

Westland Cove  
2560 W. Mocking  
Bird Way  
West Valley Utah  
84119  
801-955-0622  
Fax 801-955-0919

## Resident Selection Plan

Applicants will be considered regardless of race, color, religion, sex, national origin, age, military background or service, marital or familial status, or handicap. We will rent to all people that meet our Community Standards as outlined below. Credit, employment, criminal, and rental verifications will be conducted on all applicants over the age of 18.

### Income

Verifiable monthly income must exceed at least two times the monthly rent. If self-employed, you must sign a self-employment affidavit, and provide the necessary verifications.

- All applicants' income must remain under the government's income levels.

### Rental History

Must have verifiable current residency in good standing at an apartment community, real estate company or mortgage company. Applicants with no rental history must provide management with three letters of personal reference.

### Credit

Applicants with a reported bankruptcy in the last three years must provide management with a copy of the discharge letter.

\* Medical accounts are looked at on an individual basis.

If you are denied due to credit, you have 14 days to submit in writing a letter of appeal to management. Once you have provided management with your letter of appeal, we will look at the circumstances and respond to you in writing with our final answer. Applicants may be required to pay an additional security deposit based on credit rating.

### Criminal

Criminal record background will be checked through credit and law enforcement agencies. Applicants may be rejected for conviction of fraud, theft, drugs, assault and battery, or any violent crime, felony, or for numerous convictions of illegal activity.

### Occupant's

Maximum number of occupants per apartment:

2 bedrooms – 4 persons

3 bedrooms – 6 persons

Each individual is counted as a person regardless of age.

### Deposit/fee

\$\_\_\_\_\_ is required as a security deposit to hold any size apartment. It is refundable within 72 hours of receipt of deposit due to cancellation. Deposit is non-refundable after approval of the application. In the event the application is not approved the deposit will be refunded. Deposits cannot be used toward rent at any time during occupancy of the apartment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Westland Cove  
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84119  
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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any federal, state or local agency, organization, business, school, or individual to verify my application for tax credit at Westland Cove Apartments, and/or to maintain my conditioned residence at Westland Cove Apartments, which operates under Section 42 of the Internal Revenue Code. I understand and agree that this authorization and the information obtained will be used to determine my eligibility to obtain/maintain housing at Westland Cove Apartments.

INFORMATION COVERED

I understand that previous or current information regarding me or any members of my household (including dependant children) may be needed. Verifications and inquires that may be requested include, but not limited to:

Identity of Family Composition	Employment, Income and Assets
Residences and rental activity	Character/Behavior Background
Credit and Criminal Background	

GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes but are not limited to:

Previous landlords	Past/Present Employers	Retirement Systems
Court and Post Offices	Welfare Agencies	Veterans Administrations
Schools and Colleges	State Unemployment Agencies	Banks/Financial Institutions
Law Enforcement	Social Security Administration	Credit Providers/Credit Bureaus

CONDITIONS

I agree that a photocopy of this authorization may be used for purposes stated above. The original of this authorization is on file with Westland Cove Apartments and will stay in effect during my application process and/or rental period.

SIGNATURES FOR ALL RESIDENTS OVER 18 YEARS OF AGE:

_____ Signature	_____ Print Name	_____ Social Security Number
_____ Signature	_____ Print Name	_____ Social Security Number
_____ Signature	_____ Print Name	_____ Social Security Number
_____ Signature	_____ Print Name	_____ Social Security Number

Complete Questionnaire with black ink only

## Housing Credit Program Applicant Questionnaire

### Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

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

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

YES                      NO

- 1. Do you expect any additions to the household within the next twelve months?  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- 2. Is there anyone living with you now who won't be living with you at this property?  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- 3. Do you have full custody of your child(ren)? *(Provide proof of amount of time child(ren) will be living in unit.)*  
 Explanation: \_\_\_\_\_
- 4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*  
 Explanation: \_\_\_\_\_
- 5. Does your household have or anticipate having any pets other than those used as service animals?  
 \_\_\_\_\_

## Rental History

YES

NO



6. Have you or any one else named on this application filed for bankruptcy?

Explanation: \_\_\_\_\_



7. Have you or any one else named on this application been convicted of a felony?

Explanation: \_\_\_\_\_



8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs

Explanation: \_\_\_\_\_



9. Have you or any one else named on this application been convicted of property damage?

Explanation: \_\_\_\_\_



10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: \_\_\_\_\_

## Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(     ) _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(     ) _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(     ) _____	_____		

## Personal Reference

List a personal reference other than a relative.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone in the area that is not already on the application.

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES      NO  
        
 (EMC #01)

11. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company/Contact Name/phone #</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

       
 (EMC #02)

12. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #03)

13. **Regular pay as a member of the Armed Forces/Military?**

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #04)

14. **Unemployment benefits or workman's compensation?**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES            NO

             
(EMC #05)

15. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

             
If yes,            If no,  
(EMC #06)        (EMC #19)

16. (a) Child support or Alimony?  
*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)*

<u>Household Member</u>	<u>Payer</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency    *Name of Agency:* \_\_\_\_\_
- Court of Law                                    *Name of Court:* \_\_\_\_\_
- Directly from Individual                    *Name of Person:* \_\_\_\_\_
- Other    *Explain:* \_\_\_\_\_

             
(If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

             
(EMC #07)

17. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

             
(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

             
(EMC #08)

19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

             
(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

             
(EMC #08)

21. Regular gifts or payments from anyone outside of the household?

*(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES      NO  
        
 (EMC #08)

22. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #08)

23. Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #08)

24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

    

25. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: \_\_\_\_\_

**Asset Information:**

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES      NO  
        
 (EMC #09)

26. Checking or savings account?(checking should be average six month balance)

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	<u>Ck/svng</u>
_____	_____	<u>Ck/svng</u>

       
 (EMC #09)

27. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #10)

28. Stocks, bonds or securities

<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #09)

29. Trust Funds

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES      NO  
        
 (EMC #09)

30. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #09)

31. Whole life insurance policy?

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #10)

32. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?  
*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #10)

33. Personal property held as an investment?

*(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #13)

34. A safe deposit box?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #11)

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

### Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES      NO  
        
 (EMC #20)

36. Are you or any other ADULT household members claiming zero income?

Household Member: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

       
 (EMC #12 & #18)

37. Are you or any other household members (INCLUDING grades 1<sup>st</sup> thru 12<sup>th</sup>) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): \_\_\_\_\_  
 \_\_\_\_\_

YES      NO

       
(EMC #15 & #21)

38. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

    

39. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

    

40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

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

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Office Use Only

Date of Interview: \_\_\_\_\_

Desired Apt. #: \_\_\_\_\_

Desired Move-in Date: \_\_\_\_\_