



Attached is the application packet. Please make sure that all forms are completely filled out before returning the packet to the leasing office.

BLUE INK ONLY

- You must complete and sign all the attached forms.
- Fill in all blanks, write N/A for questions that do not apply.
- If you are not sure about a question, leave it blank and a staff member in the office can clarify to ensure that you understand the question(s) correctly.
- Do not use white out or pencil. If there is an error, draw a single line through it and initial the change.
- ALL adult household members (this includes household members the age of 18 years and older) need to complete and sign all forms.
 - If you have more than two adult household members or a household member turning 18 in the next 12 months, please fill out an additional household member application.
 - A Separate Release and Consent form must be completed for each adult household member

Items that you will need to bring with you to process your application:

- Driver's License *or* State Issued ID (ALL household members over 18 years of age and older)
- Social Security Card *or* ITIN card (ALL household members)
- Birth Certificate *or* Valid Passport (ALL household members)
- Two Separate Money Order (NO cash or personal checks accepted for these two items)
 - \$ 25.00 Per Adult (non-refundable) application fee
 - \$ 500.00 Security Deposit

If you have any questions, you may contact us by email the office at murraydepot@horizonutah.net or by phone at (801) 747-7117

Thank you for your cooperation in getting your paperwork completed in a timely manner.

Sincerely,
Horizon Property Management

RELEASE AND CONSENT

**Murray Depot
54 W. Fireclay Avenue
Murray, Utah 84107**

**(801) 747-7117
Fax: (385) 800-9003**

I, the undersigned, hereby authorize all persons of companies listed below to release without liability, information regarding employment income, and/or assets to Murray Depot for the purpose of verifying information on my/our apartment rental application.

INFORMATION COVERED:

I/we understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; student status; employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Tenant.

GROUPS OF INDIVIDUALS THAT MAY BE ASKED:

Past and present employers	Welfare Agencies	Veterans Admin.
Past and present landlords including	State unemployment agencies	Retirement systems
Public housing agencies	Social Security Admin.	Banks & other
Support and Alimony providers	Medical & child care	Institutions
Financial Admin.	Providers	Educational
Institutes		
Credit and Background check Agencies		

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this Authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review the file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident

Social Security #

Date

Things You Should Know!

Don't risk your chances for Affordable Housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for Tax Credit Affordable Housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties For Committing Fraud The United States Department of Housing and the Internal Revenue Service (IRS) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or housing unit:
- Required to repay all overpaid rental assistance you receive:
- Fined up to \$10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you fill out your application, you should know what is expected of you. If you do not understand something, leave it blank until you can ask the manager for assistance or clarification.

Signing the Application Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. When you sign the application and certification forms, you are claiming that they are complete and accurate. You are committing fraud if you sign a form knowing that it contains false or misleading information. Information you give on your application will be verified.

Recertifications You must provide updated information at least once a year. Tax Credit Affordable Housing requires that you report any changes in income or family/household composition immediately.

Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any asset that was sold in the last 2 years for less than its full value.

Signatures(s) _____

Date _____

Date _____

Applicant Screening Guidelines

Below are guidelines for leasing but does not include all criteria which may be considered.

- Income Restrictions Apply
- Market Rate Applicants must have an income of 2.5 times the amount of the rent for the unit in which they are applying for.
- Rental History
 - Applicants may be denied if they are found to have an unpaid balance owed to a previous landlord.
 - Applicants may be denied on prior rental history.
- Credit History
 - Applicants may be denied based on credit history.
 - Applicants with unpaid eviction judgements, large civil judgements, wage garnishments, other judgements or tax liens may be denied.
- Co-signers may be an option
 - If co-signer is necessary, an additional application fee will be required.
 - Co-signers may be denied based on credit and prior rental history.
 - Co-signers must meet certain income requirements.
 - Co-signers will be obligated for the entire length of residency and until all lease obligations have been met.
- Criminal Backgrounds
 - Applicants who are rejected due to criminal history have the right to appeal.
 - Appeals must be submitted to management in writing within 10 days of the denial.
 - Appeals will be reviewed on a case by case analysis.
- Bankruptcies
 - Applicants with open bankruptcies may be denied.
 - Previous bankruptcies will be reviewed on case by case analysis.
- Those households with multiple applicants that have various credit ratings that are not all accepted will be reviewed. There may be additional requirement if accepted after having been reviewed.
- Applicant must put utilities in their name effective on their move-in date and the utilities must remain in their name throughout tenancy.
- A \$500 security deposit will be required to hold the rental unit for any applicant. Payment of the security deposit does not guarantee a rental unit.
 - If the application is denied, the deposit will be refunded in full.
 - All deposits must be paid in full prior to lease signing.
- Rejected applicants
 - Applications that are rejected for any reason must wait six months before getting on the waiting list or reapplying.

All applicants must meet all program requirements.

IMPORTANT INFORMATION (Head of Household)

Head of Household Phone # () _____	Head of Household Cell Phone # () _____	Head of Household Email Address:
Head of Household's Driver's License or State ID#		State of Issuance:
Name of Head of Household's nearest relative not living with you:	Home Phone: () _____	Cell Phone: () _____
		Relationship?
Emergency contact name and address not living with you:	Home Phone: () _____	Cell Phone: () _____
		Relationship?

RENTAL HISTORY (Head of Household) Previous 2 Years

Current Address	City	State	Zip	How Long? From to	() Rent () Own	Monthly Payment \$ _____
Name of Present Landlord/Mortgage Co.	City	State	Zip	Phone: () _____		
Reason for leaving?						
Previous Address	City	State	Zip	How Long? From to	() Rent () Own	Monthly Payment \$ _____
Name of Previous Landlord/Mortgage Co.	City	State	Zip	Phone: () _____		
Reason for leaving?						
Previous Address	City	State	Zip	How Long? From to	() Rent () Own	Monthly Payment \$ _____
Name of Previous Landlord/Mortgage Co.	City	State	Zip	Phone: () _____		
Reason for leaving?						

INCOME (PREVIOUS if worked in the last 3 months) (Head of Household)

(Circle all applicable)	Employed Full Time	Employed Part Time	Self Employed	Anticipated Income	Non-Employed
Current Employer			Position:	How Long? From: To: Current	
Current Wages (Circle One) \$ _____ per Hour / Week / Month	Average hours worked per week:	Do you earn tips? YES / NO If yes, how much? \$ _____ per week		Supervisor Name:	
Phone Number: () _____	Fax Number: () _____	Address:			
2nd Job			Position:	How Long? From: To: Current	
Current Wages (Circle One) \$ _____ per Hour / Week / Month	Average hours worked per week:	Do you earn tips? YES / NO If yes, how much? \$ _____ per week		Supervisor Name:	
Phone Number: () _____	Fax Number: () _____	Address:			
Previous Employer			Position:	How Long? From: To:	
Ending Wages (Circle One) \$ _____ per Hour / Week / Month	Average hours worked per week:	Did you earn tips? YES / NO If yes, how much? \$ _____ per week		Supervisor Name:	
Phone Number: () _____	Fax Number: () _____	Address:			

OTHER INCOME (Head of Household)

Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.

Form #		(Circle each one individually)		
35	Not Employed (If not currently working circle Yes)	YES	NO	\$ _____
34 or 38	Self-Employed	YES	NO	\$ _____
47	Unemployment	YES	NO	\$ _____
8	Disability / Worker's Compensation / Severance Pay	YES	NO	\$ _____
41	Social Security / SSI Benefits (Disability)	YES	NO	\$ _____
49	VA Benefits	YES	NO	\$ _____
19	Retirement / Pension / Annuities	YES	NO	\$ _____
16	Military Pay	YES	NO	\$ _____
52	Public Assistance (AFDC / TANF / W-2) / Welfare	YES	NO	\$ _____
28	Child Support / Alimony / Family Maintenance	YES	NO	\$ _____
24	Recurring Gifts / Contributions	YES	NO	\$ _____
33	Rental Income	YES	NO	\$ _____
15	Lottery Winnings Paid Periodically	YES	NO	\$ _____
2	Adoption Assistance	YES	NO	\$ _____
45	Trust Income	YES	NO	\$ _____
9 or 30	Educational Financial Assistance (Grants & Scholarships)	YES	NO	\$ _____
17	Other Recurring Monies: _____	YES	NO	\$ _____
17	Any other income not listed above: _____	YES	NO	\$ _____
40	Zero Income (If you personally have NO income. This question does not include income from your spouse/co-head or other household members.)	YES	NO	\$ _____

ASSETS (Head of Household)

*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. Complete asset information for **every** household member; ask for additional forms.*

Form #		(Circle One)		Value	Interest Rate	Bank / Institution
6	Checking Account	YES	NO	\$ _____	_____	_____
6	Savings Account	YES	NO	\$ _____	_____	_____
27	Cash on Hand/Safety Deposit Box	YES	NO	\$ _____	_____	_____
27	Pre-Paid Debit Card	YES	NO	\$ _____	_____	_____
5	Money Market, CD's and Other	YES	NO	\$ _____	_____	_____
4 or 42	Stocks/Bonds/Mutual Funds	YES	NO	\$ _____	_____	_____
12	IRA's/Keogh	YES	NO	\$ _____	_____	_____
1	401(K)	YES	NO	\$ _____	_____	_____
5	Treasury Bill	YES	NO	\$ _____	_____	_____
22	Real Estate	YES	NO	\$ _____	_____	_____
18	Pension/Annuity	YES	NO	\$ _____	_____	_____
45	Trust	YES	NO	\$ _____	_____	_____
13	Land Contract/Deed of Trust	YES	NO	\$ _____	_____	_____
15	Lottery Winnings (Lump Sum)	YES	NO	\$ _____	_____	_____
36	Personal Property (held as an investment)	YES	NO	\$ _____	_____	_____
50	Life Insurance Policies (universal or whole life policies only)	YES	NO	\$ _____	_____	_____
	Other Assets	YES	NO	\$ _____	_____	_____

IMPORTANT INFORMATION (Co-Head)

Co-Head Phone # () _____	Co-Head Cell Phone # () _____	Co-Head Email Address:
Co-Head's Driver's License or State ID#		State of Issuance:
Name of Co-Head's nearest relative not living with you:	Home Phone: _____ () _____	Cell Phone: _____ () _____
		Relationship?
Emergency contact name and address not living with you:	Home Phone: _____ () _____	Cell Phone: _____ () _____
		Relationship?

RENTAL HISTORY (Co-Head) Previous 2 Years

Current Address	City	State	Zip	How Long? From to	() Rent () Own	Monthly Payment \$ _____
Name of Present Landlord/Mortgage Co.	City	State	Zip	Phone: () _____		
Reason for leaving?						
Previous Address	City	State	Zip	How Long? From to	() Rent () Own	Monthly Payment \$ _____
Name of Previous Landlord/Mortgage Co.	City	State	Zip	Phone: () _____		
Reason for leaving?						
Previous Address	City	State	Zip	How Long? From to	() Rent () Own	Monthly Payment \$ _____
Name of Previous Landlord/Mortgage Co.	City	State	Zip	Phone: () _____		
Reason for leaving?						

INCOME (PREVIOUS if worked in the last 3 months) (Co-Head)

(Circle all applicable)	Employed Full Time	Employed Part Time	Self Employed	Anticipated Income	Non-Employed
Current Employer			Position:	How Long? From: To: Current	
Current Wages (Circle One) \$ _____ per Hour / Week / Month	Average hours worked per week:	Do you earn tips? YES / NO If yes, how much? \$ _____ per week		Supervisor Name:	
Phone Number: () _____	Fax Number: () _____	Address:			
2nd Job			Position:	How Long? From: To: Current	
Current Wages (Circle One) \$ _____ per Hour / Week / Month	Average hours worked per week:	Do you earn tips? YES / NO If yes, how much? \$ _____ per week		Supervisor Name:	
Phone Number: () _____	Fax Number: () _____	Address:			
Previous Employer			Position:	How Long? From: To:	
Ending Wages (Circle One) \$ _____ per Hour / Week / Month	Average hours worked per week:	Did you earn tips? YES / NO If yes, how much? \$ _____ per week		Supervisor Name:	
Phone Number: () _____	Fax Number: () _____	Address:			

OTHER INCOME (Co-Head)

Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.

Form #		(Circle each one individually)		
35	Not Employed (If not currently working circle Yes)	YES	NO	\$ _____
34 or 38	Self-Employed	YES	NO	\$ _____
47	Unemployment	YES	NO	\$ _____
8	Disability / Worker's Compensation / Severance Pay	YES	NO	\$ _____
41	Social Security / SSI Benefits (Disability)	YES	NO	\$ _____
49	VA Benefits	YES	NO	\$ _____
19	Retirement / Pension / Annuities	YES	NO	\$ _____
16	Military Pay	YES	NO	\$ _____
52	Public Assistance (AFDC / TANF / W-2) / Welfare	YES	NO	\$ _____
28	Child Support / Alimony / Family Maintenance	YES	NO	\$ _____
24	Recurring Gifts / Contributions	YES	NO	\$ _____
33	Rental Income	YES	NO	\$ _____
15	Lottery Winnings Paid Periodically	YES	NO	\$ _____
2	Adoption Assistance	YES	NO	\$ _____
45	Trust Income	YES	NO	\$ _____
9 or 30	Educational Financial Assistance (Grants & Scholarships)	YES	NO	\$ _____
17	Other Recurring Monies: _____	YES	NO	\$ _____
17	Any other income not listed above: _____	YES	NO	\$ _____
40	Zero Income (If you personally have NO income. This question does not include income from your spouse/co-head or other household members.)	YES	NO	\$ _____

ASSETS (Co-Head)

*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. Complete asset information for **every** household member; ask for additional forms.*

Form #		(Circle One)	Value	Interest Rate	Bank / Institution
6	Checking Account	YES NO	\$ _____	_____	_____
6	Savings Account	YES NO	\$ _____	_____	_____
27	Cash on Hand/Safety Deposit Box	YES NO	\$ _____	_____	_____
27	Pre-Paid Debit Card	YES NO	\$ _____	_____	_____
5	Money Market, CD's and Other	YES NO	\$ _____	_____	_____
4 or 42	Stocks/Bonds/Mutual Funds	YES NO	\$ _____	_____	_____
12	IRA's/Keogh	YES NO	\$ _____	_____	_____
1	401(K)	YES NO	\$ _____	_____	_____
5	Treasury Bill	YES NO	\$ _____	_____	_____
22	Real Estate	YES NO	\$ _____	_____	_____
18	Pension/Annuity	YES NO	\$ _____	_____	_____
45	Trust	YES NO	\$ _____	_____	_____
13	Land Contract/Deed of Trust	YES NO	\$ _____	_____	_____
15	Lottery Winnings (Lump Sum)	YES NO	\$ _____	_____	_____
36	Personal Property (held as an investment)	YES NO	\$ _____	_____	_____
50	Life Insurance Policies (universal or whole life policies only)	YES NO	\$ _____	_____	_____
	Other Assets	YES NO	\$ _____	_____	_____

JOINT ACCOUNTS

Are any of the assets listed above joint accounts?	YES	NO
If YES, please list: _____		
Has any member of the household sold any real estate in the last 24 months?	YES	NO
If YES, please list: _____		
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: _____		

CERTIFICATION

Have you or any other person anticipated to occupy the premises ever been convicted of any criminal offense, felony or misdemeanor? YES NO

If Yes, please provide Details: _____

Have you or any other person anticipated to occupy the premises ever been part of a plea agreement relating to any criminal activity? YES NO

If Yes, please provide Details: _____

Have you or any other person anticipated to occupy the premises ever been arrested, accused, detained, convicted, or otherwise been involved in any sex related crime? YES NO

If Yes, please provide Details: _____

Are you or any person anticipated to occupy the premises now or have ever been listed on any sex offender list? YES NO

If Yes, please provide Details: _____

Do you or any person anticipated to occupy the premises have any outstanding warrants? YES NO

If Yes, please provide Details: _____

Do you or any other person anticipated to occupy the premises have any pending case or action relating to any type of criminal offense? YES NO

If Yes, please provide Details: _____

Have you or any other person anticipated to occupy the premises ever been arrested, or have any criminal record not previously disclosed above? YES NO

If Yes, please provide Details: _____

If you have answered any of the above questions affirmatively you may want to provide the details and any mitigating information that you desire. If you are denied due to your criminal history, you may appeal such decision in writing by providing such appeal along with any additional information you would like considered to the management.

Do you have any other names or aliases you have gone by? YES NO

If Yes, please explain: _____

Have you previously applied to or lived at a Horizon Property Management (HPM) community? YES NO

If Yes, please explain: _____

Do you owe HPM or any other management group money? YES NO

If Yes, please explain: _____

Do you have any pet(s)? YES NO

If Yes, please explain: _____

Will this be your only place of residence? YES NO

If No, please explain: _____

Have you ever filed for bankruptcy? YES NO

If Yes, please give dates and which states: _____

Has an eviction action ever been filed against you? YES NO

If Yes, please explain: _____

How did you hear about us?

Please be specific: _____

I hereby certify that all information provided in this rental application is true and complete to the best of my knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I applied. I further understand and agree that the owner/management agent will use this information to investigate my credit worthiness through credit bureaus, criminal checks and landlord verification. I further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I understand that we may be subject to eviction or punishable by law.

I certify that all persons who will reside within the premises are and will be legally residing within the United States. Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

The security deposit is refundable during the application process if the application is not approved by HPM or if cancelled by the applicant within 24 hours of application submittal. I hereby deposit \$_____ as an earnest money deposit to be refunded to me in full within ten (10) business days if the application is not approved or accepted. I hereby waive any claim to damages by reason of non-acceptance. Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to execute a lease agreement before possession is delivered and to pay the balance of the security deposit and other move-in costs. **ONCE APPROVED, IF I FAIL TO TAKE POSSESSION OF THE APARTMENT, THE DEPOSIT WILL BE FORFEITED.**

Applicant Signature

Date

Applicant Signature

Date

