

Co-Head Application Packet

List the past THREE (3) consecutive years of housing references, beginning with current landlord first. If you have been homeless for the last three (3) years, please list TWO (2) personal references other than relatives.

HOUSING REFERENCES

| Housing Reference Name/Address | | Your Address | Own/Rent | Dates | |
|--------------------------------|-----------------------------|-------------------|-------------------------------|-------|--|
| 1. Name | | | Own <input type="checkbox"/> | From | |
| Address | (Current Housing Reference) | (Current Address) | Rent <input type="checkbox"/> | To | |
| | | | Comments: | | |
| Phone # | | | | | |
| 2. Name | | | Own <input type="checkbox"/> | From | |
| Address | | | Rent <input type="checkbox"/> | To | |
| | | | Comments: | | |
| Phone # | | | | | |
| 3. Name | | | Own <input type="checkbox"/> | From | |
| Address | | | Rent <input type="checkbox"/> | To | |
| | | | Comments: | | |
| Phone # | | | | | |





KIER
MANAGEMENT

Our Business is You

Special Unit Requirements Questionnaire

OPTIONS FOR APPLICANTS/TENANTS WITH DISABILITIES

Kier Property Management does not discriminate against any applicants/tenants. All persons are 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 local protected classes. In addition, there is a legal obligation to provide "accommodation/modification(s)" to applicants/tenants if they or any household members have a verified disability. Compliance actions may include accommodation/modification(s) to the policies, procedures, unit or premises.

A reasonable accommodation/ modification(s) are changes that may be made to policies or procedures that will assist an otherwise eligible applicant/tenant with a disability to take advantage of the program. Examples of reasonable accommodation/ modification(s) may include, but are not limited to:

- Making alterations to a unit so it could be used by a household member with a wheelchair.
- Installing strobe type, flashing light smoke detectors in an apartment for a household with a hearing impaired member.
- Permitting a household to have a seeing-eye dog to assist a vision impaired household member in a community where dogs are not usually permitted.
- Permitting an outside agency to assist an applicant/tenant with a disability to meet the property's applicant/tenant screening criteria.

An applicant/tenant household that has a member with a disability must still be able to meet essential obligations of tenancy. For example they must be able to pay rent, care for their apartment, and report required information to the Site Manager, avoid disturbing their neighbors, etc. However, there is NO requirement that an applicant/tenant be able to do these things without assistance.

If you or a member of your household have a disability and think you may need or want an accommodation/modification(s), you may request it at any time in the application process or after admission. If you would prefer not to discuss your situation with management, that is your right. Kier Property Management is fully committed to Equal Housing Opportunity and will demonstrate the legal commitment to meet all reasonable accommodation/modification(s) requests to the extent it will not create an undue financial and administrative burden/hardship to the apartment community.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant/tenant at the Apartment Community. It is used to determine whether an applicant/tenant household needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need those features.

Applicant/Tenant Name (Print): _____

Applicant's/Tenant's signature: _____ **Date:** _____

☐ **I choose not to complete the remainder of this form.**

1. Do you or any minor member of your household have a condition that requires one of the following: ☐ YES ☐ NO
(Mark all that apply) ☐ A separate bedroom ☐ Unit for Vision-Impaired ☐ One-level unit ☐ A barrier-free apartment
☐ Unit for Hearing-Impaired ☐ Physical modification to a typical unit ☐ Other: _____

2. Can you and all your household members go up and down stairs unassisted? ☐ YES ☐ NO
3. Will you or any of your household members require a live-in aide to assist you? ☐ YES ☐ NO
4. If you checked any of the above listed categories, please explain how we may accommodate your situation:

5. What is the name of the household member who needs the features identified above?

6. Who should be contacted to verify your need for the features you have identified above?

Name _____ Phone # _____
Address _____

Street

City

State

Zip

7. In the event of an emergency evacuation, would you require assistance? ☐ YES ☐ NO. If yes, please explain:

8. Would you like to be placed on a list of at-risk individuals which will be given to emergency personnel? ☐ YES ☐ NO

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 | | | |

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | | | |
|--|---|---|---|
| Applicant Name: | | | |
| Mailing Address: | | | |
| Telephone No: | Cell Phone No: | | |
| Name of Additional Contact Person or Organization: | | | |
| Address: | | | |
| Telephone No: | Cell Phone No: | | |
| E-Mail Address (if applicable): | | | |
| Relationship to Applicant: | | | |
| Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table> | | <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ | | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | | | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | | | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | | | |

☐ Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



U.S. Department of Housing and Urban Development
Office of Housing