



Artspace Rubber Company

353 West 200 South
 Salt Lake City, Utah, 84101
 Phone 801-364-1019 Fax 801-364-5131

Bedroom Size:	
Lease Term:	
Rental Amount:	
Move-in Date:	

Rental Application

API Number: _____

PART II - HOUSEHOLD COMPOSITION

HH Mbr#	First Name	Last Name	Date of Birth	Relationship to Head of Household	Student	Social Security or Alien Reg No.	Driver's License Number
1					Y / N		
2					Y / N		
3					Y / N		
4					Y / N		
5					Y / N		
6					Y / N		
7					Y / N		
8					Y / N		
9					Y / N		

Do you anticipate a change in the household in the next 12 months? YES NO
 If Yes, please explain: _____ Do you smoke? Yes No

PART III - 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)

Have any students been in Foster care in the last 5 years? (If yes whom: _____) Yes No (Circle one)

PART IV - RENTAL HISTORY (Previous 2 years for each applicant)

Head of Household:								
Present Address	City	State	Zip	How Long? from	to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Present Landlord/Mortgage Co.	City	State	Zip	Day Phone ()	Night Phone ()			
Previous Address	City	State	Zip	How Long? from	to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.	City	State	Zip	Day Phone ()	Night Phone ()			
Co-Applicant:								
Previous Address	City	State	Zip	How Long? from	to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.	City	State	Zip	Day Phone ()	Night Phone ()			
Previous Address	City	State	Zip	How Long? from	to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.	City	State	Zip	Day Phone ()	Night Phone ()			

PART V - IMPORTANT INFORMATION

Current Home Phone ()	Cell Phone ()	Current E-mail Address:	Other E-mail Address:
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

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 \$
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PARTIAL RECURRING INCOME PREVIOUS YEARS (Head of Household)

Head of Household's Name:							
(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 YEARS (2nd Applicant)

2nd Applicants Name:							
(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	\$ _____			

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: _____			
	Value	Annual Interest Earnings	Bank/Institution
Checking Account (6 month avg)	YES NO \$ _____	_____	_____
Savings Account	YES NO \$ _____	_____	_____
Money Market, CD's and Other	YES NO \$ _____	_____	_____
Stocks / Bonds	YES NO \$ _____	_____	_____
IRA'S, 401(K), Keogh	YES NO \$ _____	_____	_____
Real Estate	YES NO \$ _____	_____	_____
Boat, Trailer and Rec Vehicles	YES NO \$ _____	_____	_____
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO \$ _____	_____	_____
Cash on Hand	YES NO \$ _____	_____	_____
Other Assets _____	YES NO \$ _____	_____	_____
Total: \$ _____		_____	_____
Co-Applicant Name: _____			
	Value	Annual Interest Earnings	Bank/Institution
Checking Account (6 month avg)	YES NO \$ _____	_____	_____
Savings Account	YES NO \$ _____	_____	_____
Money Market, CD's and Other	YES NO \$ _____	_____	_____
Stocks / Bonds	YES NO \$ _____	_____	_____
IRA'S, 401(K), Keogh	YES NO \$ _____	_____	_____
Real Estate	YES NO \$ _____	_____	_____
Boat, Trailer and Rec Vehicles	YES NO \$ _____	_____	_____
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO \$ _____	_____	_____
Cash on Hand	YES NO \$ _____	_____	_____
Other Assets _____	YES NO \$ _____	_____	_____
Total: \$ _____		_____	_____
Has any member of the household sold any real estate in the last 24 months?			Yes No
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:			

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 and that each occupant/tenant/resident is residing in the United States legally. 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 EMG Management to make such investigations into my credit, criminal, and rental history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, any and all household income, child support, rental history, criminal and consumer credit reports.

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname".

Race: (Please circle all that apply for the Head of household only.)			
Asian	Black/African American	Native Hawian / Other Pacific Islander	White
American Indian/Alaskan Native	Latino/Hispanic	Other _____	I Choose Not to answer
Gender:			
Male	Female	I Choose Not to Answer	
(Circle One)			

- 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)
If Yes, Please Explain: _____
- Have you ever been EVICTED?** Yes No (Circle one)
If Yes, Please Explain: _____
- Have you previously rented from Evergreene Management Group** Yes No (Circle one)
If Yes, Please Explain: _____
- Do you have a pet?** Yes No (Circle one)
If Yes, Please Explain: _____
- Have you filed bankruptcy?** Yes No (Circle one)
If Yes, Please Explain: _____
- How did you hear about us?**
(Please be Specific) _____

Applicant

Date

Applicant

Date

Management Representative

Date

