

Silver Pines Senior Community
735 East 11000
Sandy UT, 84094
(8015231700) (8015232694)
Rental Application

Unit Number _____

Email Address: _____

PART I - HOUSEHOLD COMPOSITION

HH Mbr#	Last Name	First Name	Date of Birth	Relationship to Head of Household	Full time Student?	Drivers License Number	Social Security or Alien Reg No.
1					Y / N		
2					Y / N		
3					Y / N		
4					Y / N		
5					Y / N		
6					Y / N		
7					Y / N		
8					Y / N		
9					Y / N		

Do you anticipate a change in the household occupants in the next 12 months? YES NO
If Yes, please explain: _____

Do you have a pet? Yes No

PART II - STUDENT STATUS

Are ALL occupants of the household full time students? Yes No (Circle one)

If Yes, to the above, answer the following:

Is the household comprised of a single parent and with school age child(ren),
neither of whom are dependents of a third party? Yes No (Circle one)

Are Applicant & Co-Applicant married and do they file a joint income tax return? Yes No (Circle one)

Does the household receive TANF/AFDC? Yes No (Circle one)

Are any of the students currently or previously part of the Foster Care Program Yes No (Circle one)

Are any of the students, participants in the Job Training Partnership Act? Yes No (Circle one)

PART III - CONTACT INFORMATION- RENTAL HISTORY (Need 2 years of History)

Cell Phone ()	Home Phone ()
Present Address City State Zip	How Long? from to () Own () Rent Phone Monthly Payment \$
Name of Present Landlord/Mortgage Co.	City State Zip Day Phone () Night Phone ()
Previous Address City State Zip	How Long? from to () Own () Rent Phone Monthly Payment \$
Name of Previous Landlord/Mortgage Co.	City State Zip Day Phone () Night Phone ()

PART IV - IMPORTANT INFORMATION

AUTO #1 (Year, Make, Model, Color)	License Plate State	Payment Made to:	Monthly Payment \$
AUTO #2 (Year, Make, Model, Color)	License Plate State	Payment Made to:	Monthly Payment \$
Name of APPLICANT'S nearest Relative	Relationship	Address City State Zip	Phone ()
Emergency Contact	Relationship	Address City State Zip	Phone ()
Personal Reference	Relationship	Address City State Zip	Phone ()

PART V - SECTION 8

Do you receive Section 8 assistance? YES NO If YES, please complete the rest of this section

Name of Caseworker	Telephone number of Caseworker	Office:	Voucher Amount \$	Last Recertification Date
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PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)

Applicants Name:						
(Circle all applicat						
	Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
Current Employer		Position		How Long from _____ to _____		Supervisor Name
Telephone Number		Fax Number		Address		
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		Do you have more than one job?
\$ _____ per Hour / Week / Month				YES NO		YES NO
If Yes Weekly Amount						
\$ _____						
Second Employer		Position		How Long from _____ to _____		Supervisor Name
Telephone Number		Fax Number		Address		
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		Do you have more than one job?
\$ _____ per Hour / Week / Month				YES NO		YES NO
If Yes Weekly Amount						
\$ _____						
Previous Employer		Position		How Long from _____ to _____		Supervisor Name
Telephone Number		Fax Number		Address		
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		Do you have more than one job?
\$ _____ per Hour / Week / Month				YES NO		YES NO
If Yes Weekly Amount						
\$ _____						

(Circle each one individually)						
<i>OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Alimony / Child Support	YES	NO	\$ _____		Week / Month
	AFDC / TANF	YES	NO	\$ _____		Week / Month
	Social Security / Disability	YES	NO	\$ _____		Week / Month
	Retirement / Pension / Annuities	YES	NO	\$ _____		Week / Month
	Unemployment	YES	NO	\$ _____		Week / Month
	Worker's Compensation	YES	NO	\$ _____		Week / Month
	Recurring Gifts from Family	YES	NO	\$ _____		Week / Month
	Grants & Scholarships	YES	NO	\$ _____		Week / Month
	Military/Reserve Pay	YES	NO	\$ _____		Week / Month
	Other Recurring Monies	YES	NO	\$ _____		Week / Month

RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)

Applicants Name:						
(Circle all applicat						
	Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
Current Employer		Position		How Long from _____ to _____		Supervisor Name
Telephone Number		Fax Number		Address		
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		Do you have more than one job?
\$ _____ per Hour / Week / Month				YES NO		YES NO
If Yes Weekly Amount						
\$ _____						
Second Employer		Position		How Long from _____ to _____		Supervisor Name
Telephone Number		Fax Number		Address		
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		Do you have more than one job?
\$ _____ per Hour / Week / Month				YES NO		YES NO
If Yes Weekly Amount						
\$ _____						
Previous Employer		Position		How Long from _____ to _____		Supervisor Name
Telephone Number		Fax Number		Address		
Current Wages (Circle one)		Average Hours Per Week		Do you earn tips?		Do you have more than one job?
\$ _____ per Hour / Week / Month				YES NO		YES NO
If Yes Weekly Amount						
\$ _____						

(Circle each one individually)						
<i>OTHER INCOME: Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Alimony / Child Support	YES	NO	\$ _____		Week / Month
	AFDC / TANF	YES	NO	\$ _____		Week / Month
	Social Security / Disability	YES	NO	\$ _____		Week / Month
	Retirement / Pension / Annuities	YES	NO	\$ _____		Week / Month
	Unemployment	YES	NO	\$ _____		Week / Month
	Worker's Compensation	YES	NO	\$ _____		Week / Month
	Recurring Gifts from Family	YES	NO	\$ _____		Week / Month
	Grants & Scholarships	YES	NO	\$ _____		Week / Month
	Military/Reserve Pay	YES	NO	\$ _____		Week / Month
	Other Recurring Monies	YES	NO	\$ _____		Week / Month

PART VII - ASSETS

OTHER INCOME: Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

	Applicant Name: _____				Applicant Name: _____				
			Value	Annual Earnings			Value	Annual Earnings	
Cash on Hand	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Checking Account (6 month average)	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Savings Account	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Money Market, CD's and Other	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Stocks / Bonds	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
IRA'S, 401(K), Keogh	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Real Estate	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Boat, Trailer and Rec Vehicles	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Life Insurance Policies	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Other Assets	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Cash on Hand	YES	NO	\$ _____	\$ _____	YES	NO	\$ _____	\$ _____	
Total: \$ _____				\$ _____	Total: \$ _____				\$ _____
Has any member of the household disposed of an asset for less than fair market value in the past 24 months?							YES	NO	
If YES, please list:									

PART VIII- CERTIFICATION

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Cornerstone Residential, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement.

In addition, applicant has paid \$ _____ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 72 hours of the date of deposit, the \$ _____ holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ _____ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Cornerstone Residential, or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income history and employment history as necessary to verify all information put forth in the above referenced application for residency, faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense? Yes No (Circle one)

Have you ever been EVICTED? Yes No (Circle one)

Where you referred to the property by anyone? Yes No (Circle one)

If Yes, Who? _____

If Resident, Apt # _____

Applicant

Date

Applicant

Date

Management Representative

Date



Application Addendum

Initial

_____ The lessee certifies the accuracy of the information provided
_____ in connection with the application or recertification of annual
_____ income of the household of the lessee. I/We further understand that upon
_____ move in and recertification that each year all of my income, assets, and
_____ student status will be verified by management, or any other agent
_____ representing the property.

_____ The lessee agrees that the annual income or other eligibility requirements
_____ shall be deemed substantial and material obligations of his/her tenancy and
_____ that he/she will comply with all requests for information with respect there
_____ to the lesser. The lessee's failure to provide accurate information
_____ regarding such requirements (regardless of whether such inaccuracy is
_____ intentional or unintentional), or refusal to comply with the request for
_____ information will be deemed in violation with the lease agreement.

_____ I/We understand that if I/we do not disclose all income, assets, and student
_____ status I/we will not be eligible to live on this property. Not disclosing
_____ income, assets or student status is grounds for eviction.

Resident's Signature: _____ **Date:** _____

Resident's Signature: _____ **Date:** _____

Manager's Signature: _____ **Date:** _____

UNEMPLOYED/NON-EMPLOYED APPLICANT AFFIDAVIT

Resident Name: _____ Unit #: _____

Project Name: _____

1. For unemployed applicants/residents receiving unemployment benefits who also anticipate becoming employed, use the greater of the two incomes disclosed below on the Tenant Income Certification.
 - a. I am presently not employed. However, I am currently receiving unemployment benefits (verification attached) in the amount of \$_____ per week.
Unemployment benefits must be annualized and included in anticipated annual income.
 - b. I am not presently employed. However, I do anticipate becoming employed within the next twelve months. Based on my past experience, skills, and income history as reflected on my income tax return (copy required) for the most recent tax year. I expect to earn \$_____ per year when I become employed.
Anticipated amount must be included in gross annual income.
2. For non-employed applicants/residents, please check the box below and select appropriate reason for non-employment.
 - a. I am not presently employed and do not anticipate becoming employed within the next twelve months. Must state reason for non-employment: (retired, disabled/handicapped, student, fulltime parent, other_____).

I understand that this certification is made as part of the qualification procedure to determine eligibility for residency at these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject to me to immediate eviction. Under penalties of perjury, I certify the above are true to the best of my knowledge and belief.

Signature of Applicant/Resident

Date

Signature of Authorized Management Representative

Date

UNDER \$5,000 ASSET CERTIFICATION

(For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children)

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete all those which apply for 1 thru 4:

1. My/our assets include:

Cash Value*	Int. Rate	Total	Source	Cash Value*	Int. Rate	Total	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be [fully] accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding mortgage, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Thus, those amounts* are here included: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred – See Divestiture Of Assets form).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

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

ANNUAL STUDENT CERTIFICATION

Effective Date: _____

Move-in Date: _____

(MM/DD/YYYY)

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

Head of Household Name: _____

Unit Number: _____

BIN Number: _____

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, 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. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). **Verification of part time student status is required for at least one occupant.**
- C. _____ Household contains all FULL TIME students 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 1-4, below must be completed:

1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or most recent 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), Aid to Families with Dependent Children (AFDC)? (provide written verification/printout from source) YES NO
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment 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 was previously under foster care within 5 years of the effective date of the initial income certification? (provide verification of participation) YES NO

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

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.

Signature

(Date)

Signature

(Date)

Signature

(Date)

Signature

(Date)

Annual Student Certification

UHC Form 21 (Rev 1/2010)