

DANIELS CROSSING  
1820 West 1500 South Vernal, UT 84078  
435-781-4156

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Enclosed you will find the application for Daniels Crossing. 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

Move in

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

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

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

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

APPLICATION FOR  
ELDERLY  
HOUSING UNDER THE HUD  
202 PROGRAM

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Section I

Introduction

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Thank you for your interest in our senior apartment community.

Please read the application package completely and carefully. **The U.S Department of Housing & Urban Development (HUD) regulations limit occupancy of this apartment community to households where the head of household or spouse is 62 years of age or older.**

**Will you require the special features of a mobility accessible unit?**      Yes  No

Please complete **ALL PARTS** of this application package and have all adult family members 18 years of age or older sign the forms where indicated. Upon completion, please return the application to:

UBAC- Daniels Crossing Senior Apartments  
1820 West 1500 South  
Vernal, Utah 84078

When your application nears the top of the waiting list, you will be contacted to schedule an interview. You will be required to bring certain types of information to the interview in order to determine your eligibility.

Please be aware that falsification of any information on the application is cause for immediate rejection.

Should you have any questions concerning the application package, please contact our office at 435-781-4156, Fax: 435-781-4928, TTY& Voice 1-800-223-3131.

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Section II

General Instructions

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**Answering question on this form:**

Please answer questions truthfully and completely. Do not leave any sections or questions on this application blank, even if questions do not apply to you. Enter "none" or "N/A" for those questions. We will verify your answers, any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior resident history **is grounds for rejection.** Applications will not be considered unless they are filled in correctly.

**Answering questions pertaining to handicap or disability:**

Answers to questions concerning handicap or disability status are optional. However, without this information we may not be able to (1) determine your eligibility, or (2) determine eligibility for Certain deductions from income that affect rent.

**If** you answer these questions, we will need to verify that you or a family member is handicap or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. We will need to know that you meet the Federal definitions that apply to these terms and that you can abide by the term of our lease.

**Information you provide on handicap or disability status will be treated as confidential by management.**

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### Section III

### Options for applicant with disability or handicaps

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This project is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, disability or handicap. In addition, we have a legal obligation to provide reasonable accommodations\* to applicants if they or any family member(s) have a disability or handicap. Compliance actions may include reasonable accommodations, as well as structural modifications/features to the unit or premises.

**It may be necessary to determine whether an applicant family needs special features for their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.**

\*A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

- Making alterations to a unit so it could be used by family member with a wheelchair
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing-impaired member
- Permitting a family to have a seeing eye dog in a development where dogs are not usually permitted
- Making a sign language interpreter available to a hearing-impaired applicant during an interview
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria

An applicant family that has a member with a disability must still be able to meet essential obligations of residency – they must be able to pay rent, to care for their apartment, to report required information to management, avoid disturbing their neighbors, etc. There is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is completely up to you, if you would prefer not to discuss your situation with management, that is your right.

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### Section IV

### Special needs questionnaire

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This questionnaire is to be administered to every applicant and to tenants at recertification, to assist applicants and tenants with disabilities in obtaining access to the type of housing they need to have an

equal opportunity to enjoy their housing. Any information provided to Uintah Basin Assistance Council, and/or the projects it manages, on this form will be used solely for this purpose and will be kept completely confidential. Completing this form is completely voluntary. If you should find that you need an accessible feature or unit, or a live-in aide as a direct result of your disability, we will need to verify this information from a reliable source.

I choose not to complete this questionnaire: \_\_\_\_\_  
Applicant Signature

I choose to complete this questionnaire: \_\_\_\_\_  
Applicant Signature

Name of Person Completing Form: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

1. Do you, or does any member of your family, need any of the following as a direct result of a disability?

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom                            | <input type="checkbox"/> Unit for Vision Impaired  |
| <input type="checkbox"/> A barrier-free apartment                      | <input type="checkbox"/> Unit for Hearing Impaired |
| <input type="checkbox"/> One-level unit                                | <input type="checkbox"/> BR/Bath on 1st floor      |
| <input type="checkbox"/> Physical modifications to a typical apartment | <input type="checkbox"/> Live-in Aide              |
| <input type="checkbox"/> Other: _____                                  |  |

2. If you checked any of the above listed categories, please explain exactly what you need to accommodate your disability:

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3. Which family member needs the features identified above?

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4. Who should be contacted to verify your need for the features you have identified?

Name:

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Address:

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Phone:

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Section V

Resident Selection Policy

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Please be advised that our Resident Selection Policy requires that we thoroughly screen all applicants to determine suitability for residency. This includes a review of the following past behaviors:

Ability and willingness to (1) pay the rent, (2) care for the unit, (3) comply with the lease, (4) cooperate with management and staff

Accordingly, we may perform the following screening tasks listed below:

- Previous Landlords Verifications
- Personal References (where applicable)
- Credit/Criminal History Verifications
- Citizenship and/or Non-Citizen Verification
- Employment/Income Verifications
- Income/Assets Verifications
- Disability/handicap Verification
- Mobility Accessibility Verification

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Section VI

Application Assistance and Information Statement

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If you are Handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive this application or call us to schedule assistance.

**If you have vision, hearing, physical or other type of impairment that does not permit you to read this application, please advise us of your needs when you receive this application or call us to schedule assistance.**

**Assistance to insure equal access to this Notice will be provided in a confidential manner and setting.**

**Our TDD Number is:** \_\_\_\_\_



November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
<b>Asking Questions</b>	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

In accordance with SECTION 504 of the Rehabilitation Act of 1973, Daniels Crossing Senior Apartments hereby notifies the general public that:

- No Qualified individual with handicaps shall, solely on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under the federally assisted program or activity administered by Community Housing Services, Inc;
- It is the intention of Uintah Basin Assistance Council to take reasonable, affirmative steps to increase access and opportunities for handicapped individuals in all programs, services, and administrative operations.
- Uintah Basin Assistance Council has designated Jolene Daniels to serve as the 504 Coordinator for the nonprofit. Mrs. Daniels may be reached by dialing 435-781-4156.

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**Section IX****Application Information**

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Please **PRINT** all answers and fill them out as completely as possible.

**A. Household General Information**

Head of Household Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Household Member Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Street

Apt./Suite/House #

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

- Minority Status:         Caucasian  Asian  African American  Native American  
                                  Alaskan American  Pacific Islander  Other \_\_\_\_\_
- Ethnicity:                 Hispanic  Non-Hispanic
- Does anyone in the household benefit from Handicap Assistance?         Yes  No
- Are any members of your household (other than Head, Spouse, Co-Head) 18 years of age or over and a full-time student?         Yes  No
- Are there any Live-in care attendants who are part of the household?         Yes  No
- Do you have any household pet and or comfort assistance animals?         Yes  No

- Breed: \_\_\_\_\_ Size: \_\_\_\_\_ Spay/Neutered:  Yes  No
- Has anyone in the application household been subject to a sex offence charge (including juvenile)?  Yes  No
  - Who is your nearest living relative? Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_
  - Please list at least three personal references (not including family members or previous landlords):
    1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_
    2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_
    3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Housing Information**

Do you currently  Rent  Own

Do you live  alone  with spouse  with family  other \_\_\_\_\_

Do you currently live in subsidized housing?  Yes  No

Please provide current landlord and at least three previous landlords information for the past 5 years:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Residency: \_\_\_\_\_ to Current \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Residency: \_\_\_\_\_ to \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Residency: \_\_\_\_\_ to \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Residency: \_\_\_\_\_ to \_\_\_\_\_



C. Income Information

List **annual** income received from the following

Source	Head	Spouse/Co-head	Other Member
Social Security			
SSI			
Pension/Annuity			
retirement			
Employment			
Monetary Contributions			
Insurance policies			
Other (alimony, etc)			
Title V of the Older Americans Act			
<b>Total Annual</b>			

D. Asset Information

<b>Does your household have any of the following Income/Assets?</b>					
Type	Yes	No	Type	Yes	No
Checking Account			Certificates of Deposit		
Savings Account			Equity Rental Property		
Money Trust Market			Personal Property		

Irrevocable?			Cash Held		
<b>Type</b>	<b>Yes</b>	<b>No</b>	<b>Type</b>	<b>Yes</b>	<b>No</b>
Trust			Other Accounts not Listed		
Stocks/Bonds					
<b>Have you received lump sum payments from any source?</b>					
Inheritance			Capital Gains		
Lottery Winning			Other:		
Insurance Settlements i.e. health, accident, worker's compensation			Other:		
Do you hold assets jointly with another person? Describe:					
Have you disposed of any assets form less than Fair Market Value in the past two years? If yes, you will need to complete a Divestiture of Assets form with management.					

**E. Medical Expenses Information**

Do you have Medicare Ins.?      Yes | No      Premium Cost: \_\_\_\_\_

Do you have Medicaid Ins.?      Yes | No      Spend-down: \_\_\_\_\_

Do you have Supplementary Ins.?      Yes | No      Premium Cost: \_\_\_\_\_

What is your anticipated out-of-pocket medical expense for the next 12 months not covered by your insurance? \_\_\_\_\_

What Pharmacy(ies) do you use?

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Physicians name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

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**Section X**

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**Certification Statement**

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I/We hereby certify that the above information is correct to the best of my/our knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either part.

I/We understand false information will constitute ground for cancellation of this application or my/our lease if i/we should be housed.

I/We also authorize Uintah Basin Assistance Council to make inquiries as described above, to verify the information for this application.

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Head of Household Signature

Date

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Co-Head/Spouse Signature

Date

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**Section XI**

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**Release of Information/Hold Harmless**

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I Hereby consent to the release to Uintah Basin Assistance Council, their agents or employees, any information requested by them to verify and complete my application process for housing. I further authorize any party contacted by Uintah Basin Assistance Council to release any information as may be required to evaluate my application. I also agree to hold harmless Uintah Basin Assistance Council and all related parties as well as the organizations or individuals contacted by Uintah Basin Assistance Council from any liability related to or arising from the release of such information.

I understand that inquiries may include but may not be limited to identify, marital status, employment, income, assets, rental activity, criminal activity, credit history, medical allowances, etc.

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, banks and financial institutions, etc.

I understand that this authorization will not be used to obtain information which is not relevant to my eligibility and/or continued participation in housing managed by Uintah Basin Assistance Council

I further understand and agree that a photocopy of this document is as valid as the original.

**Refusal to sign this authorization may cancel this application.**

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Head of Household Signature

Date

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Co-Head/Spouse Signature

Date