



Historic Peery Apartments
 2461 Adams Avenue
 Ogden, Utah 84401
 (801) 690-4434 (801) 388-6591

FOR OFFICE USE ONLY

Date Application Received: _____
 \$25 App. Fee Paid: YES NO | Interviewed: YES NO
 References Verified: YES NO | Background: YES NO
 Applicant Approved: YES NO | Letter Sent: YES NO

**HUD - MODERATE REHABILITATION PROGRAM
 RESIDENTIAL LEASE APPLICATION**

NOTE: THERE IS A \$25 APPLICATION PROCESSING FEE
 FAILURE TO ANSWER ALL QUESTIONS WILL RESULT IN YOUR APPLICATION BEING DENIED
 PLEASE CALL: (801) 388-6591 BETWEEN 10:00 AM AND 5:00 PM TO RETURN YOUR APPLICATION

Household Information LIST ALL PERSONS WHO WILL LIVE IN THE UNIT
 LIST YOURSELF FIRST AS HEAD OF HOUSEHOLD **I AM APPLYING FOR A**
 1-BEDROOM 2-BEDROOM 3-BEDROOM

NAME <small>(First, Middle Initial, Last)</small>	RELATION TO YOU	GENDER M / F	SOCIAL SECURITY NUMBER <i>Photocopies must be attached</i>	BIRTHDATE <small>mm/dd/yyyy</small>	ETHNICITY CODE
1.	SELF		- -	/ /	
2.			- -	/ /	
3.			- -	/ /	
4.			- -	/ /	

Ethnicity Codes: 1 = WHITE 2 = HISPANIC 3 = ASIAN 4 = AFRICAN AMERICAN 5 = MIDDLE EASTERN 6 = AMERICAN INDIAN 7 = OTHER

Driver's License or State ID 1. _____ 2. _____
Photocopies Must Be Attached State: _____ Expires on: _____ State: _____ Expires on: _____

What is Your Current Address: Number Street _____ City State Zip _____ Your Phone No. () _____
 Alternate Phone () _____

What is Your E-mail Address: _____ Do you use Facebook? Yes No

What is Your Current Living Situation: Renting Living with family Staying with friends Homeless

YES NO IF ADDITIONAL SPACE IS NEEDED FOR YOUR ANSWERS, PLEASE USE THE BACK SIDE OF THIS PAGE

<input type="checkbox"/>	<input type="checkbox"/>	Do you expect to have any additions to your household over the next 12 months? <i>If you answer YES, please explain below</i>
		Name: _____ Relationship to you _____
<input type="checkbox"/>	<input type="checkbox"/>	Under normal circumstances, would anyone else be living with you? <i>If you answer YES, please explain below</i>
		Name: _____ Relationship to you _____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any pregnant women in your household?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any children under 6-years of age in your household?
		HUD rules prohibit pregnant women and children under 6, from living in dwellings built before 1978, where a lead based pain hazard could be present.
<input type="checkbox"/>	<input type="checkbox"/>	Have you, or anyone in your household, ever left a rental owing money to the landlord? <i>If YES, please explain below</i>
		Amount you owed \$ _____ Have you paid off this debt? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am making payments
<input type="checkbox"/>	<input type="checkbox"/>	Have you, or has anyone in your household used any of the substances listed below?
		<input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin or other Opiates <input type="checkbox"/> Mushrooms <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Stimulants <input type="checkbox"/> Other substances not listed here
<input type="checkbox"/>	<input type="checkbox"/>	Do you, or does anyone in your household drink alcoholic beverages? <i>including beer, wine, hard lemonade etc...</i>
		If YES... How often do you drink? <input type="checkbox"/> Occasionally <input type="checkbox"/> Socially <input type="checkbox"/> Frequently <input type="checkbox"/> Daily <input type="checkbox"/> Trying to quit
<input type="checkbox"/>	<input type="checkbox"/>	Do you ever have difficulty following rules, or knowing the difference between right and wrong?
<input type="checkbox"/>	<input type="checkbox"/>	Do you agree to notify the landlord prior to having guests that stay 3 or more days/nights?



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Applicant's Initials _____ , _____

YES	NO	IF ADDITIONAL SPACE IS NEEDED FOR YOUR ANSWERS, PLEASE USE THE BACK SIDE OF THIS PAGE			
<input type="checkbox"/>	<input type="checkbox"/>	Will you, or will anyone in your household, become a full or part-time student within the next 12 months?			
		If YES.. Who?		Name of School	
<input type="checkbox"/>	<input type="checkbox"/>	If you have children, do you have full-time custody of them?		If you do not have full custody, what amount of time will your children be staying with you? _____	
		Age of your child: _____	Age of your child: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your household disabled as defined by the American's With Disabilities Act? <i>(protected classes)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	There are no elevators in this building: Would you, or would anyone in your household have difficulty climbing stairs?			
<input type="checkbox"/>	<input type="checkbox"/>	Will you, or any member of your household, require a live-in aid or healthcare assistant?			
		Name of Aid		Name of healthcare provider	
		Phone No.		Relationship to you if any	
<input type="checkbox"/>	<input type="checkbox"/>	Do you, or does anyone in your household have any pets, including any medically prescribed assistance animals?			
		If YES, What type of pet?		Is this a medically prescribed Assistance Animal?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Background Information

PLEASE ANSWER ALL QUESTIONS ON THE APPLICATION COMPLETELY. PROVIDING FALSE OR MISLEADING INFORMATION WILL RESULT IN YOUR APPLICATION BEING DENIED.

YES	NO	IF ADDITIONAL SPACE IS NEEDED FOR YOUR ANSWERS, PLEASE USE THE BACK SIDE OF THIS PAGE			
<input type="checkbox"/>	<input type="checkbox"/>	Have you, or has anyone in your household ever been charged with, or convicted of, any of the crimes listed below? <i>Please check all that apply, and give a brief explanation of the circumstances, including the dates, in the space provided. If you need additional space for your explanation, DO NOT attach additional pages, use the back side of this sheet</i>			
<input type="checkbox"/>		A Felony			
<input type="checkbox"/>		Crime involving drugs			
<input type="checkbox"/>		A violent crime			
<input type="checkbox"/>		Crime involving a child			
<input type="checkbox"/>		Sexually related crime			
<input type="checkbox"/>		Burglary or Theft			
<input type="checkbox"/>		Other serious crime			

Vehicle Information

ALL RESIDENT VEHICLES THAT ARE PARKED ON THE PREMISES, MUST BE REGISTERED, INSURED, AND HAVE A VALID PARKING PERMIT STICKER ON DISPLAY AT ALL TIMES

YES	NO	IF ADDITIONAL SPACE IS NEEDED FOR YOUR ANSWERS, PLEASE USE THE BACK SIDE OF THIS PAGE			
<input type="checkbox"/>	<input type="checkbox"/>	Do you, or does anyone else in your household have a motor vehicle that will be parked on the premises?			
<input type="checkbox"/>	<input type="checkbox"/>	Year	Make	Model	
		Color	License Number	State	
<input type="checkbox"/>	<input type="checkbox"/>	If your household has a vehicle, is it insured? <i>(All resident vehicles parked on the premises must be registered and insured)</i>			
		Name of Insurance Co.		Policy Number	
		Insurance Co. Phone No.		Policy Expiration Date	

Prior Assistance History

PLEASE TELL US ABOUT ANY PREVIOUS HISTORY YOU HAVE WITH HOUSING ASSISTANCE WE WOULD ALSO LIKE YOU TO TELL US ABOUT ANY PRIOR SUBSIDIZED RENTAL HISTORY

YES	NO	IF ADDITIONAL SPACE IS NEEDED FOR YOUR ANSWERS, PLEASE USE THE BACK SIDE OF THIS PAGE			
<input type="checkbox"/>	<input type="checkbox"/>	Are you, or is anyone else in your household, currently living in subsidized housing, or receiving housing assistance?			
		If YES... What is the property name ?		How long have you lived there ?	years _____ months _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you, or has anyone in your household, ever been denied housing assistance, even if it was at another PHA?			
		If YES... What was the reason ?			
<input type="checkbox"/>	<input type="checkbox"/>	If you, or anyone in your household has previously lived in subsidized housing, please list the dates and property name.			
		Property Name :	From :	To :	<i>mm / yyyy</i>
		Reason for leaving ?			



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Applicant's Initials _____ , _____

Your Income and Credit

PLEASE TELL US ABOUT YOUR INCOME, EXPENSES, EMPLOYMENT, AND CREDIT

<input type="checkbox"/> YES <input type="checkbox"/> NO		Are you, or is anyone else in your household, currently employed? <i>If YES... Please provide the employer's information below.</i>
		Who is your employer? _____ Your Supervisor's Name? _____
		How long have you worked there? _____ Years , _____ Months Employer's Phone No. () _____

If you are **NOT** employed, Please use the space below, to tell us how you intend to pay your rent each month?

_____ _____

What is your household's total monthly income from all sources: \$ _____	Which of these bank accounts do you have? <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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PLEASE ANSWER THE QUESTIONS BELOW ABOUT YOUR CREDIT HISTORY

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you sometimes have difficulty paying your bills on-time because you overspend on other things?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	In the last 12 months, how many times have you paid your rent late? _____ times in the last 12 months.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If you are unemployed, is there any reason you cannot accept employment in your usual line of work, if offered to you? If YES, please explain _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been denied credit for any reason? <i>If YES, please answer the question below.</i> Why were you denied credit? _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently in collection for unpaid bills? <i>If YES, please answer the questions below.</i> What is the dollar amount in collection? \$ _____ How long have these bills gone unpaid? _____ Years _____ Months
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you, or has anyone else in your household ever been evicted? <i>If YES, please answer the questions below.</i> What was the date of the eviction? _____ / _____ / _____ Was the eviction by court order? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever had a court ordered judgment against you? <i>If YES, please answer the questions below.</i> What was the amount of the judgment? \$ _____ Have you paid off the judgment? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever left a rental property owing money to the landlord? <i>If YES, please answer the questions below.</i> What was the amount you owed? \$ _____ Have you paid the debt off? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PAYING

Emergency Contacts

GIVE THE NAMES AND CONTACT INFORMATION FOR 2 FRIENDS OR RELATIVES THAT WE MAY CONTACT IN CASE THERE IS EVER AN EMERGENCY.

Name	_____	This person's relationship to you ?	_____
Phone	() _____	Address	_____
Any special instructions to give this person?			
Name	_____	This person's relationship to you ?	_____
Phone	() _____	Address	_____
Any special instructions to give this person?			

IN THE EVENT OF A MEDICAL EMERGENCY, IS THERE ANYONE YOU WOULD LIKE US TO CONTACT FOR YOU?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of person to contact in an emergency: _____
		What is this person's relationship to you ? _____ Phone Number () _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have any medical conditions, or known allergies that we should notify first responders about, if you are unable to ?
List any medical conditions or allergies you have here: _____		



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Applicant's Initials _____ , _____

Landlord References	PLEASE LIST THE NAMES AND CONTACT INFORMATION FOR YOUR 3 MOST RECENT LANDLORDS, STARTING WITH YOUR CURRENT OR MOST RECENT LANDLORD FIRST		
1. Landlord's Name			1. Landlord's Telephone Number
Rental Property Address	Number	Street	City State Zip
How long did you live there?	m m / y y y y	to	m m / y y y y
How much was your rent each month?			\$
What was your reason for moving?			
2. Landlord's Name			2. Landlord's Telephone Number
Rental Property Address	Number	Street	City State Zip
How long did you live there?	m m / y y y y	to	m m / y y y y
How much was your rent each month?			\$
What was your reason for moving?			
3. Landlord's Name			Landlord's Telephone Number
Rental Property Address	Number	Street	City State Zip
How long did you live there?	m m / y y y y	to	m m / y y y y
How much was your rent each month?			\$
What was your reason for moving?			
Character References	PLEASE LIST THE NAMES, ADDRESSES AND CONTACT INFORMATION OF 3-PEOPLE, WHO ARE NOT RELATED TO YOU, THAT YOU HAVE KNOWN FOR AT LEAST 5-YEARS.		
Person's Name			Phone Number ()
Address	Number	Street	City State
Number of years known?			
Person's Name			Phone Number ()
Address	Number	Street	City State
Number of years known?			
Person's Name			Phone Number ()
Address	Number	Street	City State
Number of years known?			
Credit Authorization	AS PART OF THE APPLICATION PROCESS, WE MUST RUN CREDIT AND BACKGROUND SCREENING REPORTS ON ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 YEARS.		
Important: Please read carefully			
A consumer report and / or investigative consumer report including information about your character, employment history, rental history, personal characteristics, police records, credit and personal indebtedness, may be obtained in connection with your lease application, and may be obtained at any time during the application process. If adverse action is taken, based in whole or in part on the information that is contained in the report, you are entitled to receive a denial letter, the name, address, and phone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act. You may also contact any reporting agency, employed by the Peery Apartments in connection with the processing of your application, and request a copy of the report.			
Authorization:			
I hereby authorize and request, without reservation, that any present or former employer, landlord, police department, financial institution, consumer reporting agencies, or other persons or agencies having knowledge about me, furnish said information to any background reporting service that is employed by the Historic Peery Apartments, with any and all background information regarding myself, in order for my suitability as a prospective tenant to be determined.			
By signing below, I hereby authorized any party or agency, to furnish the above mention information in connection with my lease application. I further agree that a FAX or other digitally reproduced copy of this authorization that bares my signature upon it, may be used and accepted with the same authority and credibility as the original.			
Read, Acknowledged, and Agreed to:			
Sign and Date here			
_____		_____	
Primary Applicant and Head of Household		Date	



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Applicant's Initials _____ , _____

MODERATE REHABILITATION PROGRAM RESIDENTIAL LEASE APPLICATION ACKNOWLEDGEMENT

I understand that the Landlord is relying upon the information I have provided, to verify my household's eligibility for the Housing Assistance Program. I hereby certify that the answers I have given to the question's contained herein, are true and correct to the best of my knowledge. I further consent to the release of all necessary information to determine my suitability and eligibility as a tenant. I further understand that providing false, misleading or erroneous information or statements is grounds for the denial of this application, and that doing so may also result in termination if a lease has been executed.

I hereby authorize the Landlord of the Historic Peery Apartments to verify the information contained herein, which I have provided for the purposes of determining my suitability and eligibility for tenancy. I further agree to provide all information and documentation required, to aid in expediting this process. I understand that an offer of a lease is not guaranteed, and is contingent upon my meeting with the management's established screening and approval criteria, which is specified in the latest published version of our Screening and Approval Policy, as well as any Housing Assistance Program requirements, and the requirements of the Ogden Housing Authority.

Read, Acknowledged, and Agreed to on this,

Date here → _____ Day of _____, 20____
Day Month Year

Sign here → _____
Primary Applicant's Signature

Co-Applicant's Signature if any

(1 - 2 - 3)

Please be sure that you include these three things with your application

- I have attached my **\$25 Application Processing Fee** below *
- I have attached a copy of my **Driver's License** or **State ID Card**
- I have attached a copy of my **Social Security Card**

1. \$25 Application Processing Fee

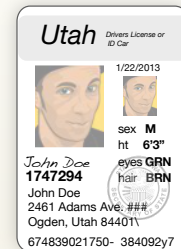
\$25 **\$25**

APPLICATION PROCESSING FEE

Remember to attach your check or money order for \$25
 made payable to the **Peery Apartments**
Do not attach cash

* You may submit your application without the Processing fee, but we will be unable to complete processing until the fee is paid. If you are not able to afford this fee, please call (801) 690-4434 to make other arrangements with the manager

2. License or ID Card



3. Social Security Card

