

The Springs at Logan River

Affordable Housing

1721 South 1150 West
Logan, Utah 84321

Onsite Phone: (435) 787-4226 Fax: (435) 787-4622

loganriver@horizonutah.net

<http://thespringsatloganriver.com>

Equal Housing Opportunity

Thank you for your interest in The Springs at Logan River. In this packet, you will find the application forms that need to be filled out in order for our office to process your eligibility. Please complete and sign the attached forms. Fill in all blanks, write N/A for those questions that do not apply. **(Blue Ink Only. Do not use white out or pencil. If you make an error simply line through it and initial the change.)** One application covers the information for two adult household members. ALL additional household members 18 years of age and older, even those that will turn 18 within the first year of occupancy need to complete additional application pages but must be listed in Part I of the initial application.

Please return these forms, along with a **\$25 non-refundable application fee (Fee is per applicant 18 years or older. Application fee must be paid in the form of a Money Order or Cashier's Checks. No Cash or personal checks accepted!)** to the office located at 1721 South 1150 West Logan, Utah 84321 Monday-Friday, 9:00 am - 5:00 pm. **(Office hours may change, it is advised to call us prior to showing up).**

If you have any questions, you may contact us at **(435) 787-4226** or **(435) 787-4622** or you can e-mail the office at loganriver@horizonutah.net.

Thank you again for your interest in The Springs at Logan River, I look forward to hearing from you soon.

Sincerely,
The Management

The Springs at Logan River

Affordable Housing

1721 South 1150 West
Logan, Utah 84321

Onsite Phone: (435) 787-4226 Fax: (435) 787-4622
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Equal Housing Opportunity

The Springs at Logan River STRONGLY enforces the following rules:

- NO SMOKING ANYWHERE ON PROPERTY
- NO PETS (NOT EVEN FROM VISITORS)
- CLEAN UNITS AND GARAGES
- TENANTS PAY GAS, POWER, WATER, SEWER, TRASH, PHONE, TV SERVICE & INTERNET SERVICE
- 6 MONTH LEASE/ MONTH TO MONTH FOLLOWING
- FULL CREDIT, CRIMINAL & RENTAL BACKGROUND

Please sign that you have read and understand the above information.

Signature X

Signature X

Sincerely,

The Management

RELEASE AND CONSENT

THE SPRINGS AT LOGAN RIVER
1721 South 1150 West
Logan, Utah 84321

(435) 787-4226
Fax: (435) 787-4622

I, the undersigned, hereby authorize all persons of companies listed below to release without liability, information regarding employment income, and/or assets to Springs Properties 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 _____

The Springs At Logan River

1721 South 1150 West

Logan, UT 84123

(435) 787-4226 Phone, (435) 787-4622 Fax

Rental Application

Date Received: _____

Time: _____ am / pm

PART I - HOUSEHOLD COMPOSITION

HH Mbr#	First, Middle & Last Name	Date of Birth	Relationship to Head of Household <small>S=Spouse A=Adult Co-Head O=Other Family Member C=Child Minor/Unborn F=Foster Adult or Child L=Live-In Attendant</small>	Were you, Are you or Will you be a full time student 5 months (months need not be consecutive) or more out of the calendar year?	Social Security or Official ID# for each household member
HH			Head	Y / N	
2				Y / N	
3				Y / N	
4				Y / N	
5				Y / N	
6				Y / N	
7				Y / N	
8				Y / N	
9				Y / N	

Do you anticipate a change in the household in the next 12 months? YES NO Do you smoke? Yes No
 If Yes, please explain: _____

PART II - STUDENT STATUS

Are ALL occupants of the household **Full Time** students? Yes No (Circle one)

If Yes, to the above, answer the following:

Is the household comprised of a single parent and with school age child(ren), neither of whom are dependents of a third party? Yes No (Circle one)

Are Applicant & Co-Applicant married and do they file a joint income tax return? Yes No (Circle one)

Does the household receive TANF/AFDC? Yes No (Circle one)

Are any of the students, participants in the Job Training Partnership Act? Yes No (Circle one)

Have any students been in Foster care in the last 5 years?(If yes whom: _____) Yes No (Circle one)

PART III - RENTAL HISTORY (Previous 3 Years for each applicant)

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

PART IV - SECTION 8

Do you receive Section 8 assistance? YES NO If YES, please complete the rest of this section

Name of Caseworker	Telephone number of Caseworker	Office:	Voucher Amount \$
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PART V - IMPORTANT INFORMATION (Head of Household)

Head of Household Phone#: ()	Head of Household Cell Phone#: ()	Head of Household Email Address:	Head of Household Other E-mail Address:
Head of Household's Driver's License #			
AUTO #1 (Year, Make, Model, Color)		License Plate	State
AUTO #2 (Year, Make, Model, Color)		License Plate	State
Name of APPLICANT'S nearest Relative	Home Phone ()	Cell Phone ()	Relationship
Emergency Contact	Home Phone ()	Cell Phone ()	Relationship
Are you divorced or separated? YES NO If YES, please provide effective date.			
If divorced within the last three years or if you are receiving child support or alimony, please provide copy of divorce decree.			
Do you have 50% or more physical Custody of all minor members in the household? YES or NO			
If No, Please Provide Details:			

PART VI - RECURRING INCOME - (PREVIOUS if worked in the last 3 months) (Head of Household)

Head of Household's Name:						
(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		Supervisor Name
Telephone Number	Fax Number	Address		If Yes, Please list amount \$/per week		Do you have more than one job? YES NO
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		Supervisor Name
Telephone Number	Fax Number	Address		If Yes, Please list amount \$/per week		
Previous Employer			Position	How Long?	From:	To:
Ending Wage (Circle one) \$ per Hour / Week / Month		Average Hours Worked Per Week		Did you earn tips? YES NO		Supervisor Name
Telephone Number	Fax Number	Address		If Yes, Please list amount \$/per week		

OTHER INCOME: <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring gross monthly amount if applicable.</i>	Form#		(Circle each one individually)		
	35	Not Employed	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	\$ _____	

PART VII - IMPORTANT INFORMATION (Co-Head)

Co-Head Phone#: ()	Co-Head Cell Phone#: ()	Co-Head Email Address:	Co-Head Other Email Address:
Co-Head Driver's License #			
AUTO #1 (Year, Make, Model, Color)		License Plate	State
AUTO #2 (Year, Make, Model, Color)		License Plate	State
Name of APPLICANT'S nearest Relative	Home Phone ()	Cell Phone ()	Relationship
Emergency Contact	Home Phone ()	Cell Phone ()	Relationship
Are you divorced or separated? YES NO If YES, please provide effective date.			
If divorced within the last three years or if you are receiving child support or alimony, please provide copy of divorce decree.			
Do you have 50% or more physical Custody of all minor members in the household? YES or NO			
If No, Please Provide Details:			

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

Co-Head Name:						
(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		Supervisor Name
Telephone Number	Fax Number	Address			If Yes, Please list amount \$ /per week	Do you have more than one job? YES NO
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		Supervisor Name
Telephone Number	Fax Number	Address			If Yes, Please list amount \$ /per week	
Previous Employer				Position	How Long? From: To:	
Ending Wage (Circle one) \$ per Hour / Week / Month		Average Hours Worked Per Week		Did you earn tips? YES NO		Supervisor Name
Telephone Number	Fax Number	Address			If Yes, Please list amount \$ /per week	

OTHER INCOME: <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	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	\$ _____	

PART IX - ASSETS

OTHER INCOME: *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.*

Head of Household Name: _____						Form #
	(Circle One)		<u>Value</u>	<u>Annual Interest Earnings</u>	<u>Bank/Institution</u>	
Checking Account	YES NO	\$	_____	_____	_____	6
Savings Account	YES NO	\$	_____	_____	_____	6
Cash on Hand / Safety Deposit Box	YES NO	\$	_____	_____	_____	27
Pre-Paid Debit Card	YES NO	\$	_____	_____	_____	27
Money Market, CD's and Other	YES NO	\$	_____	_____	_____	5
Stocks / Bonds /Mutual Funds	YES NO	\$	_____	_____	_____	4 or 41
IRA'S / Keogh	YES NO	\$	_____	_____	_____	12
401(K)	YES NO	\$	_____	_____	_____	1
Treasury Bill	YES NO	\$	_____	_____	_____	5
Real Estate	YES NO	\$	_____	_____	_____	22
Pension / Annuity	YES NO	\$	_____	_____	_____	18
Trust	YES NO	\$	_____	_____	_____	45
Land Contract / Deed of Trust	YES NO	\$	_____	_____	_____	13
Lottery Winnings (Lump Sum)	YES NO	\$	_____	_____	_____	15
Personal Property <small>(Held as an Investment)</small>	YES NO	\$	_____	_____	_____	36
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO	\$	_____	_____	_____	51
Other Assets _____	YES NO	\$	_____	_____	_____	

Co-Head Name: _____						Form #
	(Circle One)		<u>Value</u>	<u>Annual Interest Earnings</u>	<u>Bank/Institution</u>	
Checking Account	YES NO	\$	_____	_____	_____	6
Savings Account	YES NO	\$	_____	_____	_____	6
Cash on Hand / Safety Deposit Box	YES NO	\$	_____	_____	_____	27
Pre-Paid Debit Card	YES NO	\$	_____	_____	_____	27
Money Market, CD's and Other	YES NO	\$	_____	_____	_____	5
Stocks / Bonds /Mutual Funds	YES NO	\$	_____	_____	_____	4 or 41
IRA'S / Keogh	YES NO	\$	_____	_____	_____	12
401(K)	YES NO	\$	_____	_____	_____	1
Treasury Bill	YES NO	\$	_____	_____	_____	5
Real Estate	YES NO	\$	_____	_____	_____	22
Pension / Annuity	YES NO	\$	_____	_____	_____	18
Trust	YES NO	\$	_____	_____	_____	45
Land Contract / Deed of Trust	YES NO	\$	_____	_____	_____	13
Lottery Winnings (Lump Sum)	YES NO	\$	_____	_____	_____	15
Personal Property <small>(Held as an Investment)</small>	YES NO	\$	_____	_____	_____	36
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO	\$	_____	_____	_____	51
Other Assets _____	YES NO	\$	_____	_____	_____	

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: _____

PART X- CERTIFICATION

Have you or any other person anticipated to occupy the premises, ever been convicted of any criminal offense, felony or misdemeanor? Yes No (Circle one)

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 (Circle one)

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 (Circle one)

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 (Circle one)

If Yes, Please Provide Details: _____

Do you or any person anticipated to occupy the premises have any outstanding warrants? Yes No (Circle one)

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 (Circle one)

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 (Circle one)

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 (Circle one)

If Yes, Please Explain: _____

Have you previously lived at a Horizon Property Management (HPM) community? Yes No (Circle one)

If Yes, Please Explain: _____

Do you Owe HPM or any other Management group money? Yes No (Circle one)

If Yes, Please Explain: _____

Do you have any pet(s)? Yes No (Circle one)

If Yes, Please Explain: _____

Will this be your only place of residence? Yes No (Circle one)

If No, Please Explain: _____

Have you ever filed for bankruptcy? Yes No (Circle one)

If Yes, Please give dates & which states: _____

Has an eviction action ever been filed against you? Yes No (Circle one)

If Yes, Please Explain: _____

How did you hear about us? Yes No (Circle one)

(Please be Specific) _____

I hereby certify that all information provided in this rental application is true and complete to the best of 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 bureau, 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 hrs. of application submittal. I hereby deposit \$ _____ as an earnest 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 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

Applicant Signature

Date

Applicant Signature

Date

