



HOUSING AUTHORITY OF UTAH COUNTY
 485 N Freedom Blvd.
 PROVO, UT 84601
 (801) 373-8333

FOR OFFICE USE ONLY _____ Bd Q DCL

NUMBER: P:\forms\PH\Rental App 11.08.11

CODE: INI:



RENTAL APPLICATION for HAUC OWNED PROPERTIES

(Please fill out the application in blue or black ink!)

NAME:		PHONE: ()
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP CODE:
Circle where you would prefer to live:	FAMILY HOUSING: Lindon Orem Springville Spanish Fork No Preference	
	SENIOR HOUSING: American Fork Orem Springville No Preference	
When will you be available to move?		Are you a Veteran?
A complete mailing address is critical. If our correspondence is returned, or if you do not respond, your file will be closed!		

I. FAMILY COMPOSITION: *List all persons who will be living in the household.*

Full Name as it appears on Social Security Card	Relationship to Head of Household	Sex F/M	Social Security Number	Birthdate mm/dd/yy	Age	Ethnicity See * Below
	Head					

*Please choose one of the following for each family member: 1. White 2. Black 3. Indian/Alaskan 4. Asian/Pacific Islander 5. Hispanic
 This information is optional and used for statistical purposes only.

Has any adult household member ever used any names (maiden name, etc.) or Social Security numbers other than the ones currently in use? If YES, indicate whose card it is, the name use, and number on that Social Security card? _____	Y N
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II. PREVIOUS GOVERNMENT HOUSING ASSISTANCE:

Have you ever received any Federal Housing Assistance from any Housing Authority?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, when?	Where?
Have you been evicted or denied assistance from any governmental housing program?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, when?	Which program & why?
Have you ever been evicted or denied Federal Housing Assistance by any Housing Authority?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, when?	Why?
Do you owe money to any Housing Authority?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, how much?	Which Housing Authority?
Do you currently hold a Section 8 Voucher?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Issue Date:	Expiration Date:

III. EMERGENCY INFORMATION (Person to contact in case of an emergency [relative, close friend, etc.])	
Name:	Phone: ()
Complete Address:	

IV. DISABILITY:			
Does a Member of Household have a disability?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Do you require a specific accessible unit? (mobility, vision or hearing impaired?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you or a member of your household require a reasonable accommodation? If yes, what accommodation?	<input type="checkbox"/> NO <input type="checkbox"/> YES		

V. PETS:		
Do you have any type of pet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what type?

VI. LANDLORD INFORMATION - List your three [3] most recent landlords. <u>Failure to provide this information may result in the delay or denial of your application</u>			
	PRESENT LANDLORD	PREVIOUS LANDLORD 1	PREVIOUS LANDLORD 2
Name			
Street Address			
City, State, ZIP			
Phone (area code)	()	()	()
How long did you rent?			
Were you evicted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when? (month/year)			
If yes, please explain.			

VII. INCOME - Please consider all sources of income and monies received or paid in your behalf for yourself and all members of the household. If you answer YES to any questions below, you must provide all requested information on the following table. Amounts must be gross (before tax), monthly, whole-dollar totals. Provide income verification of all monies received by all household members. Verifications could include: printouts from Department of Workforce Services, Office of Recovery Services, or Social Security; the most recent month's check stubs; bank statements, etc.

1	Does any household member receive full-time or part-time earnings from any type of employment, including self-employment?	Y	N
2	Does any household member own a business or receive earnings as an independent contractor?	Y	N
3	Does any household member receive cash, tips, bonuses, commissions, or any type of compensation for providing any type of services?	Y	N
4	Does any household member receive unemployment compensation, worker's compensation, or severance pay?	Y	N
5	Does any household member receive any type of Social Security?	Y	N
6	Does any household member receive child support directly from the absent parent and/or from any child support recovery unit?	Y	N
7	Does anyone in your household receive any type of income, money, or financial support from any source any source other than the ones we have asked about?	Y	N

Question #	HOUSEHOLD MEMBER (NAME)	EMPLOYER or INCOME PROVIDER	ADDRESS including City, State, Zip	PHONE NUMBER and FAX NUMBER	GROSS MONTHLY AMOUNT

VIII. BANK INFORMATION - If you answer YES to the question below, you must provide all information on the following table.			
1	Does ANY household member have a savings or checking account?		Y N
FINANCIAL INSTITUTION		FINANCIAL INSTITUTION	
Name of Bank		Name of Bank	
Address		Address	
City/St/Zip		City/St/Zip	
Phone/Fax		Phone/Fax	
Name(s) on Account		Name(s) on Account	
Account Number		Account Number	
Regular Checking Account	Y N	Regular Checking Account	Y N
Regular Savings Account	Y N	Regular Savings Account	Y N
Certificates of Deposit	Y N	Certificates of Deposit	Y N
Other asset account (specify)	Y N	Other asset account (specify)	Y N
Dollar Amount of asset	\$	Dollar Amount of asset	\$

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I AM NOT FALSIFYING OR WITHHOLDING ANY INFORMATION FROM THE HOUSING AUTHORITY OF UTAH COUNTY. IF ANY INFORMATION IS FOUND TO BE FALSE OR WITHHELD, HOUSING ASSISTANCE MAY BE DENIED.

ALL RESPONSES ON THIS APPLICATION ARE SUBJECT TO VERIFICATION THROUGH GOVERNMENT (BOTH FEDERAL AND STATE), SOCIAL SERVICES, LAW ENFORCEMENT AGENCIES, COURTS, CLERGY, PHYSICIANS & PUBLIC OR PRIVATE SHELTERS/COUNSELING CENTERS.

I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE HOUSING AUTHORITY OF ANY CHANGES IN MY APPLICATION WITHIN SEVEN WORKING DAYS OF THE CHANGE OCCURRING.

TO REQUEST AUXILIARY AIDS OR SERVICES PLEASE CONTACT AMBER MAXWELL AT (801)373-8333 EXT 107, AMAXWELL@HOUSINGUC.ORG

I hereby certify that the above information is correct and complete to the best of my knowledge. I understand that 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 U.S. Government as to any matter within its jurisdiction.

_____	_____
Signature of Head of Household	Date
_____	_____
Signature of Spouse or Other Adult	Date
_____	_____
Signature of Other Adult	Date
_____	_____
Signature of Other Adult	Date

Notice of Right to Reasonable Accommodation

(This form is available in larger font or alternative format upon request)

If you have a disability and as a result of your disability you need...

- A change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.

If you can show that you have a disability and if your request is reasonable (***does not pose an undue financial and administrative burden**), we will try to make the changes you request.

We will give you an answer within 10 days of your request unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will help you.

You can get a **REASONABLE ACCOMMODATION REQUEST FORM** at the Housing Authority of Utah County office located at 485 N Freedom Blvd. Provo, UT 84601 or online at www.housinguc.org Or by calling 801-373-8333 or TTY/TDD 1-800-346-4128

Note: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing.

****This legal phrase means if it is not too expensive and too difficult to arrange or does not comply with Federal, State or Local laws.***

Notice of Non-discrimination

The Housing Authority of Utah County does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and provides equal access to all programs administered by the Housing Authority of Utah County. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Amber Maxwell, Deputy Director
485 N Freedom Blvd.
Provo, UT 84601
801-373-8333 ext 107
amaxwell@housinguc.org

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Amber Maxwell at 801-373-8333, ext 107.