



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

RECEIVED BY: _____
 DATE RCVD: _____ TIME: _____
 NAME: _____
 INCOME: _____
 UNIT SIZE: _____ FEE PAID _____
 Processed by: _____

APPLICATION FOR HOUSING

SECTION I. Riverwalk Village

A \$25 application fee is required at the time of submission. The application will not be accepted without a check or money order attached made payable to *Riverwalk Village*.

Please fill out this application completely. Do not leave any questions blank. If not applicable, please fill in with n/a. If you have a disability, it may be necessary for you to provide the name of a medical professional who can verify the disability and the need for a mobility accessible unit. Please contact our office to make these arrangements.

1. Do you have a Housing Voucher or Rental Assistance? YES NO
2. Do you have a need for a mobility accessible unit? YES NO
3. If yes, check all types that apply:

- Mobility accessible unit
- Vision impaired unit
- Hearing impaired unit

To be placed on the waiting list please return completed application and \$25 fee by mail to:

Danville Development
 7351 S Union Park Ave. Ste. 250
 Midvale, UT 84047

Riverwalk Village
 2333 E Dinosaur Crossing Drive
 St George, UT 84790
 801-316-1103
 Fax (801) 676-0998
riverwalkvillage@danvilledevelopment.com

SECTION II. 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).



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

SECTION III. SMOKE FREE POLICY

All Danville managed communities are **SMOKE-FREE**. In our smoke-free Utah properties, smoking is prohibited anywhere inside the building, including inside individual apartments and in common areas. Smoking is also prohibited outside the building within 25 feet of any building entrance or window, per Utah State laws.

SECTION IV. 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 screen all applicant household members to determine eligibility for residency.

This includes a review of the following past behaviors:

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

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

- Previous Landlords Verification
- Credit/Criminal History Verifications
- Sex Offender Registries
- Personal References, where applicable
- Employment/Income Verifications
- Asset Verification
- Disability Verification
- Home Visits, where applicable

SECTION V. 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 call the property directly so we may assist you. Assistance to ensure equal access to this notice will be provided in a confidential manner and setting. Each property's contact information is located at the back of the application for your convenience.

SECTION VI. 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 VII. GENERAL INSTRUCTIONS

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 residential history is grounds for rejection. Applications will not be considered unless they are complete and filled in correctly. Incomplete applications will be returned. Information you provide will be treated as confidential by Management.

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 to be placed on the waiting list. 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.

If you have any questions concerning the application package, please contact the property manager and we will be glad to assist you. Contact information for the property is located on the front of this application package.

SECTION VIII. APPLICANT INFORMATION

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

A. HOUSEHOLD GENERAL INFORMATION:

NAME (*Head of Household*): _____ Phone# (____)-____-_____
BIRTHDATE: _____ SOCIAL SECURITY#: _____
EMAIL ADDRESS: _____

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

Gender: _____ Displaced by Disaster _____ US Military Veteran _____

NAME (Additional Member): _____ Phone# (____)-____-_____
BIRTHDATE: _____ SOCIAL SECURITY#: _____
RELATIONSHIP TO HEAD: _____

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

Gender: _____ Displaced by Disaster _____ US Military Veteran _____

NAME (Additional Member): _____ Phone# (____)-____-_____
BIRTHDATE: _____ SOCIAL SECURITY#: _____
RELATIONSHIP TO HEAD: _____

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

Gender: _____ Displaced by Disaster _____ US Military Veteran _____



List additional household members as needed below:

NAME (Additional Member): _____ Phone# (____)-____-_____
BIRTHDATE: _____ SOCIAL SECURITY #: _____
RELATIONSHIP TO HEAD: _____

*(The italicized questions in this box are **OPTIONAL**)*
Gender: _____ *Displaced by Disaster* _____ *US Military Veteran* _____

NAME (Additional Member): _____ Phone# (____)-____-_____
BIRTHDATE: _____ SOCIAL SECURITY #: _____
RELATIONSHIP TO HEAD: _____

*(The italicized questions in this box are **OPTIONAL**)*
Gender: _____ *Displaced by Disaster* _____ *US Military Veteran* _____

NAME (Additional Member): _____ Phone# (____)-____-_____
BIRTHDATE: _____ SOCIAL SECURITY #: _____
RELATIONSHIP TO HEAD: _____

*(The italicized questions in this box are **OPTIONAL**)*
Gender: _____ *Displaced by Disaster* _____ *US Military Veteran* _____

NAME (Additional Member): _____ Phone# (____)-____-_____
BIRTHDATE: _____ SOCIAL SECURITY #: _____
RELATIONSHIP TO HEAD: _____

*(The italicized questions in this box are **OPTIONAL**)*
Gender: _____ *Displaced by Disaster* _____ *US Military Veteran* _____

NAME (Additional Member): _____ Phone# (____)-____-_____
BIRTHDATE: _____ SOCIAL SECURITY #: _____
RELATIONSHIP TO HEAD: _____

*(The italicized questions in this box are **OPTIONAL**)*
Gender: _____ *Displaced by Disaster* _____ *US Military Veteran* _____



CURRENT ADDRESS: _____

Street	Apt #		
City	State	ZIP	

■ Is there any person **not** listed on the application that is expected to move into the unit during the next 12 months? [] YES [] NO

If yes list name(s) here _____

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

■ 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? If yes, who? _____ [] YES [] NO

■ 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? Name: _____

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

Telephone: _____ Relationship: _____

■ 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, **listing current residency information first**. It is your responsibility to provide your complete residential history for the last ten years, including current 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 _____

■ For **EACH** household member over age 18, please list **ALL** legal names each person has used **AND** one city in each state lived in by **every** individual household member. (Use back side of form or attach another sheet for additional space, if needed):

1. Household member #1 - All legal names used: _____

2. Household member #1 - City/States lived in: _____

3. Household member #2 – All legal names used: _____

4. Household member #2 – City/States lived in: _____

■ 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 any 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? _____

C. INCOME INFORMATION:

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

<u>SOURCE</u>	<u>HEAD</u>	<u>SPOUSE</u>	<u>OTHER</u>
Social Security	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____
Pension/Annuity	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Insurance Policies	\$ _____	\$ _____	\$ _____
Gifts Regular/Reoccurring	\$ _____	\$ _____	\$ _____
Title V Programs	\$ _____	\$ _____	\$ _____
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:

<u>TYPE</u>	<u>Cash Value</u>	<u>TYPE</u>	<u>Cash Value</u>
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	\$ _____
Stocks/Bonds	\$ _____	Other Assets not listed	\$ _____

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

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

- Do you hold any assets jointly with another person? [] Yes [] No
- If yes, please describe: _____



■ Have you disposed of any assets for less than Fair Market Value in the past two years? [] Yes [] No
(If yes, you will need to complete a Divestiture of Assets form with property management.)

SECTION IX. 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 X. 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



XI. 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:

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

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:

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

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:

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

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**

