

COWBOY PROPERTIES

Resident Selection Plan - *Affordable Housing*

Thank you for applying for residence at a Cowboy Properties community. Following is an outline of the criteria we utilize in determining the eligibility of each applicant. Should you have any questions please ask a member of our management staff. Applicants will be considered regardless of race, color, religion, sex, national origin, familial status, or disability. Rejected applicants will be notified of the reason for rejection and of their right to appeal.

RESPONSIBLE PARTIES: Each member of the household over the age of 18 must complete and sign a separate applicant questionnaire (married couples may complete a single questionnaire), be approved and sign the lease as a responsible party. Each member of the household over 18 must have a valid government issued photo ID.

OCCUPANCY: The maximum number of occupants per unit type is as follows: 1 occupant for a studio, 2 occupants for a 1 bedroom, 4 occupants for a 2 bedroom, 6 occupants for a 3 bedroom, and 8 occupants for a 4 bedroom. A minimum lease term of 6 months is required.

PETS: The community you have applied with may be a pet free community. In the event pets are allowed, there are rules and regulations on the ability to have and keep pets. Pets require permission in ALL cases and may require the additional payment of deposits and fees. This community adheres to all assistance animal regulations. Please contact the management office prior to bringing a pet or animal to the community.

SMOKING: The property you are applying for is a non-smoking community. There is no smoking in any of the apartments. There is no smoking permitted in the buildings, garages, balconies, or any common area at any time. Any smoking must be off of the property. This applies to all types of smoking including electronic cigarettes. Unauthorized smoking is punishable by a fine of up to \$50 per occurrence. A comply or vacate notice will be given for the first offense. A second offense will result in eviction.

INCOME: The household's gross monthly income must be at least two times the resident's monthly rental amount as well as be below the Affordable Housing maximum gross income limit. Applicants must provide income and asset verification prior to move-in and thereafter on an annual basis.

SELF EMPLOYMENT: Self employed applicants must provide their most recent tax return. If self employed applicants/residents have not yet filed taxes on their business a certified profit and loss statement from an accountant will be required.

STUDENTS: Affordable Housing restricts households comprised entirely of full-time students. A full-time student is defined as:

- 1) anyone who has attended school full-time during any five months (one day in any month counts as a full month) since January 1st of the current year, even if that person is not currently attending school;
- 2) anyone who is currently attending school and the school defines their attendance as full-time (note that "full-time" is defined by each individual school); and
- 3) anyone who will attend school full-time during the next twelve months.

There are a few exceptions to this rule. If your household consists entirely of full-time students please contact a member of our management staff to determine if your household qualifies.

CREDIT HISTORY: Open bankruptcies or bankruptcies discharged/dismissed within a year will result in denial of the application. If there is a discharged bankruptcy over one year old or if household collections, past due payments and judgments total over \$500.00, an additional deposit may be required, or the application may be denied. A co-signer with unblemished credit, an income of four times the rental amount, and verifiable steady income may be accepted with management approval. In the event a co-signer is required, the co-signer must complete an applicant questionnaire and meet the entire Resident Selection Plan (with the exception of Affordable Housing criteria). The co-signer will be responsible for the lease agreement if the occupying resident(s) defaults.

CRIMINAL HISTORY: Applicants shall NOT currently be engaging in the illegal use of a controlled substance or been convicted of the illegal use, manufacture or distribution of a controlled substance. Applicants may be rejected for convictions involving fraud, theft, drugs, assault and battery, or any violent crime, misdemeanor, or for numerous convictions of illegal activity dependent on the severity of the crime and length of time lapsed since.

REFERENCES: No member of the household can have a history of eviction. Applicants with a prior eviction will NOT be accepted for most reasons. Current and previous landlords are contacted and asked a series of questions including questions regarding your payment history, any complaints or rule violations, any eviction history, and the care taken of the apartment you occupied. Negative responses to landlord information may result in denial.

NOT MEETING ANY OF THE ABOVE CRITERIA MAY BE TERMS FOR DENIAL.

By signing below, I acknowledge that I have read and understand this document.

Applicant

Date

Applicant

Date



COWBOY PROPERTIES
online at www.cowboyproperties.com
AFFORDABLE HOUSING APPLICANT QUESTIONNAIRE

Liberty BLVD Apartments
455 South 700 East
Salt Lake City, Utah 84102
Phone: (801)478-3800 | Fax: (801)906-6674
TDD/TTY (888) 735-5906 or 711
Email: libertyblvd@cowboyproperties.com
Website: www.libertyblvd.com

Date of Application
Number of Bedrooms Requested Requested Move In Date
Daytime Phone Evening Phone
Cell Phone Email Address
How did you hear about our community? (If referred, by whom?)

IMPORTANT! MUST READ BEFORE CONTINUING.
One questionnaire per adult Household Member is required. (Married couples may fill out a single questionnaire.)
You must fill out your own application.
The program for the apartment you will occupy requires that we count a spouses income even if the spouse will not be living in the apartment. If you are currently married your spouse's income must be counted unless legal proof of separation or a pending divorce can be provided.
Every question must be filled out in its entirety.
If you make a mistake do not use white-out. Strike through the mistake, make the correction, and initial and date the change.
If you do not understand any portion of this questionnaire please speak with a member of management.

HOUSEHOLD INFORMATION
Complete the following information for each household member that will occupy the apartment at move-in or at any time within the next twelve months.

Legal Name (First, Middle, Last)	Relationship to Head of Household	Social Security Number	Birth Date mm/dd/yy	Age	Student? If Yes, full or part time?	Single/Married/Divorced/Other

HOUSING REFERENCES
Please include all necessary contact information for Landlord. List at least three years of residency.

Current Address	Date From	Date To	Own or Rent?	Landlord Name
	Reason For Leaving			Landlord Phone Number
City: State: Zip:				

Previous Address	Date From	Date To	Own or Rent?	Landlord Name
	Reason For Leaving			Landlord Phone Number
City: State: Zip:				

Previous Address	Date From	Date To	Own or Rent?	Landlord Name
	Reason For Leaving			Landlord Phone Number
City: State: Zip:				

Please check Yes or No to the following questions:

YesNo

1. Do you expect any changes to the household within the next 12 months? If yes, what is the change and when is it expected to occur:

YesNo

2. Is there anyone living with you now who won't be living with you at this property? If yes, please list name and relationship:

YesNo

3. Are there any absent household members who under normal conditions would live with you? (Such as a spouse in the military, children away at college, etc.) If yes, please list name and relationship:

YesNo

4. Do you share physical custody of any minors residing in the household? If yes, please explain custody arrangements:

YesNo

5. Will any dependant children be eighteen years old in the next twelve months? If yes, please list name of dependant and date dependant will turn eighteen:

		6. Are any household members under the age of eighteen claiming emancipation? If yes, please list household member's name:
<u>Yes</u>	<u>No</u>	_____
		7. Will you or anyone in your household require a live-in care attendant? If yes, please list name of attendant and relationship:
<u>Yes</u>	<u>No</u>	_____
		8. Have you or anyone named on this application ever been involved in criminal activity? Explain:
<u>Yes</u>	<u>No</u>	_____
		9. Have you or anyone named on this application ever been convicted of criminal activity? Explain:
<u>Yes</u>	<u>No</u>	_____
		10. Have you or anyone named on this application ever been evicted from a rental unit of any type? Explain:
<u>Yes</u>	<u>No</u>	_____
		11. Have you or anyone else named on this application ever filed for bankruptcy? If yes, list the date the bankruptcy was discharged:
<u>Yes</u>	<u>No</u>	_____
		12. Have you ever lived in a Cowboy Properties community before? If yes, list property name and dates you lived there:
<u>Yes</u>	<u>No</u>	_____
		13. Do you or anyone in the household own a pet? If yes, indicate type and breed:
<u>Yes</u>	<u>No</u>	_____
		14. Do you or anyone in the household own an emotional support animal? If yes, indicate type and breed.
<u>Yes</u>	<u>No</u>	_____
		15. Do you or anyone in the household smoke?
<u>Yes</u>	<u>No</u>	_____

INCOME

Please list all sources of income (including employment) for each household member.

Household Member	Source (name of employer, etc.)	Phone Number	Fax Number	Annual Income

VEHICLE IDENTIFICATION

Please list information for all vehicles owned by any household member.

1. License Plate #:	State Issued:	Make/Model/Year:
_____	_____	_____
2. License Plate #:	State Issued:	Make/Model/Year:
_____	_____	_____

EMERGENCY CONTACTS

If possible, list someone in the area not already listed on this application.

Name:	Relationship:	
_____	_____	
Address:	Phone:	Additional Phone:
_____	_____	_____
<i>List someone in the area other than a relative.</i>		
Name:	Relationship:	
_____	_____	
Address:	Phone:	Additional Phone:
_____	_____	_____

CERTIFICATION BY APPLICANT(S)

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all information and answers to the above questions are true and correct to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's Resident Selection Plan and the Affordable Housing requirements. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I / we certify all applicants / occupants are legal to reside in the United States of America. All persons will be treated fairly and equally without regard to race, color, religion, sex, national origin, familial status, or disability.

IF COMPLETED BY MARRIED COUPLE BOTH MUST SIGN BELOW.

Applicant Printed Name	Applicant Signature	Date
_____	_____	_____
Applicant Printed Name	Applicant Signature	Date
_____	_____	_____

COWBOY PROPERTIES

AFFORDABLE HOUSING STATEMENT OF INCOME AND ASSETS

APPLICANT NAME

INCOME

Please include all anticipated income for the next twelve months. Check either YES or NO for each question. If yes, fill in the amount and how often. Do you currently receive, or expect to receive income from:

YES	NO	INCOME SOURCE	AMOUNT	HOW OFTEN?
<input type="radio"/>	<input type="radio"/>	Employment, wages, or salaries	\$	
<input type="radio"/>	<input type="radio"/>	Armed Forces/Military pay	\$	
<input type="radio"/>	<input type="radio"/>	Self-employment	\$	
<input type="radio"/>	<input type="radio"/>	Net income from business	\$	
<input type="radio"/>	<input type="radio"/>	Social Security	\$	
<input type="radio"/>	<input type="radio"/>	Supplemental Security Income (SSI)	\$	
<input type="radio"/>	<input type="radio"/>	Social Security Disability Insurance (SSDI)	\$	
<input type="radio"/>	<input type="radio"/>	Veterans benefits or disability	\$	
<input type="radio"/>	<input type="radio"/>	Pension, retirement, or annuities	\$	
<input type="radio"/>	<input type="radio"/>	Trust income	\$	
<input type="radio"/>	<input type="radio"/>	Unemployment compensation	\$	
<input type="radio"/>	<input type="radio"/>	Worker's Compensation	\$	
<input type="radio"/>	<input type="radio"/>	Aid to Families with Dependant Children (AFDC, previously TANF)	\$	
<input type="radio"/>	<input type="radio"/>	Public assistance (do not include food stamps)	\$	
<input type="radio"/>	<input type="radio"/>	Are you entitled to receive alimony or family maintenance?	\$	
<input type="radio"/>	<input type="radio"/>	Do you receive alimony or family maintenance?	\$	
<input type="radio"/>	<input type="radio"/>	Are you entitled to receive child support?	\$	
<input type="radio"/>	<input type="radio"/>	Do you receive child support?	\$	
How is the support received? (Check all that apply)				
(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)				
<input type="radio"/>	<input type="radio"/>	Child Support Enforcement Agency (Name of Agency)		
<input type="radio"/>	<input type="radio"/>	Court of Law (Name of Court)		
<input type="radio"/>	<input type="radio"/>	Directly from Individual (Name of Person)		
<input type="radio"/>	<input type="radio"/>	Other (Explain)		
<input type="radio"/>	<input type="radio"/>	Adoption assistance	\$	
<input type="radio"/>	<input type="radio"/>	Regular gifts/contributions from friends or relatives	\$	
<input type="radio"/>	<input type="radio"/>	Regular payments from a severance package	\$	
<input type="radio"/>	<input type="radio"/>	Regular payments from any type of a settlement	\$	
<input type="radio"/>	<input type="radio"/>	Regular payments from lottery winnings or inheritance	\$	
<input type="radio"/>	<input type="radio"/>	Regular payments from rental property or real estate	\$	
<input type="radio"/>	<input type="radio"/>	Lottery or other winnings paid periodically	\$	
<input type="radio"/>	<input type="radio"/>	Income from assets	\$	
<input type="radio"/>	<input type="radio"/>	Education financial assistance? (including but not limited to: grants, stipends, scholarships, etc. - do not include loans)	\$	
<input type="radio"/>	<input type="radio"/>	Any income from sources not mentioned above? (i.e. inheritance, insurance policies, etc.)	\$	
<input type="radio"/>	<input type="radio"/>	Are there other wage earners residing in the household?	\$	
<input type="radio"/>	<input type="radio"/>	Do you expect any changes to your household income in the next twelve months? Explain:		

STUDENT ELIGIBILITY

Check either YES or NO for each question

YES	NO	
<input type="radio"/>	<input type="radio"/>	Are ALL household members (adults and minors) full-time students?
<input type="radio"/>	<input type="radio"/>	Will ALL household members be full-time students within the next 12 months?

ASSETS

Do you have the following assets (include assets of minors), and if so what is the value? Check either YES or NO for each question. If Yes, fill in asset value.

YES	NO	ASSET TYPE	ASSET VALUE
<input type="radio"/>	<input type="radio"/>	Do the combined assets of the household total more than \$5,000?	
<input type="radio"/>	<input type="radio"/>	Checking accounts (average balance for six months)	
<input type="radio"/>	<input type="radio"/>	Savings accounts (current balance)	\$
<input type="radio"/>	<input type="radio"/>	Cash on hand or cash at home	\$
<input type="radio"/>	<input type="radio"/>	Certificates of deposit or money markets	\$
<input type="radio"/>	<input type="radio"/>	Stocks or mutual funds	\$
<input type="radio"/>	<input type="radio"/>	Bonds, treasury bills or securities	\$
<input type="radio"/>	<input type="radio"/>	IRA's, KOEGH's, 401K's or other retirement funds	\$
<input type="radio"/>	<input type="radio"/>	Pensions or annuities	\$
<input type="radio"/>	<input type="radio"/>	Trust accounts or deed of trust	\$
<input type="radio"/>	<input type="radio"/>	Whole or universal life insurance (do not include term life insurance)	\$

YES	NO		ASSET VALUE
<input type="radio"/>	<input type="radio"/>	Lottery winnings received as a lump sum or other lump sum receipts	\$ _____
<input type="radio"/>	<input type="radio"/>	Safety deposit box	\$ _____
<input type="radio"/>	<input type="radio"/>	Personal property held as an investment	\$ _____
<input type="radio"/>	<input type="radio"/>	Real estate, rental property, or land contracts	\$ _____
		If yes to real estate, is it:	
<input type="radio"/>	<input type="radio"/>	For sale?	\$ _____
<input type="radio"/>	<input type="radio"/>	Rented or for rent?	\$ _____
<input type="radio"/>	<input type="radio"/>	Any other current assets?	\$ _____
<input type="radio"/>	<input type="radio"/>	Any other assets that you owned in the previous 2 years?	\$ _____
		If yes, what is the current market value of the asset?	\$ _____

ASSETS

List all of your asset accounts for all household members, including amounts disposed of during the past two years. List the name of the financial institution, the type of asset, account number, current balance (average balance for six months for checking accounts), interest rate, and how much interest you expect to earn during the next twelve months for all accounts.

Bank/Financial Institution	Type of Asset	Account Number	Balance	Interest Rate	Expected Annual Income from Asset

Please check **Yes** or **No** to the following questions:

<input type="checkbox"/>	<input type="checkbox"/>	1. Will any household member have any other residence besides this apartment? If yes, please list address of other residence:
<input type="checkbox"/>	<input type="checkbox"/>	2. Are any household members married and separated, but not yet divorced, from their spouse?
<input type="checkbox"/>	<input type="checkbox"/>	Household member: _____ Date of separation: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you or any other ADULT household member claiming zero income (not receiving money from ANY source)?
<input type="checkbox"/>	<input type="checkbox"/>	Household member: _____ Explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Will your household be receiving Section 8 rental assistance at time of move-in?
<input type="checkbox"/>	<input type="checkbox"/>	Name of Agency: _____ Contact Person: _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	Expected Date: _____ Name of Agency: _____ Contact Person: _____

CERTIFICATION BY APPLICANT'S

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

I certify that I understand and have answered all the questions on this questionnaire. I certify that all answers are true and correct to the best of my knowledge and that any misrepresentation of information may lead to denial of my application or future eviction. **I understand that I must report any changes to income, assets, household composition and student status to management as soon as they occur, including changes after move-in.** I also understand that I will be required to re-certify for the Affordable Housing program each year (or when otherwise necessary) and agree that I will provide in a timely manner any necessary documentation needed for this process.

IF COMPLETED BY MARRIED COUPLE BOTH MUST SIGN BELOW.

_____ Applicant Printed Name	_____ Applicant Signature	_____ Date
_____ Applicant Printed Name	_____ Applicant Signature	_____ Date
_____ Management Signature	_____ Date	



ANNUAL STUDENT CERTIFICATION

Management Use

Effective Date: _____

Move-in Date: _____

(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____

Unit Number: _____

BIN Number: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). **Verification of part time student status is required for at least one occupant.**
- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-4, below must be completed:

- | | | |
|--|-----|----|
| 1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or most recent tax return) | YES | NO |
| 2. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), Aid to Families with Dependent Children (AFDC)? (provide written verification/printout from source) | YES | NO |
| 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) | YES | NO |
| 5. Does the household consist of at least one student who was previously under foster care within 5 years of the effective date of the initial income certification? (provide verification of participation) | YES | NO |

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Signature

(Date)

Signature

(Date)

Signature

(Date)

Signature

(Date)

Annual Student Certification

UHC Form 21 (Rev 1/2010)

COWBOY PROPERTIES

RESIDENT RELEASE

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to: COWBOY PROPERTIES for purposes 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 the following: personal identity; employment, income, and 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 eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement System
	Military/Government Agencies	Schools / Universities
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
Medical and Child Care Providers	Credit Providers/ Credit Bureaus	Public Court Records

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 the entire length of residency. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident Signature	_____ (Print Name)	_____ Social Security Number	_____ Date
_____ Applicant/Resident Signature	_____ (Print Name)	_____ Social Security Number	_____ Date
_____ Applicant/Resident Signature	_____ (Print Name)	_____ Social Security Number	_____ Date
_____ Applicant/Resident Signature	_____ (Print Name)	_____ Social Security Number	_____ Date

