

Frontgate Apartments
 Murray, UT 84107
 Office: 801-288-2009
 Fax: 801-288-2016

Complete Questionnaire with black ink only
Housing Credit Program
Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household H O H	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

YES NO

- 1. Do you expect any additions to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____
- 2. Is there anyone living with you now who won't be living with you at this property?
 Name & Relationship: _____
 Explanation: _____
- 3. Do you have full custody of your child(ren)? *(Provide proof of amount of time child(ren) will be living in unit.)*
 Explanation: _____
- 4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*
 Explanation: _____
- 5. Does your household have or anticipate having any pets other than those used as service animals?

Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____
7. Have you or any one else named on this application been convicted of a felony?
Explanation: _____
8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs
Explanation: _____
9. Have you or any one else named on this application been convicted of property damage?
Explanation: _____
10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

Housing References

List the past THREE years of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative. Must have include address and current phone number

Name: _____
 Address: _____
 Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES

NO

(#01)

11. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company &
Contact Name/phone #

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

(#02)

12. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Amount

_____	_____	_____
_____	_____	_____

(#03)

13. **Regular pay as a member of the Armed Forces/Military?**

Household Member

Base Name & Branch

Amount

_____	_____	_____
_____	_____	_____

(#04)

14. **Unemployment benefits or workman's compensation?**

Household Member

Case Worker

Amount

_____	_____	_____
_____	_____	_____

YES NO

 (#05)

15. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
-------------------------	--------------------	---------------

 If yes, If no,
 (#103) (#19)

16. (a) Child support or Alimony?
(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

<u>Household Member</u>	<u>Payer</u>	<u>Amount</u>
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<hr/>	<hr/>	<hr/>

(b) How is the support received? *(Check all that apply)*

- Child Support Enforcement Agency *Name of Agency:* _____
- Court of Law *Name of Court:* _____
- Directly from Individual *Name of Person:* _____
- Other *Explain:* _____

 (If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

 (#07)

17. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
-------------------------	-------------------	---------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

 (#08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
-------------------------	--------------------------	---------------

<hr/>	<hr/>	<hr/>
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 (#08)

19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
-------------------------	--------------------------	---------------

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 (#08)

20. Regular payments from any type of settlement? *(For example, insurance settlements.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
-------------------------	--------------------------	---------------

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 (#08)

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
-------------------------	--------------------------	---------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

<u>YES</u>	<u>NO</u>										
<input type="radio"/>	<input type="radio"/>	22. Regular payments from lottery winnings or inheritances?									
(#08)											
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Source of Benefit</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/>	<input type="radio"/>	23. Regular payments from rental property or other types of real estate transactions?									
(#08)											
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/>	<input type="radio"/>	24. Any other income sources or types not listed?									
(#08)											
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/>	<input type="radio"/>	25. Do you or any other household members expect any changes to your income in the next 12 months?									
		Explanation: _____									

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

<u>YES</u>	<u>NO</u>										
<input type="radio"/>	<input type="radio"/>	26. Checking or savings account?(checking should be average six month balance)									
(#09 or # 100)											
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Financial Institute</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Ck <input type="checkbox"/> /svng <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>Ck <input type="checkbox"/> /svng <input type="checkbox"/></td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	Ck <input type="checkbox"/> /svng <input type="checkbox"/>	_____	_____	Ck <input type="checkbox"/> /svng <input type="checkbox"/>
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_____	_____	Ck <input type="checkbox"/> /svng <input type="checkbox"/>									
<input type="radio"/>	<input type="radio"/>	27. CDs, money market accounts or treasury bills?									
(#09)											
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Financial Institute</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/>	<input type="radio"/>	28. Stocks, bonds or securities									
(#10)											
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Company or Broker</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/>	<input type="radio"/>	29. Trust Funds									
(#09)											
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Financial Institute</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									

YES

NO

(#09)

30. Pensions, IRAs, Keogh or other retirement accounts?

Household Member

Financial Institute

Amount

(#09)

31. Whole life insurance policy? (Term Life is payable upon death, Whole life is like a loan)

Household Member

Insurance Carrier

Amount

(#10)

32. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member

Address of Property

Amount

(#10)

33. Personal property held as an investment?

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member

Item

Amount

(#13)

34. A safe deposit box?

Household Member

Financial Institute

Amount

(#11)

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES

NO

(#20)

36. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

(#12 & #18)

37. Are you or any other household members (INCLUDING grades 1st thru 12th) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

YES NO

 38. Will you or any ADULT household member require a live-in care attendant to live independently?
(#15 & #21)

Name of Attendant: _____

Relationship (if any): _____

 39. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

 40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

Resident Selection Plan Frontgate Apartments

Applicants will be considered regardless of race, color, religion, sex, national origin, age, and familial status, source of income or disability. We will rent to all that meet our Community Standards as outlined below. Credit, income, criminal and rental verifications will be conducted on all applicants over the age of 18. A \$35 application fee must be included at the time of application. A deposit is required to hold a specific apartment home.

Income

Verifiable monthly income must exceed at least two times the resident's portion of monthly rent.

**Self-employed must show at least three months of current bank statements.*

** All applicants' income must remain under the government's income levels.*

Rental History

Must have confirmable current residency in good standing at an apartment community; a real estate company or mortgage company. Applicants with no rental history must provide management with three letters of personal reference.

Credit

Applicants with a reported bankruptcy in the last three years must provide management with a copy of the discharge letter if reported bankruptcy does not show up on applicant's credit report.

- *Medical accounts are looked at on an individual basis.*
- *Credit scores under 550 may require an additional deposit.*

If the application is denied due to credit, you have 14 days to submit in writing a letter of appeal to management. Once you have provided management with your letter of appeal, we will look at the circumstances and respond to you in writing with our final answer. Applicant may be required to pay an additional security deposit based on credit rating.

Criminal

Criminal record background will be checked through credit and law enforcement agencies. Applicants may be rejected for conviction of fraud, theft, drugs, assault and battery, or any violent crime, felony, or for numerous convictions of illegal activity.

Pets

Pets allowed with additional deposit and monthly fee. No visiting pets.

- *Living Assisted Animals accepted.*
- *Breed and weight restrictions apply. List available upon request.*

Occupant's

Maximum number of occupants per apartment

2 bedrooms – 4 persons

3 bedrooms – 6 persons

Each individual is counted as a person regardless of age.

Deposit/Fees

\$400.00 is required as a security deposit to hold any size apartment. This deposit is refundable if the application is not approved by management or canceled by applicant within 72 hours of receipt of deposit. Deposits cannot be used toward rent at any time during occupancy of the apartment.

Recertification

Household agrees to cooperate with the process of annual verification and re-certification of household income. Failure to cooperate will be grounds for termination of occupancy.

Applicant

Signature

Applicant

Signature

Date

Frontgate Apartments

4623 Urban Way
Murray, Utah 84107
Office: 801.288-2009
Fax: 801.288-2016

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any federal, state or local agency, organization, business, school, or individual to verify my application for tax credit at Frontgate Apartments, and/or to maintain my conditioned residence at Frontgate Apartments, which operates under Section 42 of the Internal Revenue Code. I understand and agree that this authorization and the information obtained will be used to determine my eligibility to obtain/maintain housing at Frontgate Apartments.

INFORMATION COVERED

I understand that previous or current information regarding me or any members of my household (including dependant children) may be needed. Verifications and inquires that may be requested include, but not limited to:

- | | |
|--------------------------------|-------------------------------|
| Identity of Family Composition | Employment, Income and Assets |
| Residences and rental activity | Character/Behavior Background |
| Credit and Criminal Background | |

GROUP OR INDIVIDUALS THAT MAY BE ASKED

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

- | | | |
|------------------------|--------------------------------|---------------------------------|
| Previous landlords | Past/Present Employers | Retirement Systems |
| Court and Post Offices | Welfare Agencies | Veterans Administrations |
| Schools and Colleges | State Unemployment Agencies | Banks/Financial Institutions |
| Law Enforcement | Social Security Administration | Credit Providers/Credit Bureaus |

CONDITIONS

I agree that a photocopy of this authorization may be used for purposes stated above. The original of this authorization is on file with Frontgate Apartments and will stay in effect during my application process and/or rental period.

SIGNATURES FOR ALL RESIDENTS OVER 18 YEARS OF AGE:

_____ Signature	_____ Print Name	_____ Social Security Number
_____ Signature	_____ Print Name	_____ Social Security Number
_____ Signature	_____ Print Name	_____ Social Security Number
_____ Signature	_____ Print Name	_____ Social Security Number