$
VA Benefits <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Rental Income <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$
Pension/Annuity <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Trust Income/Inheritance Income <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$
Military Pay <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Insurance policies <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$
Public Assistance(AFDC/TANF) <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Lottery Winnings paid periodically <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$
Adoption Assistance <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$	Other: _____ <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$

Do you anticipate an addition, deletion or substantial change for any income source in the next 12 months? ___No ___Yes

If "Yes," please 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 Institution:
Checking Account <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Savings Account <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Cash on Hand <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
CD/Money Market Account <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Retirement/Pension Fund <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Mutual Funds/Stocks/Bonds <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		

IRA/Keogh Account	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
401K	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Life Insurance Policy	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Real Estate/Land	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Personal Property Held as An Investment	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Trust Fund	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Lottery Winnings (Lump Sum)	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Other: _____	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Other: _____	<input type="checkbox"/> Yes or <input type="checkbox"/> 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 substantial 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 <input type="checkbox"/> RENT <input type="checkbox"/> OWN				
MOVE IN DATE:	RENT/MORT AMOUNT: \$ _____	LANDLORD/COMPANY: PHONE: ADDRESS:		
ADDRESS:		CITY	STATE	ZIP
REASON FOR LEAVING:				
PREVIOUS RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN				
MOVE IN DATE:	MOVE IN DATE:	MOVE IN DATE:	MOVE IN DATE:	
ADDRESS:		ADDRESS:	ADDRESS:	ADDRESS:
REASON FOR LEAVING:				
PREVIOUS RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN				
MOVE IN DATE:	MOVE IN DATE:	MOVE IN DATE:	MOVE IN DATE:	
ADDRESS:		ADDRESS:	ADDRESS:	ADDRESS:
REASON FOR LEAVING:				

Have you ever been evicted from an apartment or left an apartment owing rent or utilities? [☐] Yes [☐] No **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 released 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.

CROWN

Rental Recommendation Request

TO: (Name & Address of Landlord)

FROM:

APPLICANT NAME(S):

TO BE COMPLETED BY FORMER/CURRENT LANDLORD

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

Signature: _____

Address: _____

Title: _____

Telephone: _____

Date: _____

***PLEASE FAX, EMAIL OR MAIL TO THE REQUESTING LEASING AGENT**

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

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

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