

Sierra Springs Apartments

SELECTION CRITERIA

We want to thank you for considering Sierra Springs Apartments as your next home. We are very proud of our community and believe you will be too. Our required standards for qualifying are listed below. You will be pleased to know that all residents/applicants have been screened with the same quality care. There is a non-refundable credit history/application fee in the amount of **\$35.00** per adult applicant. This form and each application must be filled in completely and signed in order to complete this process.

The objectives of this tenant criteria:

- outline the areas used to determine eligibility to occupy housing owned or managed by ISM Management;
- set forth guidelines for applying the criteria in a nondiscriminatory way so as to comply with all applicable fair housing laws, and to ensure decisions affecting admission to and continued occupancy of residence in the community are made without regard to race, color, religion, sex, national origin, familial or handicap status and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted.
- lawfully deny admission to anyone whose presence threatens the health, safety or welfare or persons or community property or that threatens to disrupt the peaceful enjoyment of the property by other members of the community;
- ensure the financial stability of the community and the owners;
- promote safe and sanitary housing.

An applicant may be rejected if they fail to meet any of the following criteria:

1. Gross Income must be at least 2 times the monthly rent.
2. Negative rental history or mortgage history.
3. Lack of verifiable employment history with current employer.
4. Negative Credit history.
5. Evictions from prior housing.
6. Occupancy guidelines- Minimum of 1 person; 2 persons per bedroom plus 1.
7. Negative criminal history. Criminal convictions or arrests that result in an adjudication against the applicant other than a finding of not guilty that involve: fire, firearms, illegal drugs, theft, destruction of property, sex offense, violence to another person, any crime involving a minor, or any criminal offense that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents.
8. Misrepresentation on the applicant's applications, including failure to disclose previous rental evictions or complete criminal history.

We look forward to serving you!

Applicant's
Signature _____ Date _____

_____ Date _____

_____ Date _____

Income Limits:

Number of Occupants

Annual Income

1	\$29,220
2	\$33,360
3	\$37,560
4	\$41,700
5	\$45,060
6	\$48,420
7	\$51,720





Unity Pay

Phone: 801-308-0005 Fax: 801-308-0015

Toll-free phn: 800-466-1996 Toll-free fax: 800-351-4558

PERSONAL RELEASE FORM COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS – TENANT

Account Name with Unity Pay: _____

Requestor's Name: _____ Phone #: _____

IMPORTANT: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, rental history, personal characteristics, police record, credit and indebtedness may be obtained in connection with your rental application. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process.** If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are entitled to receive a denial letter. The name, address and telephone number of Western Reporting, and a summary of your rights under the Fair Credit Reporting Act will be included. You may contact Western Reporting for a copy of the consumer report.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, landlord, police department, financial institution, consumer reporting agencies, credit bureaus or other persons or agencies having knowledge about you to furnish Western Reporting with any and all background information in their possession regarding you, in order that your suitability as a potential tenant may be determined.

By signing below, you hereby authorize without reservation, any party or agency contacted by Western Reporting to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Please print legibly to speed up processing time

APPLICANT'S FULL NAME:
APPLICANT'S SSN:
APPLICANT'S DOB:
APPLICANT'S FULL ADDRESS:

READ, ACKNOWLEDGED AND AUTHORIZED

Signature of Applicant

Date

For California applicants only, if you would like to receive a copy of the report, if one is obtained, please check this box.
For Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.



DATE: _____ TIME: _____ PROPERTY NAME: GRANDVIEW HOMES

APPLICANT SIZE OF UNIT: ___ 2 BR (2-5 persons) ___ 3 BR (4-6 persons)

NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

CURRENT ADDRESS: _____ APT. NO. _____

CITY: _____ STATE: _____ ZIP CODE: _____ RACE/ETHNICITY OF HOH: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ CURRENT RENT: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____ CELL NUMBER: _____

PREVIOUS ADDRESS: _____

LIST ANOTHER CONTACT PERSON: _____ CONTACT PHONE NO: _____

LIST EACH PERSON BELOW WHO WILL LIVE IN THE APARTMENT INCLUDING YOURSELF First Contact: _____ Source: _____

LAST NAME	FIRST NAME	BIRTH DATE	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (Required)	CURRENT ANNUAL INCOME (Required)
			Head of Household		

2. DOES ANYONE LIVE WITH YOU WHO IS NOT LISTED ABOVE? YES NO IF YES, EXPLAIN: _____

3. DOES ANYONE PLAN TO LIVE WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE? YES NO IF YES, EXPLAIN: _____

4. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY SPECIAL HOUSING NEEDS? YES NO IF YES, EXPLAIN: _____

5. LIST ALL ASSETS (HUD CLASSIFIES ASSETS AS FOLLOWS): CASH HELD IN SAVINGS AND CHECKING ACCOUNTS, SAFETY DEPOSIT BOXES, HOMES, ECT., TRUSTS EQUITY IN RENTAL PROPERTY OR OTHER CAPITAL INVESTMENTS, STOCKS, BONDS, TREASURY BILLS, CERTIFICATES OF DEPOSITS, MONEY MARKET FUNDS, IRA ACCOUNTS, KEOUGH ACCOUNTS, RETIREMENT AND PENSION FUNDS, LUMP SUM RECEIPTS SUCH AS INHERITANCES, ONE TIME LOTTERY WINNINGS, SETTLEMENTS ON INSURANCE, CAPTIAL GAINS, ECT., PERSONAL PROPERTY HELD AS AN INVESTMENT.

ASSET ACCT.# PLACE

6. HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS WITHIN THE PAST TWO YEARS? YES NO IF YES, EXPLAIN _____

APPLICANT CERTIFICATION: I CERTIFY THAT THE ABOVE STATEMENTS MADE ON THIS PRE-APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, I UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INCOMPLETE INFORMATION MAY RESULT IN FINES UP TO \$10,000 AND IMPRISONMENT FOR UP TO FIVE YEARS.

THIS PRE-APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THE APPLICATION CAN BE PROCESSED. THIS PRE-APPLICATION IS ONLY TO ESTABLISH YOUR PLACE ON THE WAITING LIST. ONCE YOUR NAME IS AT THE TOP OF THE WAITING LIST, YOU MUST COMPLETE THE HUD APPLICATION WHICH ALSO DOES NOT CONSTITUTE AN AGREEMENT TO LEASE UNTIL ALL INFORMATION HAS BEEN VERIFIED AT WHICH TIME IT WILL BE PROCESSED.

I/WE OPERATE IN ACCORDANCE WITH THE FAIR HOUSING LAW. I/WE DO NOT DISCRIMINATE AGAINST ANY PERSON IN THE TERMS, CONDITIONS OR PRIVILEGES OF SALE OR RENTAL OF A SWELLING OR N THE PROVISIONS OF SERVICES OF FACILITIES IN CONNECTION THEREWITH, BECAUSE OF RACE, COLOR, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.

THE NATIONAL AND STATE SEX OFFENDER REGISTER OR THE DRU SJODIN NATIONAL SEX OFFENDER PUBLIC WEBSITE WILL BE VERIFIED ON ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER DURING THE ANNUAL RECERTIFICATION PROCESS.

The Pre-application must be signed by all adult household members 18 years and older.

HEAD OF HOUSEHOLD DATE ADULT HOUSEHOLD MEMBER DATE

ADULT HOUSEHOLD MEMBER DATE MANAGER DATE