

Silver Pines
735 East 11000 South
Sandy, Utah 84094
801-523-1700

Rental Application

Unit Number	
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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	Do you have a pet?
If Yes, please explain:			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

PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)

Applicants Name:							
(Circle all applical		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) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
Second Employer		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
Previous Employer		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
(Circle each one individually)							
OTHER INCOME:		Alimony / Child Support	YES	NO	\$ _____	Week / Month	
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>		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 applical		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) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
Second Employer		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
Previous Employer		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
(Circle each one individually)							
OTHER INCOME:		Alimony / Child Support	YES	NO	\$ _____	Week / Month	
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>		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: _____				
	YES	NO	Value	Annual Earnings	YES	NO	Value	Annual Earnings
Cash on Hand			\$ _____	\$ _____			\$ _____	\$ _____
Checking Account (6 month average			\$ _____	\$ _____			\$ _____	\$ _____
Savings Account			\$ _____	\$ _____			\$ _____	\$ _____
Money Market, CD's and Other			\$ _____	\$ _____			\$ _____	\$ _____
Stocks / Bonds			\$ _____	\$ _____			\$ _____	\$ _____
IRA'S, 401(K), Keogh			\$ _____	\$ _____			\$ _____	\$ _____
Real Estate			\$ _____	\$ _____			\$ _____	\$ _____
Boat, Trailer and Rec Vehicles			\$ _____	\$ _____			\$ _____	\$ _____
Life Insurance Policies			\$ _____	\$ _____			\$ _____	\$ _____
Other Assets			\$ _____	\$ _____			\$ _____	\$ _____
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

