KIER MANAGEMENT

Our Business is You

HOUSING QUALIFICATIONS CONVENTIONAL PROPERTY

"All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin or source of income."

GENERAL INSTRUCTIONS:

Using ink, please print answers to all questions on the leasing application truthfully and completely. Do not leave any questions blank even if the questions do not apply to you or your household. Enter "none" or "N/A" for those questions. Each adult (excluding spouse) who will be living in the apartment must complete a separate application. Any misrepresentation of information entered on the leasing application will be grounds for rejection. Applications will not be considered unless they are filled out completely and correctly. All adult family members 18 years of age and older must sign all forms included in this application package. Once you have completed the package, return it to the Apartment Community where you are applying for or the KPM main office.

IMPORTANT INFORMATION:

- In compliance with the Fair Credit Reporting Act, all applicant households will be screened including but not limited to the following screening criteria: statements made on the leasing application, present and previous landlord history, credit history, criminal history, personal references, employment/income verifications, sex offender registries, and the ability and willingness to comply with the lease requirements. Any applicant not meeting any of these requirements or any of the KPM screening criteria will be rejected.
- A copy of our complete Resident Selection Policy is available for your review at any on-site rental office or the KPM main office, upon your request.
- Please read the application package completely and carefully. If you have a vision, hearing, physical or other type of impairment that does not permit you to complete this application, please advise us of your needs or call us to schedule assistance. Assistance to ensure equal access will be provided in a confidential manner and setting. Our main office telephone number is 801-621-3390. Please call between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. Our TDD number is 1-800-346-4238 (Utah Relay Service).

QUALIFICATION CRITERIA:

All applicant households must meet these requirements to be eligible to live at this Apartment Community. (A determination of ineligibility for this Apartment Community does not preclude the household from being eligible to live at another KPM Apartment Community.) Only applicants meeting the eligibility criteria will be selected for admission.

- An eligible household would be one who's total rental payment does not exceed one-third (1/3) of the total household income. In addition, households must meet all additional criteria established by KPM.
- Applicants must disclose social security numbers for all household members and provide proof of the numbers reported.
- The head of household or co-head must be at least 18 years of age or an emancipated minor under State law.
- All adults in each applicant household must sign individual verification forms authorizing the owner/agent to verify family income and other applicable eligibility factors.
- The household size must be appropriate for the available apartment. The occupancy standards are two (2) persons maximum per bedroom and there is no minimum per bedroom requirements for conventional properties.
- All information reported by the household is subject to verification.

HOLDING FEE and APPLICATION FEE:

- There may be a required holding fee charged in order to hold a specific apartment for me pending on the outcome of the screening process. In return for the landlord holding the apartment for me, I waive all rights to the return of this holding fee in the event I do not choose to enter into the lease agreement applied for herein. In the event this application is not accepted, the holding fee will be returned to the applicant. I understand that I acquire no rights to this apartment until I sign an agreement in the form offered for leasing.
- There may be a non-refundable application fee collected prior to screening of your application.

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How did you hear about us? (Check all that apply)

☐ Internet	☐ Walk-in
☐ Newspaper	☐ Brochure/Flyer
☐ Referred by Resident	☐ Phone Book
☐ Referred by Other	☐ Magazine Ad
☐ Other _____	

APPLICATION FOR HOUSING

"All persons will be treated fairly and equally without regard to all federally protected classes; age, race, color, religion, sex, national origin, familial status, and handicap/disability, or any other state or locally protected classes."

For Office Use Only

Property Requested	Date Received	Time Received	Initials

Type of Picture ID Verified	State Issued By	ID#

Desired Move In Date:	Desired Unit #:

Date Application Screened	Date Approved	Date Denied	Date set for Appeal	Appeal Approved YES or NO	Date Set for Move-In

Household Information – Please print clearly in ink

List all household members that are applying to live in this apartment with you, (include yourself).

Name (First, Middle Initial, Last)	Relationship to Head of Household	Social Security Number	Date of Birth MM/DD/YYYY	Picture ID # & issuing State

Current Mailing Address City, State, Zip Code	

Daytime Phone	**( )**	**Evening Phone**	**( )**

Email Address

Indicate bedroom size your household will require? (Check all that apply) Occupancy Standard: 1 person minimum, 2 person's maximum per bedroom. ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

Rental History – List the past three consecutive years beginning with your current landlord first.

Current Landlord's Name/Address		Your Current Physical		Own/Rent	Dates	
1. Name				Own ☐	From	
Address				Rent ☐	To	
				Monthly Pmt		
Phone		Contact phone		E-mail address		

Previous Landlord's Name/Address		Your Previous Address		Own/Rent	Dates	
2. Name				Own ☐	From	
Address				Rent ☐	To	
				Monthly Pmt		
Phone		Reason for moving				

Previous Landlord's Name/Address		Your Previous Address		Own/Rent	Dates	
3. Name				Own ☐	From	
Address				Rent ☐	To	
				Monthly Pmt		
Phone		Reason for moving				

Please list ALL states in which you have lived. _____

EMPLOYMENT HISTORY

Present Employer's Name/Address		☐ Check if Self Employed				
Name			Position/Title			
Address			Start Date		End Date	
			Salary	$	☐ Hourly ☐ Monthly	
Phone		Fax #		Supervisor		

Previous Employer's Name/Address		☐ Check if Self Employed				
Name			Position/Title			
Address			Start Date		End Date	
			Salary	$	☐ Hourly ☐ Monthly	
Phone		Fax #		Supervisor		

List all other sources of income received by persons in the household (e.g. retirement, social security, pension, alimony, child support, etc.)

Household Member	Source of Income	Amount

PERSONAL REFERENCES - List two (2) personal references other than relatives

1. Name		Relationship	
Address			
Phone		Years Known	
2. Name		Relationship	
Address			
Phone		Years Known	

MISCELLANEOUS INFORMATION

Yes	No	Please answer the following questions:
☐	☐	Does your household currently have any pets? and/or,
☐	☐	Does your household anticipate having any pets?

If you answered "Yes" to either of the pet questions above, ask the Site Manager for a Pet Application and a copy of the Pet Rules and Agreement. Pet Deposit, City Licensing, Current Vaccinations and Spay/Neutering are required. Only "One" (1) pet per household. Weight restrictions apply.

☐	☐	Have you or anyone in your household filed for bankruptcy, past or present?	
		If yes, who/when?	
☐	☐	Have you or anyone in your household ever been INVOLVED IN or CHARGED WITH any of the following? (Check all that apply)	
		☐	A felony?
		☐	Any illegal drug activity?
		☐	Property damage?
		☐	Any crimes of physical violence to persons or property or any other criminal act that will affect the health, safety or welfare of the other residents?
☐	☐	Have you or anyone in your household ever been evicted from a rental unit of any type?	
☐	☐	Have you or anyone in your household ever left an apartment owing money?	
☐	☐	Have you or anyone in your household ever used another social security number?	
☐	☐	Will there be any waterbeds?	

EMERGENCY CONTACT - List someone not already listed on the application

Name		Phone		Relationship	
Address					

Signature Clause

I certify that to the best of my knowledge all statements are true and correct. I further authorize the release of any information needed to verify all information put forth in this application, to include but not limited to credit reports, character reports, criminal reports, rental history, employment history, etc. I agree that a photocopy of this authorization may be accepted with the same authority as the original. I understand that providing false information or making false statements may be grounds for denial of my application. I understand that my occupancy is contingent on meeting management's resident selection criteria requirements. Any paid deposit will be refundable within 72 hours of the date of this application should applicant cancel.

Applicant must sign below:

Signature _____ Date _____

SIMPLIVERIFIED, LLC RELEASE OF INFORMATION

ONLY ONE (1) APPLICANT PER CONSENT FORM

PLEASE PRINT CLEARLY!

PROPERTY NAME: _____

I, _____, authorize Simpliverified, LLC or any agents of Simpliverified, LLC to complete a background screening which requires verification of information including but not limited to my credit history, employment history, present and previous landlords, local criminal record and/or full criminal record. I understand that the information I provide will be disclosed to the company that I have applied to for ____ Employment and/or ____ Housing. I release Simpliverified, LLC, their agent and Kier Property Management and Real Estate LLC of any and all liability resulting from this background investigation for my ____ Employment and/or ____ Housing. I further agree that a photocopy of this consent form may be accepted with the same authority as the original.

Simpliverified, LLC obtains credit files from Equifax, Trans Union & TRW (Experian) Credit Bureau Services. We do not maintain any information on individuals. All disputes will need to be conducted through the above listed bureau at: (800) 888-4213. This investigative inquiry fully complies with the Privacy Act of 1974 and other laws protecting the rights of the person we are investigating

Please provide the following information:

First_____ **Middle:** _____ **Last:** _____

To aid in a complete background check, please list all other names used (maiden, aka, etc.)

_____

Date of Birth: _____ **Social Security #:** _____

_____

Your Current Address (Street) (City) (County) (State)

_____

Current Landlord Name **Current Landlord Telephone Number**

Please provide TWO (2) Personal References (if applicable)

_____

Reference Name **Primary Telephone** **Secondary Telephone**

_____

Reference Name **Primary Telephone** **Secondary Telephone**

_____ _____

Applicant Signature **Date**

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (*). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Kier Property Management and Authorized Agents
Application for Criminal History Record Review
Authority for Release of Information

FOR OFFICE USE ONLY: **REPORT INFORMATION REQUESTED**

☒ LOCAL CRIMINAL BACKGROUND SCREENING
☒ NATIONAL CRIMINAL BACKGROUND SCREENING

APPLICANT: PLEASE PRINT CLEARLY!

PROPERTY NAME: _____

I, _____, do hereby authorize a review of an full disclosure of all criminal records or any part thereof, concerning myself, by and to any duly authorized agent of Kier Property Management, whether said records are of public, private or confidential nature.

The intent of the authorization is to give up my consent for full and complete disclosure of records of arrest, trial and/or convictions for alleged or actual violations of law, including criminal records.

I reiterate and emphasize that the intent of the authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent date for Kier Property Management for determining my suitability for housing/employment.

I agree to indemnify and hold harmless Kier Property Management and Ogden City, it's elected officials, officers, employees, agents and volunteers from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy of this release will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 with regard to access and disclosure of records and waive those rights.

Please provide the following information:

First: _____ Middle: _____ Last: _____

To aid in a complete background check, please list all other names used (maiden, aka, former married name, etc.)

_____

Please list ALL States you have lived in._____

_____

Date of Birth: _____ Social Security #: _____

_____

Current Address (Street) (City) (County) (State) (ZIP)

Please give the addresses of your last two (2) residences

_____

Previous Address (Street) (City) (County) (State) (ZIP)

_____

Previous Address (Street) (City) (County) (State) (ZIP)

_____ _____

Applicant Signature **Date**

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (*). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

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RELEASE OF INFORMATION

All persons will be treated fairly and equally without regard to all federally protected classes; age, race, color, religion, sex, national origin, familial status, handicap/disability, or any other state or local protected classes.

Authorization/Consent for the Release of Information / Hold Harmless Release

By signing below, I consent to the release of information to Kier Property Management and Real Estate LLC (KPM), and their agent or employees, any information requested by them to verify and complete my application process for housing, or to maintain, administer or enforce their rules and policies. I also give any party contacted by KPM full authorization to release to KPM any information relating to my rental and/or credit/criminal history needed to evaluate my application. I also release and hold harmless KPM and all related entities, including property and any person or entity contacted by them from any and all liability related to or arising from the release of such information.

I understand that previous or current income regarding me or my household, including other occupants, may be needed. Inquiries include, but are not limited to the following:

- Child Care Expense
- Credit History
- Criminal History
- Employment/Income/Assets
- Family Composition
- Federal, State, or Local Benefits
- Handicapped Assistance Expenses
- Identity & Marital Status
- Medical Expenses
- Social Security Numbers
- Residences & Rental History

I understand this authorization **cannot** be used to obtain information that is not relevant to my eligibility and continued participation in housing managed by KPM.

The organizations, groups or individuals who may be asked to release the above information include, but are not limited to the following:

- Aging Services
- Alimony Providers
- Banks/Finance Institutions
- Child Care Providers
- Child Support Providers
- Courts/Public Records
- Credit Providers/Bureaus
- Colleges/Schools
- Employers
- Landlords
- Law Enforcement Agencies
- Medical/Health Care Providers
- Military Pay
- Personal References
- Pharmacies
- Post Offices
- Public Housing Agencies
- Retirement Systems
- Screening Companies
- Social Security Administration
- State Employment Agencies
- Utility Companies
- Veterans Administration
- Welfare Agencies

I understand and agree that KPM may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any negative information found and a chance to disprove that information. KPM may, in the course of its duties, exchange information with Federal, State or Local agencies, including but not limited to:

- Correctional Facility
- Department of Defense
- Food Stamp Agencies
- Internal Revenue Service
- Office of Personnel Management
- Social Security Administration
- State Employment Security
- State Welfare
- U.S. Postal Service

I agree that a photocopy of this authorization may be used for the purpose stated above and is considered to be as good as the original. I also understand that if I refuse to sign this authorization my application or housing assistance may be denied or terminated.

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (*). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Signature - Head of Household		Date	
Print Name - Head of Household			
Signature - Spouse or Co-Head		Date	
Print Name - Spouse or Co-Head			