

HOUSING AUTHORITY OF UTAH COUNTY

Spring Lake Apartments

The Housing Authority owns and manages the Spring Lake Apartments. This 13-unit complex was built specifically for individuals who receive the majority of their income from agriculture. If there are no applicants with agricultural income, other qualified applications will be accepted. Tenants pay approximately 30% of their adjusted gross monthly income as rent.

Qualifications

To qualify to live in the Spring Lake Apartments, applicants must meet the following requirements:

1.Low Income Eligibility:	<u># in Household</u>	<u>Adjusted Monthly Income</u>
	2	\$ 3,983
	3	\$ 4,483
	4	\$ 4,979
	5	\$ 5,379
	6	\$ 5,775
	7	\$ 6,175
	8	\$ 6,570

2. The person with the majority of the agricultural income must be in the United States legally, and
3. All adults must pass a background screening check.

How to Apply

- Obtain a Spring Lake Apartment application from the Housing Authority of Utah County, 485 N Freedom Blvd. Provo, UT 84601.
- Submit completed application with all required documents to our office. The application and all forms must be filled in completely with required signatures as indicated. Please provide the following information with your application:
 - A. Verification from all sources of income and assets;
 - B. A social security card (if applicable) for each household member, or a signed statement (if applicable) that the person has never received a social security number;
 - C. A photo identification for anyone 18 and older;
- Wait for the Housing Authority to contact you when an appropriate unit becomes available. We will screen your application at that time. We will then conduct an unannounced home visit to provide us with important information on how well you take care of your present housing.

The Housing Authority maintains separate waiting lists for each program they administer. The length of time an applicant is on the waiting list depends upon the date of application, family size, preference criteria and unit availability. The Housing Authority of Utah County **DOES NOT** provide emergency housing assistance.

If you have any questions concerning this program and its availability call the Housing Authority of Utah County at 373-8333.



Housing Authority of Utah County
485 N Freedom Blvd. Provo, UT 84601
Phone: (801) 373-8333 Fax: (801) 373-2270

SPRING LAKE HOUSING APPLICATION

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

NAME:		PHONE: ()
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP CODE:
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. (A photo ID & matching Social Security card or Resident Alien card is required for the head of household or spouse with agriculture income.)

Full Name	Relationship to Head of Household	Social Security Number	Birth date - mm/dd/yy	Age
	Head			

III. DISABILITY:

Would you benefit from a unit with special handicap accessible design features? ☐ Yes ☐ No
If you or your spouse are 62 years of age or older or if you are handicapped or disabled of any age, you are eligible for a medical deduction. Do you wish to apply for this deduction? ☐ Yes ☐ No (If so, third-party verification will be required.)

IV. PETS:

Do you have any type of pet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what type?
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V. EMERGENCY INFORMATION: (Person to contact in case of an emergency [relative, close friend, etc.])

Name:	Phone: ()
Complete Address:	

VI. 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?

VII. LANDLORD INFORMATION:							
	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.							

VIII. CREDIT REFERENCES: (List three [3] credit references)			
Name			
Account Number			
Mailing Address			
City, State, ZIP			
Phone (area code)	()	()	()

IX. PERSONAL REFERENCES: (List three [3] personal references excluding relatives)			
Name			
Mailing Address			
City, State, ZIP			
Phone (area code)	()	()	()

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

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 MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION.

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 RURAL HOUSING DEVELOPMENT CORPORATION OF ANY CHANGES IN MY APPLICATION WITHIN SEVEN WORKING DAYS OF THE CHANGE OCCURRING.

I HEREBY CERTIFY THAT THE UNIT I AM APPLYING FOR WILL BE MY HOUSEHOLD'S PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

Signature of Applicant: _____

Date: _____

My family meets the definition of "Special Needs" as listed below: Yes <input type="checkbox"/> No <input type="checkbox"/> Elderly, Mentally or physically disabled persons, Persons recovering from physical abuse or alcohol or drug abuse, Persons with HIV/AIDS Teenage parents, or Persons transitioning out of an institution such as foster care.		
The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin of the individual applicant on the basis of visual observation or surname.		
Ethnicity: Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>	Race: White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

United States Department of Agriculture
Rural Development
Rural Housing Service

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____

Account or Other Identifying Number

Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Signature (Applicant or Adult Household Member)

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property .
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION- CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 168a(f) or the Federal Claims Collection Act (31 U.S.C. 3701(a)(3)).



Housing Authority of Utah County

Board Members:
Angela Morris, Chair
David Tuckett, Vice-Chair
Bill Lee
Steve White
Amy Allred

485 N Freedom Blvd, Provo, Utah 84601
(801) 373-8333 TDD and Voice
(801) 373-2270 Fax
<http://www.housingauc.org>

Lynell Smith
Executive Director

Hours
7:30 Am - 5:30 PM
Monday -
Thursday
Closed Friday

ELIGIBILITY AND LAW ENFORCEMENT QUESTIONNAIRE

ANYONE REPORTING FALSE INFORMATION ON THIS FORM MAY BE DENIED HOUSING!

Name: _____ Date of Birth: ____/____/____ Social Security : ____-____-____

- | | | |
|-----|----|--|
| Yes | No | 1. Has any household member, since the age of 18, been convicted, arrested, or had a police report filed on them involving crimes of physical violence against person(s) or property, drug-related activity, OR ANY OTHER FELONY OR MISDEMEANOR CRIMINAL ACTIVITY, other than a minor traffic violation? |
| Yes | No | 2. Has any household member been evicted from federally assisted housing because of drug related criminal activity involving the illegal manufacture, sale, distribution or possession with the intent to manufacture, sell or distribute a controlled substance as defined in Section 102 of the controlled Substances Act, 21 USC 802? |
| Yes | No | 3. Is any household member illegally using a controlled substance or abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents? |
| Yes | No | 4. Has any household member been arrested or convicted of manufacturing or producing methamphetamine (speed)? |
| Yes | No | 5. Has any member of the household been or is currently on a sex offender registration? |
| Yes | No | 6. Has any household member been arrested or convicted for use of a firearm in the commission of a crime? |
| Yes | No | 7. Has any household member been arrested for drugs and had a firearm in the unit at the time of the arrest? |
| Yes | No | 8. Has any household member received any Federal Housing Assistance? |
| Yes | No | 9. Has any household member been terminated or denied federally assisted housing? |
| Yes | No | 10. Does any household member owe money to a Housing Authority or subsidy program? |

All "yes" answers must be explained on the back of this form. For "yes" answers to questions 1-7, please fill out section A on the back of this form. For "yes" answers to questions 8-10 and question 2, please fill out Section B on the back of this form.

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. I hereby authorize the Housing Authority of Utah County or its agents to verify the above information and certify that the information provided is true and correct.

Signature: _____ Date: _____

ELIGIBILITY AND LAW ENFORCEMENT QUESTIONNAIRE

SECTION A: If "Yes" is answered to any questions on the questionnaire regarding CRIMINAL ACTIVITY (questions 1-7), the following information is required by way of explanation. List ALL criminal history.

NAME	DATE	CHARGE(S)	CITY	STATE	DISPOSITION
_____	_____	1 _____ 2 _____ 3 _____	_____	_____	1 _____ 2 _____ 3 _____
_____	_____	1 _____ 2 _____ 3 _____	_____	_____	1 _____ 2 _____ 3 _____
_____	_____	1 _____ 2 _____ 3 _____	_____	_____	1 _____ 2 _____ 3 _____
_____	_____	1 _____ 2 _____ 3 _____	_____	_____	1 _____ 2 _____ 3 _____
_____	_____	1 _____ 2 _____ 3 _____	_____	_____	1 _____ 2 _____ 3 _____
_____	_____	1 _____ 2 _____ 3 _____	_____	_____	1 _____ 2 _____ 3 _____

SECTION B: If "Yes" is answered to questions questions 8-10 and question 2, the following information is required by way of explanation:

Name of Housing Authority or unit-based subsidy program: _____

Date and Reason for termination: _____

Amount of money owed (if any): _____