

COWBOY PROPERTIES

Resident Selection Plan - *Section 42*

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 Section 42 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: Section 42 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 exception to Section 42 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



Liberty Square Apartments

639 East 500 South
 Salt Lake City, Utah 84102
 Phone: 385-528-2125 Fax: 801-829-1746
 TDD/TTY call 711 or (888) 735-5906
libertysquare@cowboyproperties.com

Number of bedrooms requested: _____
 Requested Move In Date: _____
 Phone Number: _____ Day/Evening/Cell
 Email Address: _____
 Add'l 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 in black or blue ink. Applications in any other color ink or in pencil will not be accepted.**
- * 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.
- * Applications with white out used for corrections will not be accepted. If you make a mistake, put a single line through the error, write in the correct information, initial and date the correction.
- * If you do not understand any portion of the 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 any time within the next (12) twelve months.

Legal Name (First, Middle, Last)	Relationship to Head of Household	Social Security Number	Age	Birth Date mm/dd/yyyy	Student? If yes, Full or part time?	Marital Status
	HOH				Y / N - FT / PT	Single, Married, Divorced, other
					Y / N - FT / PT	Single, Married, Divorced, other
					Y / N - FT / PT	Single, Married, Divorced, other
					Y / N - FT / PT	Single, Married, Divorced, other
					Y / N - FT / PT	Single, Married, Divorced, other
					Y / N - FT / PT	Single, Married, Divorced, other
					Y / N - FT / PT	Single, Married, Divorced, other
					Y / N - FT / PT	Single, Married, Divorced, other

HOUSING REFERENCES: Please include all necessary contact information for current/prior landlord. List at least three years of residency.

Current Address: _____	City: _____	State: _____	Zip: _____
Landlord Name: _____	Landlord Phone/Email: _____		
Date From: _____	Date To: _____	Current monthly rent: _____	
Reason for leaving: _____		Do you: Rent / Own / Other: _____	

Current Address: _____	City: _____	State: _____	Zip: _____
Landlord Name: _____	Landlord Phone/Email: _____		
Date From: _____	Date To: _____	Current monthly rent: _____	
Reason for leaving: _____		Do you: Rent / Own / Other: _____	

Current Address: _____	City: _____	State: _____	Zip: _____
Landlord Name: _____	Landlord Phone/Email: _____		
Date From: _____	Date To: _____	Current monthly rent: _____	
Reason for leaving: _____		Do you: Rent / Own / Other: _____	

Applicant Name: _____

Please check **YES** or **NO** to the following questions:

YES NO

- ___ ___ 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?

- ___ ___ 2. Is there anyone living with you now who will not be living with you at this property? If yes, please list name and relationship.

- ___ ___ 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.

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

- ___ ___ 5. Will any dependent children be eighteen (18) years old in the next twelve (12) months? If yes, please list name of dependent and date dependent will turn eighteen (18).

- ___ ___ 6. Are any household members under the age of eighteen (18) claiming emancipation? If yes, please list household member's name.

- ___ ___ 7. Will you or anyone in your household require a live-in care attendant? If yes, please list name of attendant and relationship.

- ___ ___ 8. Have you or anyone named on this application ever been involved in criminal activity? If yes, please explain below.

- ___ ___ 9. Have you or anyone named on this application ever been convicted of criminal activity? If yes, please explain below.

- ___ ___ 10. Have you or anyone named on this application ever been evicted from a rental unit of any type? If yes, please explain below.

- ___ ___ 11. Have you or anyone else named on this application ever filed for bankruptcy? If yes, what was the discharge date?

- ___ ___ 12. Have you ever lived in a Cowboy Properties community before? If yes, list property name and dates you lived there.

INCOME

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

Household Member	Name of Employer	Employer Address	Employer Phone	Employer Fax/Email	Annual Income

VEHICLE IDENTIFICATION

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

1. License Plate #:	State Issued:	Make/Model/Year	Color of vehicle
2. License Plate #:	State Issued:	Make/Model/Year	Color of vehicle

PETS/SMOKING

Please circle yes or no:

- Do you or anyone in the household own a pet? YES NO _____
- Is this animal a service/assistance animal? YES NO If yes, indicate type and breed _____
- Do you smoke? YES NO

EMERGENCY CONTACT

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

Name: _____ Relationship: _____
 Address: _____ Phone/Email: _____

List someone in the area other than a relative.

Name: _____ Relationship: _____
 Address: _____ Phone/Email: _____

COWBOY PROPERTIES

SECTION 42 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 received. Do you currently receive, or expect to receive income from:

YES	NO	INCOME SOURCE	AMOUNT	HOW OFTEN?
___	___	Employment, wages, or salaries	\$ _____	_____
___	___	Armed Forces/Military pay	\$ _____	_____
___	___	Self-employment	\$ _____	_____
___	___	Net income from business	\$ _____	_____
___	___	Social Security	\$ _____	_____
___	___	Supplemental Security Income (SSI)	\$ _____	_____
___	___	Social Security Disability Insurance (SSDI)	\$ _____	_____
___	___	Veterans benefits or disability	\$ _____	_____
___	___	Pension, retirement, annuities	\$ _____	_____
___	___	Trust Income	\$ _____	_____
___	___	Unemployment compensation	\$ _____	_____
___	___	Worker's Compensation	\$ _____	_____
___	___	Aid to Families with Dependent Children (AFDC, previously TANF)	\$ _____	_____
___	___	Public assistance (do not include food stamps)	\$ _____	_____
___	___	Are you entitled to receive alimony or family maintenance?	\$ _____	_____
___	___	Do you receive alimony or family maintenance?	\$ _____	_____
___	___	Are you entitled to receive child support?	\$ _____	_____
___	___	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>				
___	___	Child Support Enforcement Agency (Name of Agency)	_____	_____
___	___	Court of Law (Name of Court)	_____	_____
___	___	Directly from Individual (Name of Person)	_____	_____
___	___	Other (Explain)	_____	_____
___	___	Adoption assistance	\$ _____	_____
___	___	Regular gifts/contributions from friends or relatives	\$ _____	_____
___	___	Regular payments from a severance package	\$ _____	_____
___	___	Regular payments from any type of settlement	\$ _____	_____
___	___	Regular payments from lottery winnings or inheritance	\$ _____	_____
___	___	Regular payments from rental property or real estate	\$ _____	_____
___	___	Lottery or other winnings paid periodically	\$ _____	_____
___	___	Income from assets	\$ _____	_____
___	___	Education financial assistance (including but not limited to: grants, stipends, scholarships, etc.- do not include loans)	\$ _____	_____
___	___	Any income from sources not mentioned above? (i.e. inheritance, insurance policies, etc.)	\$ _____	_____
___	___	Are their other wage earners residing in the household?	\$ _____	_____
___	___	Do you expect any changes to your household income in the next (12) twelve months? Explain _____		

STUDENT ELIGIBILITY

Check either YES or NO for each question

YES	NO	QUESTION
___	___	Are ALL household members (adults and minors) full-time students?
___	___	Will ALL household members be full-time students within the next (12) twelve months?

ASSETS

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

YES	NO		ASSET VALUE
___	___	Do the combined assets of the household total more than \$5,000.00?	_____
___	___	Checking accounts (average balance for six months)	\$ _____
___	___	Savings accounts (current balance)	\$ _____
___	___	Direct Express debit card or other debit card	\$ _____
___	___	Cash on hand or cash at home	\$ _____
___	___	Certificates of deposit or money markets	\$ _____
___	___	Stocks or mutual funds	\$ _____
___	___	Bonds, treasury bills, or securities	\$ _____
___	___	IRA's, KOEGH's, 401K's or other retirement funds	\$ _____
___	___	Pensions or annuities	\$ _____
___	___	Trust accounts or deed of trust	\$ _____
___	___	Whole or Universal Life Insurance (do not include term life insurance)	\$ _____
___	___	Lottery winnings received as a lump sum or other lump sum receipts	\$ _____
___	___	Safety Deposit box	\$ _____
___	___	Personal property held as an investment	\$ _____
___	___	Real estate, rental property, or land contracts	\$ _____
___	___	If yes to real estate, is it:	
___	___	For sale?	\$ _____
___	___	Rented?	\$ _____
___	___	Any other current assets?	\$ _____
___	___	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 (12) 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:

YES	NO	
___	___	1. Will any household member have any other residence besides this apartment? If yes, please list address of other residence. _____
___	___	2. Are any household members married and separated, but not yet divorced, from their spouse? _____
		Household member: _____ Date of separation: _____
___	___	3. Are you or any other ADULT household member claiming zero income (not receiving money from ANY source)? _____
		Household member: _____ Explain: _____
___	___	4. Will your household be receiving Section 8 rental assistance at time of move-in? _____
		Name of Agency: _____ Contact person: _____

YES NO

5. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next twelve months?

Expected Date:

Name of Agency:

Contact Person:

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 Section 42 Housing requirements. I understand that providing false information or making false statements will be reported to the IRS and 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.

Applicants will be considered regardless of race, color, religion, sex, national origin, familial status, or disability.

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 will be reported to the Internal Revenue Service (IRS) and 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 recertify for the Section 42 program each year (or when otherwise necessary) and I 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

Applicant printed name

Applicant signature

Date

Applicant printed name

Applicant signature

Date

Management Signature

Date



June 2020

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

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) YES NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* 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)? (provide release of information for verification purposes) YES 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) YES 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) YES 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

ANNUAL HOME CERTIFICATION OF STUDENT STATUS

This form must be completed for each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date an annual Certification of Student Status upon move-in and annually during the entire Compliance Period of the project.

Property Name:	TIC Effective Date:
Unit Address/Number:	Household Name:

This form is to be completed by each Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the HOME Program. Provisions of this Program require verification of all income and assets, as well as other claims of eligibility including student status.

The HOME program definition of student is: **All** students enrolled either part-time or full-time at an institution of higher education. The law does not exempt part-time students.

Complete All That Applies:

1. I am NOT a student enrolled in an institution of higher education and do not plan to be a student enrolled in an institute of higher education at any time in the next 12 months.

2. I am a student or plan to be a student enrolled in an institution of higher education within the next 12 months and I meet the following exception/s:

Exceptions	Mark either Yes or No to Each as it Applies to You:	
I am over the age of 24	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a veteran of the US Military	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am married	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have one or more dependent children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a disability, as defined in Section 3(b)(3)(E) of the United States Housing Act of 1937 <u>and</u> was receiving assistance under Section 8 as of November, 30, 2005	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am under 24 and have documentation to support that I've been independent of my parents for at least 1 year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am under 24, not independent of my parents & my parents are eligible based on their income	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any student who does not meet at least one of the exceptions listed is ineligible to reside in a HOME unit.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I agree to notify management immediately of any changes in my student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date