



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 |
| If yes, check all types that apply: | | |
| __ Mobility accessible unit | | |
| __ Vision impaired unit | | |
| __ Hearing impaired unit | | |

Riverwalk Village
 2333 E Dinosaur Crossing Drive
 St George, UT 84790
 435-879-3620
 Fax (435) 879-3622
riverwalkvillage@danvildevelopment.com

To be placed on the waiting list please return completed application and \$25 fee for **each person age 18 and older** by mail or in person to the property.

SECTION II. 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 unless in a designated area provided by management



SECTION III.

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. unit.**
- **Ability and willingness to comply with the lease.**
- **Ability and willingness to care for the**
- **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 IV.

APPLICATION ASSISTANCE INFORMATION

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.

SECTION V. 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 if needed for your protection.

SECTION VI. 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 and pay the application fee. 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: _____ Race: _____ Ethnicity: _____ 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: _____ Race: _____ Ethnicity: _____ 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: _____ Race: _____ Ethnicity: _____ 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: _____ Race: _____ Ethnicity: _____ 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: _____ Race: _____ Ethnicity: _____ 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: _____ Race: _____ Ethnicity: _____ 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: _____ Race: _____ Ethnicity: _____ 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 _____

■ 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 (5) 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/Child Support	\$ _____	\$ _____	\$ _____
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: _____



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:

- | | | |
|------------------------------------|---------------------------------------|-----------------------------------|
| <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

