

# 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 1<sup>st</sup> 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](http://www.cowboyproperties.com)  
AFFORDABLE HOUSING APPLICANT QUESTIONNAIRE

Date of Application \_\_\_\_\_

## 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](mailto:libertyblvd@cowboyproperties.com)  
Website: [www.libertyblvd.com](http://www.libertyblvd.com)

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 spouse's 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:

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:  

_____	_____	
Yes	No	_____
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:  

_____	_____	
Yes	No	_____
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:  

_____	_____	
Yes	No	_____
4. Do you share physical custody of any minors residing in the household? If yes, please explain custody arrangements:  

_____	_____	
Yes	No	_____
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:  

_____	_____	
Yes	No	_____

6. Are any household members under the age of eighteen claiming emancipation? If yes, please list household member's name:  
 Yes No

7. Will you or anyone in your household require a live-in care attendant? If yes, please list name of attendant and relationship:  
 Yes No

8. Have you or anyone named on this application ever been involved in criminal activity? Explain:  
 Yes No

9. Have you or anyone named on this application ever been convicted of criminal activity? Explain:  
 Yes No

10. Have you or anyone named on this application ever been evicted from a rental unit of any type? Explain:  
 Yes No

11. Have you or anyone else named on this application ever filed for bankruptcy? If yes, list the date the bankruptcy was discharged:  
 Yes No

12. Have you ever lived in a Cowboy Properties community before? If yes, list property name and dates you lived there:  
 Yes No

13. Do you or anyone in the household own a pet? If yes, indicate type and breed:  
 Yes No

14. Do you or anyone in the household own an emotional support animal? If yes, indicate type and breed.  
 Yes No

15. Do you or anyone in the household smoke?  
 Yes No

**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:  
 List someone in the area other than a relative.

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 ( <b>do not include food stamps</b> )	\$ _____	_____
<input type="radio"/>	<input type="radio"/>	Are you <b>entitled</b> 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 <b>entitled</b> to receive child support?	\$ _____	_____
<input type="radio"/>	<input type="radio"/>	Do you receive child support?	\$ _____	_____
How is the support received? (Check all that apply)				
<i>(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.)</i>				
<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. - <b>do not include loans</b> )	\$ _____	_____
<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 <b>ALL</b> household members (adults and minors) full-time students?
<input type="radio"/>	<input type="radio"/>	Will <b>ALL</b> 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 <b>combined</b> 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, KEOGH'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	\$ _____
		<b>If yes to real estate, is it:</b>	
<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:

1. Will any household member have any other residence besides this apartment? If yes, please list address of other residence:  
 Yes      No      \_\_\_\_\_

2. Are any household members married and separated, but not yet divorced, from their spouse?  
 Yes      No      \_\_\_\_\_  
 Household member: \_\_\_\_\_ Date of separation: \_\_\_\_\_

3. Are you or any other ADULT household member claiming zero income (not receiving money from ANY source)?  
 Yes      No      \_\_\_\_\_  
 Household member: \_\_\_\_\_ Explain: \_\_\_\_\_

4. Will your household be receiving Section 8 rental assistance at time of move-in?  
 Yes      No      \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

5. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next twelve months?  
 Yes      No      \_\_\_\_\_  
 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.**

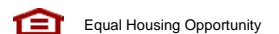
I certify that I understand and have answered all the questions on this questionnaire. I certify that all answers are true and correct to the best of my knowledge and that any misrepresentation of information may lead to denial of my application or future eviction. **I understand that I must report any 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 SELF CERTIFICATION

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

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Development Name and Address: \_\_\_\_\_

Move-in Date if applicable: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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, online, 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 (**Do not answer questions 1-5**). Sign and date below.

B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. \_\_\_\_\_ Household contains all students who were, are, or will be FULL-TIME 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 1-5 below must be completed:**

- |   |  |
|---|--|
| 1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return)   | <input type="checkbox"/> YES <input type="checkbox"/> 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) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation)  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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

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.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

# 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
Support and Alimony Providers	Military/Government Agencies	Schools / Universities
Medical and Child Care Providers	Social Security Administration	Banks and other Financial Institutions
	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