

COWBOY PROPERTIES

Resident Selection Plan

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 current 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. Exceptions may be made with an additional rent premium. Please contact the community you are applying to for details.

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 rent, 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 2 ½ times the resident's monthly rental amount.

SELF-EMPLOYMENT: Self-employed applicants must show at least three months of current bank statements and may also be required to supply the most recent tax returns or certified verification from their accountant or bank.

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 application and meet the entire Resident Selection Plan. 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 on-line at www.cowboyproperties.com

APPLICANT QUESTIONNAIRE

Date of Application: _____

Liberty Crest Apartments

150 South 200 East

Salt Lake City, Ut 84111

Phone: 801-355-1600 Fax: 801-355-1601

TDD/TTY call 711 or (888) 735-5906

libertycrest@cowboyproperties.com

Number of bedrooms requested: _____

Requested Move In Date: _____

Phone Number: _____ Day/Evening/Cell

Email Address: _____

How did you hear about our community? (If referred, by whom?)

* One questionnaire per adult is required (married couples may fill out a single questionnaire).

* Application must be completed in black or blue ink. Applications in any other color ink or in pencil will not be accepted.

* 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.

HOUSEHOLD INFORMATION: Complete the following information for each household member that will occupy the apartment.

Legal Name (First, Middle, Last)	Relationship to Head of Household	Social Security Number	Age	Birth Date mm/dd/yy
	Head of Household			

HOUSING REFERENCES: Please include any necessary contact information for current/prior landlord. **Must provide at least 3 years of housing history.**

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: _____		

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

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

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

____ 1. Have you or anyone named on this application ever been involved in criminal activity? If yes, please explain below.

YES NO

____ 2. Have you or anyone named on this application ever been convicted of criminal activity? If yes, please explain below.

YES NO

____ 3. Have you or anyone named on this application ever been evicted from a rental unit of any type? If yes, please explain below.

YES NO

____ 4. Have you or anyone else named on this application ever filed for bankruptcy? If yes, what was the discharge date?

YES NO

____ 5. Have you ever lived in a Cowboy Properties community before? If yes, list property name and dates you lived there.

YES NO

Applicant Name: _____

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: _____

CERTIFICATION BY APPLICANT(S)

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. 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.

ALL ADULT HOUSEHOLD MEMBERS 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



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 Systems
	Military/Government Agencies	
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