



Evergreene Management Group

Bridge Project

511 West 200 South

Salt Lake City, UT 84101

(Phone) 801-364-1019 (Fax) 801-364-5131

Rental Application

Apt. Number

PART I - HOUSEHOLD COMPOSITION

Table with 8 columns: 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.

Do you anticipate a change in the household in the next 12 months? YES NO Do you smoke? Yes No

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

Table with 8 columns: Present Address, City, State, Zip, How Long? from to, () Own () Rent, Phone, Monthly Payment \$

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)

(Circle all applicable)		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
Current Employer			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		Do you have more than one job? YES NO	
2nd Job			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			
Previous Employer			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			
OTHER INCOME:				(Circle each one individually)			
<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)

(Circle all applicable)		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
Current Employer			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		Do you have more than one job? YES NO	
2nd Job			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			
Previous Employer			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			
OTHER INCOME:				(Circle each one individually)			
<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	
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	\$ _____	\$ _____	
			Total: \$ _____	\$ _____				Total: \$ _____	\$ _____
Has any member of the household disposed of an asset for less than fair market value in the past 24 months?							YES	NO	
If YES, please list:									

PART VIII- CERTIFICATION

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Evergreene Management Group, 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 EVERGREENE MANAGEMENT GROUP 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 Evergreene Management Group?** 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