



MISSION STATEMENT: "Danville Development Corporation provides affordable housing communities for seniors and people with disabilities to enhance their quality of life."

PROPERTY: _____
 DATE RCVD: _____ TIME: _____
 APPL. NAME: _____
 INCOME: _____
 UNIT SIZE: _____

APPLICATION FOR HUD SECTION 202/8 AND 811 PRAC HOUSING

SECTION I. INTRODUCTION TO PROPERTIES 202/8

Please read the application package completely and carefully. The Department of Housing and Urban Development regulations limit occupancy of these properties listed below (Section I), to households where the head of household, spouse, co-head or sole member is 62 years of age or older. Currently some of the properties have waivers allowing people 55 years of age or older to be eligible for occupancy. Please check our website (www.danvildevelopment.com) for current waivers or contact the properties directly.

In addition, adults 18 years or older with a physical disability requiring the features of a mobility accessible unit are eligible for occupancy at all properties listed below except Wasatch Manor. If you qualify due to a physical disability, it may be necessary for you to provide the name of a physician who can verify the disability and the need for a mobility accessible unit. Please contact our office to make these arrangements.

Are you 62 or older? YES NO
 Are you 55-61? YES NO
 *Please visit our website for a current list of properties with age waivers
 Do you have a need for a mobility accessible unit? YES NO

Vision impaired unit
 Hearing impaired unit

Mobility accessible unit

Brigham City, UT

St. Mark's Terrace (62+ or Mobility Accessible)

Green River, WY

Mansface Terrace (62+ or Mobility Accessible)

Kaysville, UT

St. Mark's Gardens (62+ or Mobility Accessible)

Ogden, UT

Union Gardens (62+ or Mobility Accessible)

Salt Lake City, UT

Calvary Tower (62+ or Mobility Accessible)

St. Mark's Millcreek (62+ or Mobility Accessible)

St. Mark's Tower (62+ or Mobility Accessible)

Wasatch Manor (62+)

(The subsidized 1 & 2 Bedroom waitlists are closed at this property)

Tooele, UT

Canyon Cove Housing (62+ or Mobility Accessible)

WHICH PROPERTY ARE YOU APPLYING FOR? _____

(You may apply for more than one property, but you may only list one property per application and you must submit a separate application for each property. Copies are acceptable.)



SECTION II**INTRODUCTION TO PROPERTIES 811 PRAC**

The Department of Housing and Urban Development regulations limit occupancy of these properties to households where the head of household, spouse, co-head or sole member has a developmental disability or a physical impairment that meets all of the criteria in one of these categories:

Developmental Disability (DISCOVERY PLACE ONLY)

- A. A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 2. Is manifested before the person attains age 22;
 3. Is likely to continue indefinitely;
 4. Results in substantial functional limitation in three or more of the following areas of major life activity:
 - a. Self-care,
 - b. Receptive and expressive language,
 - c. Learning,
 - d. Mobility,
 - e. Self-direction,
 - f. Capacity for independent living, and
 - g. Economic self-sufficiency; and
 - h. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; OR
- B. A person with a Traumatic Brain Injury (**TBI**) and meeting the same criteria as developmental disability listed above except for the age manifestation limitation.

Physical Disability

- A. Is expected to be of a long-continued and indefinite duration,
- B. Substantially impedes his or her ability to live independently, and
- C. Is of such a nature that such ability to live independently could be improved by more suitable housing conditions.

Does your household meet the criteria for developmental disability or TBI?

YES NO

Does your household meet the criteria for physical disability?

YES NO.

Brigham City, UT

Discovery Place (Developmentally or Physically Disabled)

Providence, UT

Providence Place (Physically Disabled)

Ogden, UT

Graham Court (Physically Disabled)

WHICH PROPERTY ARE YOU APPLYING FOR? _____

(You may apply for more than one property, but you may only list one property per application and you must submit a separate application for each property. Copies are acceptable.)



SECTION III.**504 NON-DISCRIMINATION NOTICE**

Properties managed by Danville Development Corporation do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. In accordance with SECTION 504 of the Rehabilitation Act of 1973, Danville Development Corporation hereby notifies the general public that:

- No qualified individual with disabilities shall, solely on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any federally assisted program or activity administered by Danville Development Corporation. It is the intention of Danville Development Corporation to take reasonable, affirmative steps to increase access and opportunities for disabled individuals in all programs, services, and administrative operations. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Shane R. Davis
7351 S. Union Park Ave., Ste. 250
Midvale, UT 84047
(801) 565-0700 / TDD #: 7-1-1 Relay Service

SECTION IV.**SMOKING FREE POLICY**

All of our communities are **SMOKE-FREE**. In our smoke-free communities, smoking is not allowed anywhere in the community, including individual apartments, common areas or outside the buildings within 25 feet of any building entrance or window.

SECTION V.**RESIDENT SELECTION POLICY**

NOTICE - Final eligibility can only be determined once we receive all background and verification documents. Please **DO NOT** make plans to move or give notice to your current landlord until final determination of eligibility has been made.

Please be advised that our Resident Selection Policy requires that we thoroughly screen all applicant household members to determine suitability for residency. This includes a review of the following past behaviors:

- | | |
|---|---|
| ■ Ability and willingness to pay the rent. | ■ Ability and willingness to care for the unit. |
| ■ Ability and willingness to comply with the lease. | ■ Ability and willingness to cooperate with management and staff. |

Accordingly, we may perform the following screening tasks listed below:

- | | |
|--|---------------------------------------|
| ■ Previous Landlords Verifications | ■ Employment/Income Verifications |
| ■ Credit/Criminal History Verifications | ■ Income/Assets Verification |
| | ■ Disability Verification |
| ■ Sex Offender Registries | |
| ■ Citizenship and/or Non-Citizen Verification (where applicable) | ■ Mobility Accessibility Verification |
| | ■ Home Visits (where applicable) |
| ■ Personal References (where applicable) | |

SECTION VI.**APPLICATION ASSISTANCE AND INFORMATION STATEMENT**

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 insure equal access to this Notice will be provided in a confidential manner and setting.

OUR PHONE NUMBER IS 801-565-0700.
CALL BETWEEN THE HOURS OF 8 a.m. – 5 p.m.
OUR TDD NUMBER IS 7-1-1 (Relay Service)



SECTION VII. VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, DATING VIOLENCE OR STALKING

If you or a member of your household is a victim of domestic violence, sexual assault, dating violence or stalking where such incidents may affect your application status or background screening review, please notify management for information regarding additional housing protections. You will be asked to complete a certification and provide documentation of circumstances.

Housing protections you may request include but are not limited to:

- * Request management not to contact certain entities listed in your application during your background screening.
- * Discuss with management negative issues that may potentially arise in a background screening check that would be attributable to domestic violence, sexual assault, dating violence or stalking.
- * If applicant ineligibility is determined based on negative applicant history arising from domestic violence, sexual assault, dating violence or stalking, applicant household may request an application review based on mitigating circumstances.
- * You may provide alternative contact information to management if needed for your protection.

SECTION VIII. GENERAL INSTRUCTIONS

Answering questions on this form:

Please answer questions truthfully and completely. Do not leave any sections or questions on this application blank even if questions do not apply to you; enter "none" or "N/A" for those questions. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, criminal or prior resident history **is grounds for rejection**. Applications will not be considered unless they are filled in correctly; incomplete applications will be returned.

All adult family members 18 years of age or older will need to sign each form. Once the application package is completed, please submit it to the property(ies) you are applying for to be placed on the waiting list(s), copies are acceptable. When your application nears the top of the waiting list, you will be notified and will need to schedule an interview with the property manager. You will be instructed to bring certain types of information to the interview in order to determine your eligibility for the housing program.

Supplement to Application for Federally Assisted Housing:

Attached is the Supplement to Application for Federally Assisted Housing. This form is required by H.U.D. to be provided to each applicant. It allows applicants to provide a contact person or organization that the manager can call upon to assist with any application or tenancy issues that may arise. It is to your benefit that you provide this information, although you may check the box that you choose not to provide the contact information and sign the form.

It is important to remember that falsification of any information on the application is grounds for automatic rejection. If you have any questions concerning the application package, please contact our office between the hours of 8 am and 5 pm, at 801-565-0700 and we will be glad to provide assistance.

Information you provide will be treated as confidential by Management.

SECTION IX. APPLICANT INFORMATION

PLEASE ANSWER EACH QUESTION AS COMPLETELY AS POSSIBLE. PLEASE PRINT.



A. HOUSEHOLD GENERAL INFORMATION:

NAME (Head of Household): _____ Phone# (____)-____-_____

BIRTHDATE: _____ AGE: _____ SOCIAL SECURITY#: _____

EMAIL ADDRESS: _____

*(The italicized questions in this box are **OPTIONAL**)*

Gender: _____ Displaced by Disaster _____ US Military Veteran _____

■ *Minority Status of Head:* [] White [] Asian [] Black or African American
[] American Indian or Alaska Native [] Native Hawaiian or Other Pacific Islander

■ *Ethnicity:* [] Hispanic or Latino [] Not Hispanic or Latino

NAME (Household Member): _____ Phone# (____)-____-_____

BIRTHDATE: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO HEAD: _____

*(The italicized questions in this box are **OPTIONAL**)*

Gender: _____ Displaced by Disaster _____ US Military Veteran _____

■ *Minority Status of Head:* [] White [] Asian [] Black or African American
[] American Indian or Alaska Native [] Native Hawaiian or Other Pacific Islander

■ *Ethnicity:* [] Hispanic or Latino [] Not Hispanic or Latino

CURRENT ADDRESS: _____

Street	Apt #
City	State ZIP

■ Are all household member citizens of the United States? [] YES [] NO

(NOT REQUIRED FOR PRAC PROPERTIES)

■ If NO, are all household members eligible to live in the United States? [] YES [] NO

If yes, you may be required to submit evidence of eligibility to live in the United States.

■ Does anyone in the household benefit from Disability Assistance, which makes it possible for a household member to work? [] YES [] NO

■ Is any household member enrolled as a student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential? [] YES [] NO
If yes, who? _____

■ Are there any Live-In Care attendants who are part of the household? [] YES [] NO

■ Do you have any household pets? [] YES [] NO
Breed: _____ Size: _____ Spay/Neutered: [] YES [] NO

■ Who is your nearest living relative? Relationship: _____



Name: _____ Telephone: _____

Address: _____ City: _____ St: _____ Zip: _____

■ Please list at least three (3) personal references (**NOT** including family members or previous landlords):

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

3. Name: _____ Telephone: _____

B. HOUSING INFORMATION

■ What is your present living situation? RENT OWN OTHER

■ Do you live: alone with spouse with family other _____

■ Do you currently live in subsidized housing? YES NO

■ If you are currently subsidized, what agency provides that subsidy? _____

■ Please provide current and previous residential information for the past ten (10) years (list current residency information first). You must list your complete residential history for the last ten years, including landlord contact information where applicable. (If additional space is required, please use back side of form or attach another sheet):

1. LANDLORD/OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DATES OF RESIDENCY: _____ to _____

2. LANDLORD/OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DATES OF RESIDENCY: _____ to _____

3. LANDLORD/OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DATES OF RESIDENCY: _____ to _____

4. LANDLORD/OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DATES OF RESIDENCY: _____ to _____

5. LANDLORD/OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

DATES OF RESIDENCY: _____ to _____

■ Please list every city and state lived in by you and each household member. (Use back side of form for additional space if needed):

1. Legal name while living in this city: _____

City: _____ County: _____ St: _____ Zip: _____

2. Legal name while living in this city: _____

City: _____ County: _____ St: _____ Zip: _____



3. Legal name while living in this city: _____

City: _____ County: _____ St: _____ Zip: _____

4. Legal name while living in this city: _____

City: _____ County: _____ St: _____ Zip: _____

■ Please answer the following questions considering each member of your household:

1. Has any member been evicted from a federally assisted property for drug-related criminal activity within the past three years? [] YES [] NO

When and where? _____

2. Does any household member currently use illegal drugs or abuse controlled drugs or alcohol? [] YES [] NO

Explain _____

3. Has any household member been convicted of a felony? [] YES [] NO

When and what jurisdiction? _____

4. Has any household member been incarcerated in a federal prison? [] YES [] NO

Which states or jurisdictions? _____

5. Is a household member on probation or parole? [] YES [] NO

Explain _____

6. Is any household member subject to any state, jurisdictional, and/or lifetime sex offender registration requirement? [] YES [] NO

Which states or jurisdictions? _____

FILL OUT SECTION C Through E ONLY IF YOU ARE APPLYING FOR SUBSIDIZED RENT

C. INCOME INFORMATION:

■ List **Gross Annual Income** received from the following:

SOURCE	HEAD	SPOUSE	OTHER
*Social Security	\$ _____	\$ _____	\$ _____
*SSI	\$ _____	\$ _____	\$ _____
*Pension/Annuity	\$ _____	\$ _____	\$ _____
*Retirement	\$ _____	\$ _____	\$ _____
*Employment	\$ _____	\$ _____	\$ _____
*Insurance Policies	\$ _____	\$ _____	\$ _____
*Gifts Regular/Reoccurring	\$ _____	\$ _____	\$ _____
*Title V of the Older Americans Act	\$ _____	\$ _____	\$ _____
*Alimony	\$ _____	\$ _____	\$ _____
*Student Financial Assistance (including scholarship & grants)	\$ _____	\$ _____	\$ _____
*Other _____	\$ _____	\$ _____	\$ _____

D. ASSET INFORMATION:

■ Please list the cash value of any of the following Assets your household may own:

TYPES	Cash Value	TYPES	Cash Value
*Checking Account	\$ _____	*Certificates of Deposit	\$ _____
*Savings Account	\$ _____	*Equity in Home/Property	\$ _____
*Money Market Trusts	\$ _____	*Personal Property (held as an investment)	\$ _____
*Trusts	\$ _____	*Cash Held	\$ _____
If yes, is the trust irrevocable?	Yes[] No[]	*Life Insurance That Has Cash Value	\$ _____
		*Other Assets not listed	



*Stocks/Bonds \$ _____ \$ _____

■ Have you or do you anticipate receiving **LUMP SUM** payments from any of the following?

SOURCES	YES	NO	SOURCES	YES	NO
Inheritance	[]	[]	Capital Gains	[]	[]
Lottery Winning	[]	[]	Other: _____	[]	[]
Insurance Settlements (i.e. health, accident, Worker's compensation)	[]	[]	Other: _____	[]	[]

■ Do you hold assets jointly with another person? [] []
 ■ If yes, please describe: _____

■ Have you disposed of any assets for less than Fair Market Value in the past two years? [] []
 (If yes, you will need to complete a Divestiture of Assets form with property management.)

E. MEDICAL EXPENSES INFORMATION:

- Do you have Medicare Ins? []Yes []No Premium cost: \$ _____
- Do you have Medicaid Ins? []Yes []No Spend-down: \$ _____
- Do you have Supplemental Health Ins? []Yes []No Premium cost: \$ _____
- Do you have Long Term Care Insurance Policy? []Yes []No Premium cost: \$ _____
- What is your anticipated **out-of-pocket** medical expense for the next 12 months not covered by your insurance?
 \$ _____

SECTION X. MARKETING

How did you hear about us? Please give us the details in the space provided.

____ Word of Mouth _____	Poster/Flyer _____
____ Drive By _____	Newspaper _____
____ 55+ _____	Website: _____
____ Senior Blue Book _____	Agency Referral: _____
____ Senior Outlook _____	For Rent: _____
____ KRCL _____	Other: _____

SECTION XI. CERTIFICATION STATEMENT

I/we hereby certify that the above information is correct to the best of my/our knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either party.

I/we understand false information will constitute grounds for cancellation of this application or my/our lease if I/we should be housed.

I/we also authorize Danville Development Corporation to make inquiries as described above, to verify the information in this application.



Head of Household Signature

Date

Co-Head/Spouse Signature

Date



7351 S. Union Park Ave., Suite 250, Midvale, Utah 84047
Phone (801) 565-0700 Fax (801) 676-0998 TDD 7-1-1

Properties managed by Danville Development Corporation do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. 6/2013



XII. CONSENT TO RELEASE OF INFORMATION/RELEASE HOLD HARMLESS

By signing below, I consent to the release of information to Danville Development Corporation, 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 Danville Development Corporation full authorization to release to Danville any information relating to my rental and/or credit history needed by Danville to evaluate my application. I also release and hold harmless Danville and all related entities, including property, sponsor or board, 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:

<i>Identity and Marital Status</i>	<i>Residences and rental activity</i>	<i>Child Care Allowances</i>
<i>Employment/Income/Assets</i>	<i>Medical Allowances</i>	<i>Criminal or Credit Records</i>

I understand that this authorization cannot be used to obtain information that is not relevant to my eligibility and continued participation in housing managed Danville Development Corporation.

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

<i>Present Employers</i>	<i>Schools/Colleges</i>	<i>Support/Alimony Providers</i>
<i>Veterans Administration</i>	<i>State Unemployment</i>	<i>Medical/Child Care Providers</i>
<i>Courts/Post Offices</i>	<i>Agencies Banks/Financial Inst.</i>	<i>Utility Companies</i>
<i>Welfare Agencies</i>	<i>Law Enforcement Agencies</i>	<i>Aging Services</i>
<i>Retirement Systems</i>	<i>Social Security Administration</i>	<i>Public Housing Agencies</i>
<i>Previous Landlords</i>	<i>Credit Providers/Credit Bureaus</i>	

I understand and agree that Danville 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. Danville may, in the course of its duties, exchange information with Federal, state or local agencies, including but not limited to:

<i>State Employment Security</i>	<i>Office of Personnel Mgt.</i>	<i>Social Security Agency</i>
<i>Department of Defense</i>	<i>U.S. Postal Service</i>	<i>State Welfare</i>
<i>Department of Health and Human Services</i>		<i>Internal Revenue Service</i>

A photocopy of this authorization is as good as the original. If I refuse to sign this authorization I understand my application may be denied.

Head of Household Signature

Date

Co-Head/Spouse Signature

Date

OMB Control # 2502-0581



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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.