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Application for Rental Housing
Housing Credit (LIHTC/Section 42) Income-restricted

This property operates under the regulations of the IRS of the IRS Section 42 Low Income Housing Tax Credit Program (LIHTC or Housing Credit). Every applicant and adult resident eighteen (18) years of age or older must complete and sign the application, be approved and sign the lease as a responsible party. All adults must qualify for eligibility through certification of anticipated household income for the next twelve months for all income and asset sources and must recertify on an annual basis as long as the household resides in this property.

To assist management in the income determination and certification process, the following information must be turned in with your completed application:

1. Copy of Driver’s license, state identification card or alien identification card for ***all*** adult household members.
2. Employment verification form or forms W-2 for all employed household members 18 years or older.
3. If anyone in the household is self-employed, copies of the last two years of income tax returns filed (forms must be signed).
4. Financial statements for the past six months for the following:
 - a. Checking account(s)
 - b. Savings account(s)
 - c. Other financial accounts: stocks/bonds, brokerage, etc.
 - d. Other investment accounts: certificates of deposit, money market, ect.
5. Current retirement and/or pension plan award letter (401k, IRA/Keogh, etc.) for any household member contributing or receiving funds.
6. Current award letter(s) for:
 - a. Unemployment compensation
 - b. Disability
 - c. Workers compensation
 - d. SSI | SSDI | SS
 - e. AFDC | TANF | GAIN
 - f. Alimony/Child Support
7. Divorce decree, Custody Agreement, trust funds or other partnership agreements.
8. \$25.00 background check fee for ***all*** adult members.

Failure to provide the requested information at the time of turning in application will result in the denial of application.

Date Received		Time Received		Staff Signature	
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APPLICANT AND HOUSEHOLD MEMBERS

List all household members who will be living in the apartment. Be sure to include any temporarily absent family members (such as military/student family members who will be returning to the household) and any unborn children.

Full Name	Relationship to Head	Date of Birth	Sex	Soc. Sec. #	Full-time Student
1.	Head	/ /	M F		Yes No
2.		/ /	M F		Yes No
3.		/ /	M F		Yes No
4.		/ /	M F		Yes No
5.		/ /	M F		Yes No
6.		/ /	M F		Yes No

Daytime Phone: - -

Evening Phone: - -

How did you hear about us? _____

Have/do you know of anyone that has rented from UBAC before? Yes | No

Please answer 'yes' or 'no' to the following questions: (Circle)

Do you expect any additions to the household within the next 12 months? Yes No

Name and Relationship:

Is there anyone living with you now who won't be living with you at this property? Yes No

Name and Relationship:

Do you have full custody of your children? Yes No

Explain:

Are there any absent household members who under normal circumstances would live with you? Yes No

Name and Relationship:

Have you or anyone else named on this application ever been convicted of a felony? Yes No

Explain:

Have you or anyone else named on this application filed for bankruptcy? Yes No

Date of Discharge:

Does anyone in the household require a live-in aide? Yes No

Name of Member:

Prior Rental History

Please include City, State and Zip code:

Current Address		Move-in Date		Rent: Own:	Household Size:
Landlord name & Address		Phone		BR Size:	Monthly Rent:
Current Address		From: To:		Rent: Own:	Household Size:
Landlord name & Address		Phone		BR Size:	Monthly Rent:
Current Address		From: To:		Rent: Own:	Household Size:
Landlord name & Address		Phone		BR Size	Monthly Rent:

Please answer Yes or No to the following questions:

_____ 1. Have you ever been evicted from a rental unit of any time?
 Explanation: _____

_____ 2. Have you ever previously resided in government-subsidized housing?
 If yes, please complete the following:
 Property Name: _____
 Property Address: _____
 Move-in Date: _____ Move-out Date: _____

Utility History

Have You ever had utility services in your name? Yes No

Utility Company	Service Address	Service Date	Account in Good Standing?

Personal References

List a personal reference that is not a relative:

Name: _____ Relationship: _____

Years Known: _____ Phone: _____

Address: _____

Vehicle Identification

Please list information for all vehicles owned by any household member:

Year|Make|Model: _____ License: _____ State: _____

Year|Make|Model: _____ License: _____ State: _____

Year|Make|Model: _____ License: _____ State: _____

Employment

Household Member	Name of Employer	Phone Number	Length of Employment	Annual Income

Pets

Do you or anyone in the household have pets? Yes | No

Is the animal a service animal? Yes | No

Type/Breed of animal: _____

Agreement for Crime and/or Drug Free Housing

Applicant agrees and warrants that he/she and any member of the applicant's household, any guest or other persons under the applicant's control shall not engage in and/or facilitate criminal activity on or near the apartment community including but not limited to violent criminal activity. Applicant Further agrees and warrants that he/she or any other member of the applicant's household shall not permit the dwelling to be utilized for and/or facilitate criminal activity, including but not limited to violent criminal activity and/or drug related activity. "Violent criminal activity/illegal drug-related criminal activity" also includes and means the illegal manufacture, sale, distribution or use of a controlled substance.

Do you or any other household member use illegal drugs or controlled substances? Yes | No

Do you or any other household member use marijuana for medical purposes? Yes | No

Have you or any member of your household ever been convicted of illegal distribution or manufacturing of an illegal or controlled substance? Yes | No

If yes, please explain: _____

Statement of Income and Assets

Include all anticipated income for the next twelve months. Include the annual gross dollar amounts in the space provided. If you have any questions, please contact a member of the management staff.

Item No.	Description of income	Will receive within the next 12 months?	Gross Annual Amount	Employer?
HEAD				
1	Employment	Yes No		
2	Self Employed	Yes No		
3	Not Working	Yes No		
SPOUSE/CO-HEAD				
4	Employment	Yes No		
5	Self Employed	Yes No		
6	Not Working	Yes No		
ANY HOUSEHOLD MEMBER				Receiving Member?
7	Military Pay	Yes No		
8	Unemployment benefits	Yes No		
9	Social Security	Yes No		
10	V.A. Benefits	Yes No		
11	TANIF (AFDC)	Yes No		
12	Disability or Workers Comp	Yes No		
13	Recurring Gifts	Yes No		
14	Payments from Trust/Retirement	Yes No		
15	Income from temp. Absent	Yes No		
16	Single, Divorced, or Separated with children, and receiving child support/Alimony	Yes No		
17	Educational grants/loans	Yes No		
18	Other income not listed	Yes No		
19	Housing Assistance from Housing Authority	Yes No		
Total Monthly			\$	

Are you or any other ADULT household member claiming zero income?
 Member: _____ Explanation: _____

Yes | No

Will your household be receiving Section 8 Rental Assistance at time of move-in?

Agency: _____ Contact Name: _____

Will your household be eligible/applying to receive Section 8 Rental Assistance in the next 12 months?

Date Expected: _____

Agency: _____

Contact Name: _____

Do you have any of the following assets?

Item No.	Description of Asset	Financial Institution	Account Number	Current Balance	Interest Rate
20	Cash on Hand				
21	Checking Account				
22	Savings account				
23	Certificate of Deposit (CD)				
24	Trust Account				
25	Treasury Bills or Money Market				
26	Stocks or Bonds				
27	Retirement Plan: IRA				
28	Retirement Plan: Pension				
29	Retirement Plan: 401K				
30	Retirement Plan: Keough				
31	Retirement Plan: other				
32	Life Insurance (Whole not Term)				
33	Real Estate Currently owned				
34	Rental Property Income				
35	Assets Disposed of in Last 2 years				
36	Personal Property Held for Investment				
37	Other Assets not listed:				
Total Assets:				\$	

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 and I understand that I must report any changes to management as soon as they occur.

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 Consent to release the necessary information to determine my eligibility. I authorize management to verify the information contained in this application for the purpose of providing my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

ALL ADULT household members, including members who will turn 18 years of age during the next twelve months must sign and date below:

Signature Date

Signature Date

Signature Date

Signature Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Unity Place Apartments
Office Address: 992 West Main Street Vernal, UT 84078

Credit and Criminal Consent Form

Last	First	Middle
------	-------	--------

Maiden or Other name	Sex	Race	Social Security #
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Date of Birth	Driver's license or ID card #	State
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I, _____ certify that I have lived in the following areas in the past 5 years.

City	County	State
------	--------	-------

City	County	State
------	--------	-------

City	County	State
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City	County	State
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City	County	State
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City	County	State
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City	County	State
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Unity Place Apartments, LLC applicant screening policy states that any applicant can be denied housing if they have been or convicted of a felony, drug related crime, crime of violence, sex offender, crime against persons or exhibit a history of alcohol abuse or any other activity that could be a potential hazard to other tenants.

I certify under the penalty of perjury that the above is true, correct and complete. I authorize Unity Place Apartments, LLC to obtain a record of my criminal and credit history.

Signature	Date
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Unity Place Apartments

Office Address: 992 West Main Street Vernal, UT 84078

OFFICE USE ONLY

Date: _____

Total # of pages: _____

To: Community Housing Services
ATTN: Megan Malcom
Fax: 1.435.896.8711
megannielsen85@hotmail.com

From: UBH/Unity Place Apartments
ATTN: AshLeigh Lindquist
Fax: 1.435.781.4928
ashubac2@gmail.com

Please return this verification to the person listed above by fax or email.

Subject: Verification of information supplied by an applicant for housing assistance.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older that 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Note to Applicant/Tenant: You do not have to sign this form if the requesting organization or the organization supplying the information is left blank.

Name: _____
Please Print Clearly

Address: _____
Street City State Zip

Social Security #: _____

Date of Birth: _____

Signature: _____

Today's Date: _____

**Unity Place Apartments, LLC
Tenant Release and Consent Form**

I/We _____ on (Today's Date) _____,
hereby give permission to have any information verified including but not limited to:

- Employment – past and present
- Income
- Assets
- Rental history
- Criminal and credit information

I/We also agree to hold harmless Unity Place and all related parties as well as the organizations or individuals contacted by Unity Place from any liability related to or arising from the release of such information. I/We understand that in reference to such inquires contact may include but is not limited to:

- Previous landlords
- Employers – past and present
- Support and alimony providers
- Medical and child-care providers
- Welfare agencies
- State unemployment agencies
- Military/Federal government agencies
- Social Security Administration
- Veteran's Administration
- Retirement System
- Law enforcement agencies
- Credit reporting agencies
- Banks and financial institutions
- Public court records

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation in the Housing Credit Program as a qualified tenant.

I/We further agree that a photocopy of this authorization may be accepted with the same authority as the original. 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 understand that I/we have a right to review this file and correct any information that is incorrect.

Applicant signature	Print name	SS#	Date
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Co-applicant signature	Print name	SS#	Date
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*Failure to sign the consent form will result in the denial of application

ANNUAL STUDENT SELF CERTIFICATION

This Annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. _____ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) YES NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) YES NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) YES NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) YES NO

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

EMPLOYMENT VERIFICATION

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Tenant Name

_____ Social Security Number

I hereby authorize release of my employment information.

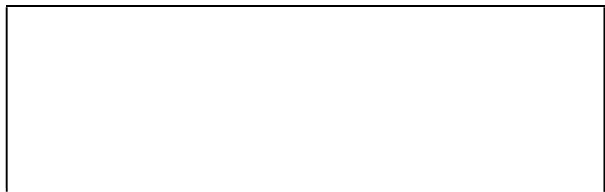
Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of the federal Housing Tax Credit Program. Federal regulations (IRS Code Section 42) require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Project Owner/Management Agent



RETURN THIS FORM TO:

THE FOLLOWING SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title _____

Presently Employed: Yes _____ Date Employed _____ No _____ Last Day of Employment _____ Current _____ Wages/Salary: \$ _____

(circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ thru ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment compensation? Yes _____ No _____ If yes, how long? _____ How much? _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction