

The following pages will provide us with your information and **must be fully completed, signed and dated**. Incomplete applications will not be processed or returned/responded to.

Desired date to move in: _____

Unit # preference? _____

**SMOKE FREE CAMPUS as of July 15, 2019
NO SMOKING, NO PETS**

Applicant Full Legal Name _____

Previous Names, Alias' or AKA's _____

Date of Birth: _____ Social Security # _____ - _____ - _____

Phone Number: _____ Email _____

Government Issued Photo ID: Type _____ # _____

State issued in: _____ Exp. Date _____

Current Address: _____

City _____ State _____ Zipcode _____

Landlord Name: _____ Landlord Phone _____

Landlord Address _____

City _____ State _____ Zipcode _____

Former Street Address _____

City _____ State _____ Zipcode _____

Former Landlord Name _____ Phone _____

Address _____ City _____ state _____ Zip _____

Current Employer _____ Phone _____

Supervisor Name _____ Job Position _____

Address _____ City _____ State _____

Estimated monthly income \$ _____

If not employed, list alternate source of income _____ Monthly Amount _____

Other Occupants (if Dependents under age 18)(Over 18 must apply separately)

Name _____ Age _____ Relationship _____

Date of Birth _____ Social Security # _____

Name _____ Age _____ Relationship _____

Date of Birth _____ Social Security # _____

Car Make _____ Model _____ Color _____ License _____

Car Make _____ Model _____ Color _____ License _____

NO PETS. Assistance Animal Information (if applicable) appropriate documentation required and subject to approval.

Type _____ breed _____ Age _____ Weight _____

Do you have renter's insurance? Yes No Do you own a vacuum? Yes No

Emergency Contact Information: Name _____

Phone _____ Email _____ Relationship _____

- 1) Have you ever or are you now in the process of eviction? Yes No If yes, date and explanation _____
- 2) Have you ever filed or currently filing Bankruptcy? Yes No If yes, date, explain: _____
- 3) Have you or any other person who will be occupying the unit ever been convicted of, or pled guilty or no contest to, or are currently in the court system for, any felony or misdemeanor? Yes No If yes, date and explanation _____

 Where did this occur? _____ What was the original charge? _____
- 4) Are you a registered Sex Offender? Yes No
- 5) Why are you leaving your current residence? _____
- 6) Have you given proper notice? Yes No
- 7) How did you hear about our property? _____
- 8) List all States you have resided in as an adult: _____

Owner/Agent has charged a screening fee as set forth above. Owner/agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include checking the applicant's credit, income, employment, rental history and criminal records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have a right to request additional disclosures provided under Section 606(b) of the Fair Credit Reporting Act, and a written summary of your Rights pursuant to Sec 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as a complete and accurate disclosure of the nature and scope of the investigation. The Screening Company is **Reliable Screening**

P.O. Box 711293
Salt Lake City, UT, 84121

*If this application is approved, applicant will be contacted by phone and have 24 hours from the time of notification, to either, at owner/agent's option, execute a rental agreement and make all deposits required thereunder, or make a deposit to hold the unit and execute an agreement to execute a rental agreement which will provide for the forfeiture of the deposit if applicant fails to occupy the unit.

If applicant fails to timely take the steps required to complete the occupancy standards and rental agreement, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

I certify that the above information is correct, complete and understood and hereby authorize you to do a credit, criminal, landlord, civil and reference background check and make any inquiries you feel necessary to evaluate my eligibility for tenancy. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information on this application is later found to be false, this is grounds for termination of tenancy. I have read the tenant selection criteria provided by the landlord on the website. Electronic Signatures. The Parties agree that any form of electronic signature, including but not limited to signatures via facsimile, scanning, or electronic mail, may substitute for the original signature and shall have the same legal effect as the original signature.

My signature below indicates acceptance and release.

Applicant Signature _____ ***Date*** _____

HUD Section 8 Student Questionnaire

The Department of Housing and Urban Development (HUD) is the Federal Agency that provides housing subsidy for qualified individuals and families.

Federal Guidelines regarding students are as follows:

Qualified:

- 1) Full time student age 24 and older
- 2) Full time student with a child or married.
- 3) Part time student 23 and younger/part time employed. PARTTIME defined as 11 credits or less and no active financial aid.

NOT Qualified:

- 1) Full time student 23 or younger who does not have a dependent or spouse. FULL TIME defined as 12 credits and above or with active financial aid.

As with college loans and grants, students under the age of 23 are considered dependents of their parents; therefore the parents assume the financial responsibility of their children.

Please sign below and return with your other information ONLY if you are eligible to rent from the guidelines above. If you do not qualify, please note that you are not eligible to rent and do NOT need to return any paperwork as we are not allowed to rent to you.

I, _____, certify that I qualify to rent because I am either NOT a student OR I fulfill #_____ (1,2,or 3) from the qualified list above.

I attest that this information is true and correct.

Print Name: _____

Signature: _____ Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.