

SPRING MEADOW ESTATES  
992 West Main St.  
Vernal, UT 84078  
435-781-4156

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Enclosed you will find the application for Spring Meadow Estates.  
Along with the application please submit the following documentation.

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

- Copy of Birth Certificate or Blessing 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.
- A copy of your most recent property tax notice, if applicable.

**4. Credit Authorization:**

- COMPLETE enclosed Credit Authorization form

**FOR MANAGEMENT**

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

Received by: \_\_\_\_\_

Time: \_\_\_\_\_

Contacted

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Move in

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

# Application for Housing Under USDA-RD Program



Spring Meadow Estates  
Rental Office: 992 West Main St. Vernal, UT 84078

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## Section 1

## Introduction

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Thank you for your interest in our apartment community.

1. With this application you are applying for an apartment at Spring Meadow Estates which is federally subsidized. In other words, the federal government pays for part of your rent, you pay approximately 30% of your income.
2. All information you provide will be verified as required by Federal Law.
3. You will be required to sign a one-year lease.
4. Security deposit is the amount of the basic rent and is refundable. This refund is susceptible to deductions for any damages or cleaning needed after move-out. Refund will be made within 30 days of move-out.
5. An inspection form will be signed when moving in/out. This is to ensure fairness in security deposit refunds.
6. 30-day written notice is required to move-out.
7. Pets are allowed subject to the "Pet Rules". If you have a pet, please request a copy at time of application.
8. A criminal history background and authorization form must be filled out by each adult in the household.
9. Please complete all parts of the application and have all adult family members 18 years or older sign the forms where indicated.
10. When your application nears the top of the waiting list, you will be contacted to schedule an interview.
11. **ASK QUESTIONS!!** If you feel that you have not been fully informed or that you have not been treated fair, please contact the rental office 435-781-4156.

Be aware that falsification of any information on the application is cause for automatic rejection.

## **RENTAL APPLICATION FOR AFFORDABLE HOUSING**

I/We hereby offer to lease an apartment home at the above-named community. I/We present the following references which management may choose to investigate. Falsification of any information listed herein is cause for rejection of this application and/or termination of lease agreement. I/We understand that an address assignment will not occur until the availability of an apartment, approval of the application, and payment of all deposits and fees.

**ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR \$0  
DO NOT LEAVE ANY BLANKLINES**

Desired Move in Date: \_\_\_\_\_.

### APPLICANT AND FAMILY INFORMATION

List all permanent household members who will live in the apartment in the next 12 months.  
Be sure to list any temporarily absent members.

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

(Circle)

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

Is there anyone living with you now who will not be living at this community?      Yes    No

Are there any absent household members who normally would live with you?      Yes    No

Do you have full custody of your child(s)? (Proof Required)      Yes    No  
If yes, explain. \_\_\_\_\_

Does applicant request a handicap/disability adjustment to income?      Yes    No

Does Applicant request a special handicap accessible unit?      Yes    No

PERSONAL INFORMATION

Your Driver's License State ID# \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration \_\_\_\_\_

Spouse/Co-Tenant Driver's License State ID# \_\_\_\_\_ State Issued \_\_\_\_\_  
Expiration \_\_\_\_\_

(All Vehicles must be registered at the Management Office)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_

Do you have any pets? If yes, what type and weight? \_\_\_\_\_

Emergency Contact: List someone not living in the household.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

FULL TIME STUDENT INFORMATION

Is any member of the household under the age of 24 a student? Yes No

APPLICANT STATUS

Are you or any other household members claiming zero income?  
Not working or unemployed? Yes No

Will you or any adult member require a live-in care attendant  
for independent living? Yes No

Will your household be receiving Section 8 rental assistance all move-in? Yes No

Will you apply or be eligible for Section 8 rental assistance in the  
next 12 months? Yes No

If the answer to any of these questions is 'Yes' please explain.

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HEAD OF HOUSEHOLD EMPLOYMENT INFORMATION

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Date of Hire \_\_\_\_\_ Occupation/Title \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_ (before deductions)  
Do you have a second job? Yes | No Where? \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Date of Hire \_\_\_\_\_ Occupation/Title \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_ (before deductions)  
Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Supervisor \_\_\_\_\_  
Other Employment Income (such as self-employment) \_\_\_\_\_

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SPOUSE EMPLOYMENT INFORMATION (Other roommates must fill out separate application)

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Date of Hire \_\_\_\_\_ Occupation/Title \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_ (before deductions)  
Do you have a second job? Yes No Where? \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Date of Hire \_\_\_\_\_ Occupation/Title \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Gross Monthly income \_\_\_\_\_ (before deductions)  
Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Supervisor \_\_\_\_\_  
Other Employment Income (such as self-employment) \_\_\_\_\_

**RESIDENCE HISTORY**  
(3-year minimum)

**Current Address** \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you rent, own or live with family? \_\_\_\_\_

Moved in Date: (MM/YYYY) \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

Reason for moving

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Landlord/Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you rent, own or live with family? \_\_\_\_\_

Moved in Date: (MM/YYYY) \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

Reason for moving

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Landlord/Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you rent, own or live with family? \_\_\_\_\_

Moved in Date: (MM/YYYY) \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

Reason for moving

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Landlord/Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

I/We certify that this unit applied for will be the household's permanent residence and I/We do/will not maintain a separate subsidized rental unit in a different location.

Signature

Date

Signature

## 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 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>	



OTHER INFORMATION

Has anyone in the household ever filed bankruptcy? Yes | No

If yes, when? \_\_\_\_\_

Status of bankruptcy \_\_\_\_\_

Has anyone in the household ever been convicted of a drug offense? Yes | No

If yes, when? \_\_\_\_\_

Explain:

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Has anyone in the household ever been convicted of a felony? Yes | No

If yes, when? \_\_\_\_\_

Explain:

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Does anyone in the household have any pending felony charges? Yes | No

Explain:

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I/We hereby apply to lease an apartment of the above-named community on the terms set for the herein and agree that rent is payable on or before the first day of each month. I/We attest to Golden Spring Vernal, LLC, Agent for Owner of the property, that all statements contained community entails certain income restrictions and that residency is subject to rental qualifications. I/We understand and agree that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and/or imprisonment for terms of up to 5 years and its grounds for eviction if application is falsified. I/We understand and agree that in addition to the execution of a lease agreement and necessary addenda. I/We will execute a Tenant Income Certification attesting to the information contained herein, which will be made under penalty of perjury.

I/We understand that if I/we do not meet all the Rental Qualifying Standards and Admission Standards, my/our application will be denied.

I/We agree a) to be bound by and comply with the lease and all addenda, b) that the community will retain this application whether or nor it is approved, c) that everything stated in this application is true and complete to the best of my/our knowledge, d) that I/we grant the community authority to check my/our credit, employment, rental and criminal history, to secure follow-up credit reports and employment and income verifications, and to answer questions about its reports with me.us. I/We have the right to review this application and correct information that may be incorrect or missing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Golden Spring Vernal, LLC - Spring Meadow Estates**

992 West Main Street  
Vernal, Utah 84078  
435-781-4156

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**AUTHROIZATION**

The undersigned hereby give permission to have any information verified including my credit, employment, income, bank account, rental history and criminal background information. I/We also agree to hold Golden Spring Vernal, LLC and all related parties not liable for any issue arising from the release of such information. I/We understand that in reference to such inquiries, contact may include but is not limited to precious landlords, employers, federal, state, and local government agencies, banks and financial authorities, etc. I/We further agree that a photocopy of this authorization may be accepted with the same authority as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Date

**United States Department of Agriculture  
Rural Development  
Rural Housing Service**

**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_

RE: \_\_\_\_\_

Account or Other Identifying Number

\_\_\_\_\_  
Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances. Past
- and present landlord references Other consumer credit
- references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

**A copy of this authorization may be accepted as an original.**

Your prompt reply is appreciated.

\_\_\_\_\_  
Signature (*Applicant or Adult Household Member*)

\_\_\_\_\_  
Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 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.

*RHS Is An Equal Opportunity Lender*

SEE ATTACHED PRIVACY ACT NOTICE

## NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property .
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

**NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION- CONTINUED**

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 168a(f) or the Federal Claims Collection Act (31U.S.C. 3701(a)(3)).

## Asset Divestiture Certification

I Certify that:

During the past two years I have not sold or given away any assets for less than fair market value.

During the past two years I have sold or given away only the assets listed below for less than fair value.

Asset	Date of Disposal	Selling Price	Market Value	Cash Value*
		\$		
		\$		
		\$		
		\$		

\*Cash Value is the Market Value minus the reasonable costs incurred by selling or converting the asset to cash. Reasonable costs include:

1. Penalties for withdrawing funds before maturity
2. Broker/Legal fees
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine and/or 5 years imprisonment, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Golden Spring Vernal, LLC - Spring Meadow Estates**  
992 West Main Street  
Vernal, Utah 84078  
435-781-4156

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**Tenant Emergency Information**

This information will be kept confidential and used in an emergency to aid management, paramedics, emergency medical technicians and/or police. Use a separate sheet for each member of the household.

Tenants Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Medical Conditions (e.g. Diabetes, Asthma, heart problems etc.)

Condition	Medications	Physician for treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency please notify (list 3 relatives or close friends):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell/Other Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell/Other Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell/Other Phone: \_\_\_\_\_

Hospital \_\_\_\_\_ Mortuary \_\_\_\_\_

In the event of my death, I allow and assign the following people to take care of the personal business belonging in the apartment and have arranged with them to take care of all business transactions involving the apartment.

1.. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2.Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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Tenant Signature

Date



## STUDENT QUESTIONNAIRE

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

Property \_\_\_\_\_

Are you a student at an institute of higher education\*? Yes    No  
 (If you are unsure mark yes and we will verify it)

\* Institutes of higher education include post-secondary vocational institutions and accredited post-secondary colleges and universities.

If you have answered yes please answer the following questions, If you have answered no ignore the following questions and sign below.

	Yes	No
1. Are you a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will you be living with your parents?	<input type="checkbox"/>	<input type="checkbox"/>
3. If no:	<input type="checkbox"/>	<input type="checkbox"/>
a. Are your parents receiving or eligible to receive Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you claimed as a dependent on your parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you a veteran of the United States Military?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been independent of your parents for at least one year?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you disabled?	<input type="checkbox"/>	<input type="checkbox"/>
a. if yes, were you receiving housing assistance as of 11/30/2005?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you receiving any financial assistance to pay for your education?	<input type="checkbox"/>	<input type="checkbox"/>

If so, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

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## PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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

Signature: \_\_\_\_\_

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

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Spring Meadow Estates

251 North 200 East Vernal, Utah

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Uintah Basin Housing		RD
<b>Name of Owner/Managing Agent</b>	<b>Type of Assistance or Program Title:</b>	

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
----------------------------------	---------------------------------

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

### Exhibit 3-5: Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

#### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (see Sample Verification Consent Formin Exhibit 3-6).

AND

b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily

\_\_\_\_\_  
Signature Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

Phone: 435-781-4156

Fax: 435-781-4928

**Spring Meadow Estates**

992 West Main Street

Vernal, Utah 84078

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**Date:**

**Total Pages:**

**To:**

Community Housing Services  
ATTN: MEGAN

**From:**

Uintah Basin Housing  
ATTN: LOUISE WIEDMER  
992 West Main Street  
Vernal, Utah 84078  
Fax: 435-781-4928

**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 clearly

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
City	County	State
City	County	State
City	County	State
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.

---

Name and title of person Supplying the information	Organization/Firm
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Signature	Date
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## PENALTIES FOR MISUSING THIS FORM

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**We do business on accordance with the  
federal fair housing law**  
(The Fair Housing Amendments Act of 1988)

Date:

Property Name	Spring Meadow Estates	Phone	435-781-4156
Property Address:	221 West 350 North Vernal, Utah	Fax:	435-781-4928
Office Address:	992 West Main Street Vernal, Utah	Email:	louisebac@ubtanet.com

(Please return this form to the office address above)

To:	
Name:	
Address:	
City, State, Zip	

Re: Resident/Applicant

Name	
SSN	
Signature	

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OF ADDRESS OF EITHER THE PROPERTY NAME OR THE VERIFYER IS LEFT BLANK.

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 which 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dear Property Management Professional:

The above-named resident/applicant has applied for residency at SPRING MEADOW ESTATES. Anyone who wishes to live on the property must be screened prior to moving in. Screening is performed in compliance with HUD and fair housing requirements.

The applicant has indicated that he/she has rented a home from you within the last three years. We would sincerely appreciate your completion of the attached rental history questionnaire to assist us in the applicant screening process. If you have any questions, please feel free to contact me at the numbers provided. Thank you in advance for your cooperation.

Sincerely,

\_\_\_\_\_  
Property Manager  
Cc: Tenant File:



**Rental History Inquiry**  
To be completed by property manager or owner/agent

Are you willing or able to complete this form? Yes    No

- *If no, please sign this form and return via fax or email. Thank you for your time.*

- *If yes, please complete the questions below*

Did the applicant ever lease a unit from you? Yes    No

- *If no, please sign this form and return via fax or email. Thank you for your time.*

- *If yes, please complete the questions below*

Are you related in any way to the applicant? Yes    No

Move-in date: \_\_\_\_\_

Expected Move-out date: \_\_\_\_\_

	Yes	No	Unsure	N/A
<b>Lease Obligation</b>				
Has the applicant fulfilled their lease term?				
Has the applicant provided you with the required notice to vacate the unit?				
Did the applicant violate their lease?				
If this property receives federal assistance, has the applicant and his/her family fully and accurately disclosed employment, income and changes in family composition as required?				
If this property receives federal assistance, has the applicant been asked to enter into a repayment agreement to return assistance paid in error to the Department of Housing & Urban Development?				
Is the applicant currently under notice of eviction for lease violations or is an eviction for lease violations pending?				
<b>Payment History</b>				
What is the current monthly rent owed by the resident?				
Has the resident paid rent late twice or more in the last year?				
Has the resident given you two or more checks that have been returned for non-sufficient funds in the last year?				
Has the applicant paid all outstanding rent, damage or other charges?				
Are there any pending or outstanding judgments?				
<b>Unit Care</b>				
Was the unit always maintained in a decent, safe and sanitary manner?				
Has the applicant, their guests, or their family ever damaged the apartment or the property?				
Is there any history of bed-bugs, lice, fleas or other parasitic infestations?				
Does the applicant have a pet or other animal?				
If yes, did the applicant abide by any pet rules or requirements?				

## Rental History Inquiry

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By signing this form, I certify that the information I have provided is true and correct.

Name and position of verifier (Print) \_\_\_\_\_

Signature of Verifier \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: 435-781-4156

Fax: 435-781-4928

**Spring Meadow Estates**

992 West Main Street

Vernal, Utah 84078

---

**Date:**

**Total Pages:**

**To:**

**From:**

Uintah Basin Housing  
ATTN: LOUISE WIEDMER  
992 West Main Street  
Vernal, Utah 84078  
Fax: 435-781-4928

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

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**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 clearly

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

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

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

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 Golden Age Manor and all related parties as well as the organizations or individuals contracted by Golden Age Manor from any liability related to or arising from the release of such information. I understand that in reference to such inquires; 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.

-----

**TO BE COMPLETED BY BANK OR OTHER FINANCIAL INSTITUTION**

**Information Being Requested**

Account numbers:

---

Type of Asset	Value of Asset/interest rate*	Annual income from asset

\*If Asset is a checking or savings account, please provide 6-month average value of asset.

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

---

Name and title of person Supplying information	Organization/Firm
---	-------------------

---

Signature	Date
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**We do business on accordance with the  
federal fair housing law**  
(The Fair Housing Amendments Act of 1988)



Phone: 435-781-4156

Fax: 435-781-4928

**Spring Meadow Estates**

992 West Main Street

Vernal, Utah 84078

---

**Date:**

**Total Pages:**

**To:**

**From:**

Uintah Basin Housing  
ATTN: LOUISE  
992 West Main Street  
Vernal, Utah 84078  
Fax: 435-781-4928

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**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 clearly

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

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

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

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 Golden Age Manor and all related parties as well as the organizations or individuals contracted by Golden Age Manor from any liability related to or arising from the release of such information. I understand that in reference to such inquires; 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.

=====

**TO BE COMPLETED BY EMPLOYER**

**Information Being Requested**

Date Applicant Hired: \_\_\_\_\_ Occupation/position \_\_\_\_\_

Frequency paid (bi-weekly, bi-monthly, monthly) \_\_\_\_\_

If Paid Salary:

Amount Paid \_\_\_\_\_

If Paid Wage:

Hourly Rate \_\_\_\_\_ Average hours a week \_\_\_\_\_

Total Annual Income (estimate if necessary) \_\_\_\_\_

Commissions/week (estimate) \$ \_\_\_\_\_

Gratuities/week (estimate) \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

The above amount will change within the next 12 months:    Yes    No    Unsure

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

---

Name and title of person \_\_\_\_\_ Organization/Firm \_\_\_\_\_  
Supplying the information

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

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