

Elmbridge Apartments

Fax: (435) 649-3795
 Drop-off: 2200 Monitor Dr.
 Office Park City, UT 84060.
TDD Relay (800) 346-4128



FOR OFFICE USE ONLY

Date Received _____
 Time Received _____
 Received by _____
 Req. Apt. Type _____

Note: TDD service is available by calling the Utah Relay Service at 801-298-9484 in Salt Lake City or 1-800-346-4128 in greater Utah.

Complete the following and return it to the office by mail (see attached list) or in person to the respective office. Applications are placed in order of time and date they are received. APPLICATIONS MUST BE COMPLETED IN ENTIRETY. If you have questions or need assistance in completing the application, please contact the project manager. At the time of submission, an application interview will be conducted. Management reserves the right to request additional information to insure the application is complete. All adult members must complete a separate application.

Acceptance of an application does not insure admittance. Credit, criminal and personal background checks will be completed on each applicant as your name nears the top of the waiting list. Applicants will be approved or denied based on results of these checks. Applicant delays in obtaining the requested information may affect your position on the waiting list.

The fundamental nature of our housing program does not provide personal care services for individuals. All individuals must be able to provide the necessary personal care services they require without placing undue burden upon other residents or management.

PLEASE PRINT

Applicant name(s) _____
HEAD OF HOUSEHOLD (LAST NAME, FIRST NAME) (CO-HEAD/SPOUSE)

Address _____
City State Zip Code

Home Phone # _____ Work Phone # _____ Other Phone # _____
Specify

Emergency Contact _____
Name Address Phone#

COMPLETE THE FOLLOWING INFORMATION FOR ALL INDIVIDUALS WHO WILL BE LIVING IN THE UNIT:

Full Name	Relationship	Birth Date	Sex	Social Security #	D.L. or State ID #
	Head of Household				
	Co-Head/ Spouse				

Applicant certifies that the apartment applied for will be the applicant household's permanent residence and no member maintains a subsidized rental unit in a different location.

Briefly describe your reasons for applying:

NOTICE TO ALL APPLICANTS: OPTIONS FOR APPLICANTS WITH DISABILITIES

This property is managed by THE SELLERS GROUP. We are not permitted to discriminate against applicants and tenants on the basis of their race, color, religion, sex, national origin, familial status, disability, handicap, or source of income. We also have specific obligations which relate solely to people with disabilities or handicaps.

Please be advised that we have a legal obligation to make changes in policies and procedures (“reasonable accommodations”) and structural alterations (“physical modifications”) if it will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access and enjoy the housing program. We do not have to make a reasonable accommodation or a physical modification if the accommodation or modification costs too much money and is too difficult for us to do (poses “an undue financial and administrative burden”) or requires us to ignore or change a basic component of our housing program (a “fundamental alteration” in the housing program).

Please note that our obligation to provide a reasonable accommodation and/or physical modification does not require us to waive basic lease requirements for applicants or tenants with disabilities. An applicant or tenant family that has a member with a disability or handicap must still be able to meet the essential obligations of tenancy (pay rent, care for the apartment, report required information to the manager, avoid disturbing their neighbors, etc.) with or without a reasonable accommodation or physical modification.

If you or a member of your family has a disability or handicap and think you might need or want a reasonable accommodation or structural modification, you may request it at any time in the application process or after admission.

Handicap or Disability Information:

This information is voluntary. However, there are certain program benefits which are available to applicants and residents who are handicapped or disabled. **IF YOU DO NOT WISH TO BE CONSIDERED FOR THESE BENEFITS, OR THEY DO NOT APPLY TO YOU, PLEASE ENTER N/A HERE.**

Member Names	Handicap/Disability (optional) (if claiming, select definition from below)	Name and Address of Doctor or Organization that can verify information

Explanations

Handicapped: A physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the person’s ability to live independently; and is such that the person’s ability to live independently could be improved by more suitable housing conditions.

Chronic Mental Illness: A severe and persistent mental or emotional impairment that seriously limits the individual’s ability to live independently, and could be improved by more suitable housing conditions.

Disabled, USC: A physical or mental impairment that manifested itself before age 22, and that results in functional living limitations and requires some type of individually planned care or special services.

Disabled, SSC: This is a severe physical or mental impairment that makes the person unable to participate in a substantially gainful activity that he or she was capable of doing before. If the disability is blindness, the person must be 55 years old, or older to qualify under this definition.

Applicants who are Under the Age of 62 Applying to an Elderly Complex: Applicants who have a verifiable disability and are under the age of 62 may meet the eligibility requirements for this housing program. Any information obtained will be used solely to determine eligibility and will be kept completely confidential. If you are handicapped or disabled and would like this to be a consideration in determining your eligibility please inform management at this time.

Special Needs Apartments: Special needs apartments are those that have been modified for enhanced life enjoyment for people with disabilities. These apartments may include modifications to include equipment for the hearing impaired or special design for individuals with mobility impairments. If you or a member of your family have a disability and think you may need an apartment with special features, you may request it at any time. If you would prefer not to discuss your situation with management, that is your right. However, if you desire special features, we are required to obtain additional information to verify eligibility and assure the appropriate needs are met.

Apartment type requested:

Studio	1 Bedroom	2 Bedroom	3 Bedroom	Special Needs

RESIDENCE HISTORY

Current Address	Rent? _____ Own? _____	Move-in _____
Landlord Address	Phone # _____	Are you related? If so, how?

List the names of all household members at this address.

Do you expect to receive a refund of your security deposit? () YES () NO

Previous Address	Rent? _____ Own? _____	Move-in _____ Move-out _____
Landlord Address	Phone # _____	Are you related? If so, how?

List the names of all household members at this address.

Previous Address	Rent? _____ Own? _____	Move-in _____ Move-out _____
Landlord Address	Phone # _____	Are you related? If so, how?

List the names of all household members at this address.

A minimum of three years residential history is required. If more room is needed, please attach an additional sheet.

1. Have you ever resided in housing subsidized by the government () YES () NO If yes, please complete.

() _____

Property Name	Address	City, State, Zip	Phone #
Move-in date: _____		Move-out date: _____	

2. Have you ever been evicted from public or private housing () YES () NO If, yes, please complete.

() _____

Property Name	Address	City, State, Zip	Phone #
Move-in date: _____		Move-out date: _____	
Reason for eviction _____			

3. Do you own any pets? () YES () NO If yes, describe _____
4. Has any individual listed on this application ever used a different name or Social Security Number?
() YES () NO
If yes, list all: _____
5. Has any adult member of the household listed on the application ever resided in another state?
() YES () NO If yes, list all below. (If additional space is needed, please list on a separate sheet.)

Name of Family Member	City & State of Residency	Beginning & End Dates of Residency

6. Have you ever had gas service (Questar) in your name? () YES () NO
- Have you ever had electric service (UP&L) in your name? () YES () NO
- Have you ever had any phone service in your name? () YES () NO
- Have you ever had cable service in your name? () YES () NO
- Do you have any outstanding balances on any of these accounts? () YES () NO
- Are you able to have utility service connected in your name? () YES () NO

APPLICANT DISCLOSURE

The information regarding race, national origin, and sex designation, listed on this application is requested in order to assure the Federal Government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, family status, age and handicap are complied with. You are not required to furnish the information, but are encouraged to do so. This information will not be considered when evaluating your application or to discriminate against you in any manner. However, if you choose not to furnish it, the owner is required to complete the race/national origin, and sex of individual applicants on the basis of visual observation or surname. The information collected is required by the Fair Housing Office for statistical purposes only.

Race of Household

- White
 Black
 American Indian
 Asian
 Other

Ethnicity of Head of Household

- Hispanic
 Non-Hispanic

CRIME FREE HOUSING

1. Applicant agrees and warrants that he/she and any member of the applicant's household, any guests or other persons under the applicant's control shall not engage in and/or facilitate criminal activity on or near the apartment community including but not limited to violent criminal activity and/or drug-related activity.

2. Applicant further agrees and warrants that he/she and/or any member of the applicant's household shall not permit the dwelling to be utilized for and/or facilitate criminal activity, including but not limited to violent criminal activity and drug-related criminal activity. "Violent criminal/drug-related criminal activity" means the illegal manufacture, sale, distribution, or use of a controlled substance.

Do you or any member of your household use illegal drugs or other illegal controlled substances? YES NO

Have you or any member of your household ever been convicted of illegal distribution or manufacture of an illegal drug or other controlled substance? YES NO

Have you or any member of your household ever been convicted of any felony or misdemeanor, other than a traffic violation?
 YES NO If yes, explain: _____

Is any member of the applicant household subject to a sex offender registration program? YES NO

PERSONAL REFERENCES

List four (4) personal references, three (3) who are not related to head and co-head of the household, that you have known at least 2 years.

1. Name _____
Address _____
Phone # _____ How Associated _____
2. Name _____
Address _____
Phone # _____ How Associated _____
3. Name _____
Address _____
Phone # _____ How Associated _____
4. Name _____
Address _____
Phone # _____ How Associated _____

INCOME

The following information is being collected to determine eligibility for housing assistance. Information given will be verified and may be released to appropriate federal, state or local authorities. Fines of up to \$10,000.00 and/or imprisonment up to five years can be assessed for providing false or incomplete information.

(*List ALL sources: Public Assistance, Social Security, Pensions, Veterans Benefits, Unemployment, Wages, Alimony, Child Support, Self-employment, etc./full-time, part-time, seasonal for all household members age 18 or older.)

INCOME (CONT'D.)

HOUSEHOLD MEMBER	INCOME SOURCE (List name, address, phone #, supervisor name)	Hourly pay/ # of hours per week or monthly amount
		/
		/
		/
	TOTAL	

STUDENTS

Please list all family members who are full-time students:

EXPENSES

CHILDCARE EXPENSES – Childcare expenses (children under the age of 13) that are incurred allowing an adult member of the household to work or attend school are an allowed deduction for rent calculation. Childcare expenses would need to be verified prior to residency. Would you benefit from this allowed deduction? () YES () NO

MISCELLANEOUS EXPENSES - medical and handicap expenses are eligible financial deductions in rent calculations that are available to elderly households and/or individuals with a verified disability or handicap. If the head of household or spouse is elderly, or a member of the household has a disability or handicap, and would benefit from the allowed deductions, you may inform management at any time. Verification will be required. The following question is OPTIONAL. Would you benefit from the deduction at this time? () YES () NO

ASSETS

List the assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, real estate, etc.

Household Member	Description of Asset	Estimated Current Value	Estimated Annual Income From Asset

Do you have a checking account () YES () NO

Bank Name _____

Address _____

Do you have a savings account () YES () NO

Bank Name _____

Address _____

All assets will need to be verified prior to approval for residency. This will include account numbers and balances.

Do you own a vehicle? () YES () NO

If yes, describe: Make _____ Model _____ Year _____

License plate # _____ State _____

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment; will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read and understand the information in this application and we agree to comply with such information.

The Resident Selection Plan adhered to by the Property is available at the management office of the Property.

We understand that if this application is placed on the Property's Application List, that we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages, crime-free housing, and security deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair "Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE/CO-HEAD

DATE

SIGNATURE OF CO-APPLICANT

ATTACHMENT 5

FAMILY SUMMARY SHEET

List only those who will be residing in the apartment.

Member No.	Last Name of Family Member	First Name	Relationship	Sex	Full Time Student? Y or N	Date of Birth
Tenant						
2						
3						
4						
5						
6						
7						