

**Crown Homes**  
Tremonton, UT 84337  
Office: 170 North Main, Logan, UT 84321  
(Phone) 435-752-7242 (Fax) 435-752-6962

**Lease Application**

<b>House Number</b>	
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**PART I - HOUSEHOLD COMPOSITION**

HH Mbr#	Last Name	First Name	Date of Birth	Relationship to Head of Household	Full time Student	Drivers License Number	Social Security or Alien Reg No.
1					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		

<b>Do you anticipate a change in the household in the next 12 months?</b> If Yes, please explain:	YES	NO	<b>Do you smoke?</b> Yes No
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**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)

**PART III - RENTAL HISTORY**

Present Address	City	State	Zip	How Long? from to	( ) Own ( ) Rent	Phone ( )	Monthly Payment \$
Name of Present Landlord/Mortgage Co.				City	State	Zip	Day Phone ( ) Night Phone ( )
Previous Address	City	State	Zip	How Long? from to	( ) Own ( ) Rent	Phone ( )	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone ( ) Night Phone ( )
Previous Address	City	State	Zip	How Long? from to	( ) Own ( ) Rent	Phone ( )	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone ( ) Night Phone ( )

**PART IV - IMPORTANT INFORMATION**

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
Current email address	Current Home Phone ( )	Cell Phone ( )	

**PART V - 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 \$

**PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)**

<b>(Circle all applicable)</b>		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
<b>Current Employer</b>		Position		How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO		<b>Do you have more than one job?</b> YES NO	
<b>2nd Job</b>		Position		How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO			
<b>Previous Employer</b>		Position		How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO			
<b>OTHER INCOME:</b>				<b>(Circle each one individually)</b>			
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>		Alimony / Child Support		YES	NO	\$ _____	
		AFDC / TANF		YES	NO	\$ _____	
		Social Security / Disability		YES	NO	\$ _____	
		Retirement / Pension / Annuities		YES	NO	\$ _____	
		Unemployment		YES	NO	\$ _____	
		Worker's Compensation		YES	NO	\$ _____	
		Recurring Gifts from Family		YES	NO	\$ _____	
		Grants & Scholarships		YES	NO	\$ _____	
		Military Pay		YES	NO	\$ _____	
Other Recurring Monies		YES	NO	\$ _____			

**RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)**

<b>(Circle all applicable)</b>		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
<b>Current Employer</b>		Position		How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO		<b>Do you have more than one job?</b> YES NO	
<b>2nd Job</b>		Position		How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO			
<b>Previous Employer</b>		Position		How Long from _____ to _____	Supervisor Name		
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Worked Per Week		Do you earn tips? YES NO			
<b>OTHER INCOME:</b>				<b>(Circle each one individually)</b>			
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>		Alimony / Child Support		YES	NO	\$ _____	
		AFDC / TANF		YES	NO	\$ _____	
		Social Security / Disability		YES	NO	\$ _____	
		Retirement / Pension / Annuities		YES	NO	\$ _____	
		Unemployment		YES	NO	\$ _____	
		Worker's Compensation		YES	NO	\$ _____	
		Recurring Gifts from Family		YES	NO	\$ _____	
		Grants & Scholarships		YES	NO	\$ _____	
		Military Pay		YES	NO	\$ _____	
Other Recurring Monies		YES	NO	\$ _____			

**PART VII - 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.

		Applicant Name: _____		Applicant Name: _____			
		Value	Annual Earnings	Value	Annual Earnings	Value	Annual Earnings
Checking Account (6 month avg)	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Savings Account	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Money Market, CD's and Other	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Stocks / Bonds	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
IRA'S, 401(K), Keogh	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Real Estate	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Boat, Trailer and Rec Vehicles	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Life Insurance Policies	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
Other Assets	YES NO	\$ _____	\$ _____	YES NO	\$ _____	\$ _____	
		<b>Total: \$</b> _____	<b>\$</b> _____	<b>Total: \$</b> _____	<b>\$</b> _____		
<b>Has any member of the household disposed of an asset for less than fair market value in the past 24 months?</b>						<b>YES</b>	<b>NO</b>
<b>If YES, please list:</b>							

**PART VIII- CERTIFICATION**

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Bear River Association of Governments, Agent for the owner of the property, to accept this application, **I warrant that all statements contained herein are true and complete to the best of my knowledge and that falsification of information will result in immediate eviction and prosecution.** I have been advised and understand that residency at this property entails certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

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.**

By execution of this application, I hereby authorize BEAR RIVER ASSOCIATION OF GOVERNMENTS to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history, criminal and consumer credit reports.

- Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense? Yes No (Circle one)
- Have you ever been EVICTED? Yes No (Circle one)
- Have you previously rented from Bear River Association of Governments? Yes No (Circle one)
- Were you referred to the property by anyone? Yes No (Circle one)
- Do you have a pet? Yes No (Circle one)
- Have you filed bankruptcy? Yes No (Circle one)

If Yes, Explain \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Representative

\_\_\_\_\_  
Date

