

# UINTAH BASIN HOUSING

125 East Main Street  
Myton, UT 84052  
435.722.3952

992 West Main Street  
Vernal, UT 84078  
435.781.4156

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Enclosed you will find the application for Uintah Basin Housing. Along with the application please submit the following documentation.

1. **Verification of Citizenship (pick two):**

- Copy of Birth Certificate
- Copy of Social Security Card
- Photo ID
- Passport

2. **Verification of your income:**

- A copy of your three most recent check stubs or a statement from your employer on your pay rate and number of hours you work per week.
- A copy of your most recent social security award letter, if applicable.
- Any other household income you receive.

3. **Verification of your assets:**

- A copy of your bank statement for all accounts i.e., checking, savings, stocks, bonds, etc. We MUST have a 6-month average balance on all accounts.
- A copy of your most recent property tax notice, if applicable.

**Please call and make an appointment to submit application.**

The application and all documentation must be complete and submitted into our office by:

THANK YOU!!

Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

**Family Information**

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

FOR ALL APPLICANTS: Your origin has no bearing upon your eligibility. It is requested by HUD for statistical purposes only.

- Racial Status:  Caucasian/White  
 African American  
 Asian American  
 Native American  
 Hispanic/Latinx  
 Other: \_\_\_\_\_

## INCOME INFORMATION

APPLICANT NAME: \_\_\_\_\_

(Please indicate each source of income or asset that any member of your household receives or anticipates receiving in the next 12 months)

Item No.	Description of income	Will receive within the next 12 months?	Gross Monthly amount	Employer?
<b>HEAD</b>				
1	Employment	Yes   No		
2	Self Employed	Yes   No		
3	Not Working	Yes   No		
<b>SPOUSE</b>				
4	Employment	Yes   No		
5	Self Employed	Yes   No		
6	Not Working	Yes   No		
<b>ANY/ALL HOUSEHOLD MEMBER</b>				<b>Receiving Member?</b>
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		
<b>Total Monthly</b>			<b>\$</b>	

## ASSET INFORMATION

(Include **all** assets for **all** members of the household, including children)

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

**Employment Information**

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

**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:
Previous Address		From: To:		Rent: Own:	Household Size:
Landlord name & Address		Phone		BR Size:	Monthly Rent:
Previous Address		From: To:		Rent: Own:	Household Size:
Landlord name & Address		Phone		BR Size	Monthly Rent:

I/We hereby state that all the information listed above is true and correct to the best of my/our knowledge. I/We are required to report any changes in household composition or income immediately to Uintah Basin Housing. I/We understand that false statements or information are punishable under the federal law. I/We also acknowledge that if any of the information is purposely withheld or falsely stated, the rental unit agreement can be terminated.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

If you believe you have been discriminated against call Fair Housing and Equal Opportunity National-toll free at 1-800-424-8580.

## 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

### Uintah Basin Housing

125 East Main Street  
Myton, Utah  
84052

**Date:**

**Total Pages:**

**To:** Community Housing Services  
ATTN: MRS. BRIENHOLT  
175 East 600 North  
Richfield, UT 84701

**From:** Uintah Basin Housing  
ATTN: TERRIE YOUNG  
125 East Main P.O. Box 56  
Myton, Utah 84052  
Fax: 435.722.2170

**Please return this verification to the person listed above either by fax or mail.**

**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 than 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: You DO NOT have to sign this form if either the requesting organization or the organization supplying the information is left BLANK.**

Name: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_  
Street City Zip Code

\_\_\_\_\_  
Social Security # Date of Birth

\_\_\_\_\_  
Signature of Participant Today's Date

I, \_\_\_\_\_ certify that for the past (5) years, I have lived in the following City, County, and State listed Below:

City	County	State

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person at the top of the page. Your prompt return of the information will help ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

I/We, (the undersigned), hereby give permission to have any information verified including but not limited to credit, employment, past employment, income, bank account, rental history criminal and background information. I/We also agree to hold harmless Spring Meadow Estates and all related parties as well as the organizations or individuals contracted by Spring Meadow Estates from any liability related to or arising from the release of such information. I understand that in reference to such inquiries; contact may include but is not limited to previous landlords, employers, federal, state and local government agencies, law enforcement agencies, credit reporting agencies, public housing agencies, banks and financial authorities, etc. I further agree that a photocopy of this authorization may be accepted with the same authority as the original.

**Information Being Requested: Credit and Criminal Background Check**

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

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Name and title of person Supplying the information	Organization/Firm
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Signature	Date
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