American Heritage Retirement Community

3040 South Homecrest St. West Valley City, UT 84095

Manager: Brisha Alldredge Office #801-972-4783 Email: brishabills@hotmail.com

Application Instructions & Guidelines

- "Affidavit" sheet must be filled out completely, signed and MUST BE NOTARIZED.
 - A copy of photo identification must be attached (preferably a Driver's License).
- "Application for Credit" sheet must be filled out completely and signed.
 - Proof of Income must be included, for example: Copy of Social Security Check, W-2, pay check stub, etc. (Please provide 3 months of proof of income)
- Credit Release form to Western Reporting must be filled out completely and signed. (Birth dates and Social Security Numbers are needed)
- \$20 application fee must be included with application (this covers fee for credit and criminal background check).
- If you own cars or pets, please fill out the Car and Pet form to your fullest ability. Copies of vehicle registration and insurance cars are needed.
- Emergency Contact form must be filled out. (this is for future purposes if accepted)

**Once accepted, If purchasing a home (either from AHRC or other) a copy of the title and purchase agreement is required upon signing a home-site lease agreement and rules. **

General Acceptance Policies

- 1. Must qualify with age. At least **one** person in the household must be <u>55 years and older</u>. Anyone else living with them must be 18 years and older. All individuals must fill out an application for themselves.
- 2. Applicants must prove that they make 3-4x the amount of current rent. (Currently a minimum of \$2000/mo.)
- 3. We do <u>NOT</u> accept individuals whose criminal history contains any major felony within the last 5 years or who is currently on the sex offenders list.

Home of Interest Information Sheet

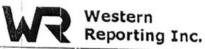
Address of home interested in purchasing:	
Name of Seller (current resident):Phone #:	
Name of Seller Real Estate Agent (if applicable):Phone #:	
Name of Buyer Real Estate Agent (if applicable):Phone #:	
Date of anticipated Move-in Date:	

AFFIDAVIT

	, being first duly sworn, deposes and states the fo
	1. My name is
	2. My address is
	3. My age is and my date of birth is:, 19
	4. Attached hereto is a valid, true and correct copy of my driver's license. Date Issued this day of, 20
te	Signature
Date	

APPLICATION FOR CREDIT & CRIMINAL HISTORY QUESTIONNAIRE

Name				Age_	SS#		
Last	First		MI		No. of		
Suama				Age	No. of Children		
Epouse Last	First		MI				
				D1 //			
Address	Street			Phone #			
	Silect			Cell #			
City	State				Mont		
Type of Housing				How Long		ents	
•							
Previous Landlord				Phone #			
Employer	Address				Phone #		
Employer	Address_	How					
Position		Long	_ Dept		Income \$	per	
Previous Employer	Address				Phone #		
Employer	Addiess _	How	Reason for	r			
Position		Long					
Spouse's Employer	Address				Phone #		
Employer	Address				Total		
Other Income Details					Income \$		
Credit References (give merchan					\$\$ \$\$	Monthly Payment \$ \$ \$ \$ \$ \$ \$	
Class Balativa		Relations	ship				
Close Relative			,p		Phone #		
Close Friends							
My/our total indebtedness does nabove representations are made f	or the purpose of obtaining co	I/we pro redit, and to t	efer to have pa he best of my	ayments fall du /our knowledg	e are true and co	of each month rrect.	. The
Have you (either of you) be If YES, please explain:							
Sign			Date				
~.8							



Pre-Employment & Tenant Screening

1787 E. Fort Union Blvd Suite 107 SLC UT 84121

APPLICANT RELEASE FORM

COMPANY NAME: AMerican Heritage Retirement	Сом.
FAX #: Same as Below	
PHONE#: (801) 972-4783	
I, (the uncersigned), authorize Western Reporting L.L.C, or its assigned agents to obtain my credit repot, employment records, education verification, rental history, driving record, and/or criminal history. I understand that this information will only be gathered for the services for which I am applying.	
(Please print legibly to speed up processing time)	
NAME:	
SSN:	
DOB:	
ADDRESS	
	1
Signature Date	*)

Western Reporting Ph: 801-308-0005 Fax: 801-308-0015 www.westernreporting.com

CAR AND PET FORM

How many cars do you own/plan to have in c	community?
Please provide the following information on	your vehicles:
Vehicle #1 Make & Model:	Voor
Color:	Year:
License #:	
Vehicle #2	
Make & Model: Color:	Year:
License #:	
Vehicle #3 Make & Model: Color:	Year:
License #:	
** Please attach copies of Regist	ration and Insurance cards for all vehicles**
How Many pets do you have? What type of pets do you own?	

Please note that we abide by West Valley City pet ordinance of a MAXIMUM of 2 dogs & 2 cats per household

**All pets in this community must be indoor pets. Dogs must be small dogs (any dog whose height is below the human knee is considered to be a small dog)

**All dogs must be on a leash when outside, we do not allow fencing, dog runs, or large out door

kennels**

EMERGENCY CONTACT FORM

Your Name(s):
Your Phone #:
Your Cell Phone #:
Email:
How Would You Like To Be Contacted?
Do You Receive Text Messages? (circle one) YES or NO
Emergency Contact Information:
Name:
Relationship:
Phone #:
Cell #:
Name:
Relationship:
Phone #:
Cell #:
Name:
Relationship:
Phone #:
Cell #: