



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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INTENTIONALLY LEFT

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KIER
MANAGEMENT
Our Business is You

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

- | | |
|---|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochure/Flyer |
| <input type="checkbox"/> Referred by Resident | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Referred by Other | <input type="checkbox"/> Magazine Ad |
| <input type="checkbox"/> 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 <input type="checkbox"/> | From | |
| Address | | | Rent <input type="checkbox"/> | To | |
| | | | Monthly Pmt | | |
| Phone | | Contact phone | | E-mail address | |

| Previous Landlord's Name/Address | | Your Previous Address | | Own/Rent | Dates | |
|----------------------------------|--|-----------------------|--|-------------------------------|-------|--|
| 2. Name | | | | Own <input type="checkbox"/> | From | |
| Address | | | | Rent <input type="checkbox"/> | To | |
| | | | | Monthly Pmt | | |
| Phone | | Reason for moving | | | | |

| Previous Landlord's Name/Address | | Your Previous Address | | Own/Rent | Dates | |
|----------------------------------|--|-----------------------|--|-------------------------------|-------|--|
| 3. Name | | | | Own <input type="checkbox"/> | From | |
| Address | | | | Rent <input type="checkbox"/> | To | |
| | | | | Monthly Pmt | | |
| Phone | | Reason for moving | | | | |

Please list ALL states in which you have lived. _____

EMPLOYMENT HISTORY

| | | | | | | |
|---|--|-------|--|----------------|----|--|
| Present Employer's Name/Address <input type="checkbox"/> Check if Self Employed | | | | | | |
| Name | | | | Position/Title | | |
| Address | | | | Start Date | | End Date |
| | | | | Salary | \$ | <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly |
| Phone | | Fax # | | Supervisor | | |

| | | | | | | |
|--|--|-------|--|----------------|----|--|
| Previous Employer's Name/Address <input type="checkbox"/> Check if Self Employed | | | | | | |
| Name | | | | Position/Title | | |
| Address | | | | Start Date | | End Date |
| | | | | Salary | \$ | <input type="checkbox"/> Hourly <input type="checkbox"/> 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 | |

Kier Property Management and Real Estate LLC

Revised 08/06/18

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MISCELLANEOUS INFORMATION

| Yes | No | Please answer the following questions: | |
|--|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household currently have any pets? and/or, | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household anticipate having any pets? | |
| <p>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.</p> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or anyone in your household filed for bankruptcy, past or present? | |
| | | If yes, who/when? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or anyone in your household ever been INVOLVED IN or CHARGED WITH any of the following? (Check all that apply) | |
| | | <input type="checkbox"/> | A felony? |
| | | <input type="checkbox"/> | Any illegal drug activity? |
| | | <input type="checkbox"/> | Property damage? |
| | | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or anyone in your household ever been evicted from a rental unit of any type? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or anyone in your household ever left an apartment owing money? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or anyone in your household ever used another social security number? | |
| <input type="checkbox"/> | <input type="checkbox"/> | 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).**

**OPD/or any other Kier Agents Application for Criminal History Record Review
Authority for Release of Information**

c/o RM Screening – Fax # 801-734-8949 – Email: rmscreen@gmail.com

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) _____

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

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

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

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).**"

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:

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

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:

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Internal Revenue Service | <input type="checkbox"/> State Employment Security |
| <input type="checkbox"/> Department of Defense | <input type="checkbox"/> Office of Personnel Management | <input type="checkbox"/> State Welfare |
| <input type="checkbox"/> Food Stamp Agencies | <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> 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 | | | |