



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: _____
 NAME: _____
 INCOME: _____
 UNIT SIZE: _____

Processed by: _____

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 the properties listed below to households where the head of household, spouse, co-head or sole member is 62 years of age or older.

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 medical professional who can verify the disability and the need for a mobility accessible unit. Please contact our office to make these arrangements.

1. Are you 62 or older? 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

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.

Brigham City, UT
St. Mark's Terrace

Green River, WY
Mansface Terrace

Kaysville, UT
St. Mark's Gardens

Ogden, UT
Union Gardens

Salt Lake City, UT
Calvary Tower
St. Mark's Millcreek
St. Mark's Tower
Wasatch Manor (The subsidized 1 & 2 Bedroom waitlists are closed at Wasatch Manor)

Tooele, UT
Canyon Cove Housing



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

Physical Disability (Applies to: Providence Place, Graham Court, and Discovery Place)

- 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.

Developmental Disability/Traumatic Brain Injury (TBI) (Applies to: 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.

Does your household meet the criteria for physical disability?

YES NO

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

YES NO

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.

Brigham City, UT

Discovery Place: 1 & 2 bedroom units for developmentally or physically disabled persons

Ogden, UT

Graham Court: 2 bedroom units for physically disabled persons

Providence, UT

Providence Place: 2 bedroom units for physically disabled persons.



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).

Katie Edwards
7351 S. Union Park Ave., Ste. 250
Midvale, UT 84047
(801) 316-1107 / TDD #: 7-1-1 Relay Service

SECTION IV.**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. In our smoke-free Wyoming property, Mansface Terrace, smoking is permitted only in marked designated areas; smoking is prohibited in all individual apartments and common areas.

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 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
 - Citizenship and/or Non-Citizen Verification, where applicable
 - Personal References, where applicable
 - Employment/Income Verifications
 - Asset Verification
 - Disability Verification
 - Mobility Accessibility Verification
 - Home Visits, 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 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 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

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 you are applying for to be placed on the waiting list. Copies are acceptable if applying for more than one property. 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 HUD 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 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.

If you have any questions concerning the application package, please contact the property you are interested in applying for and we will be glad to assist you. Contact information for all properties is located at the back of this application package.



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 _____

NAME (Additional 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 _____

CURRENT ADDRESS: _____

Street	Apt #	

City	State	ZIP

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

(NOT REQUIRED FOR: Providence Place, Discovery Place, Graham Court)

■ 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, 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.)

E. MEDICAL EXPENSES INFORMATION:

- Do you have Medicare Insurance? [] Yes [] No Premium cost: \$ _____
- Do you have Medicaid Insurance? [] Yes [] No Spend-down: \$ _____
- Do you have Supplemental Health Insurance? [] 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



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:

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

OMB Control # 2502-0581



Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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.	

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. Form HUD- 92006 (05/09)



7351 S. Union Park Ave., Suite 250, Midvale, Utah 84047
Phone (801) 316-1107 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.

INSTRUCTIONS FOR SUBMITTING COMPLETED APPLICATIONS

Please submit completed applications directly to the property for processing.

If applying to more than one property, copies of the completed application are acceptable. Applications can be submitted by mail, fax, email, or drop off and should be to the attention of the manager. If further assistance is needed, please contact the property directly.

Calvary Tower
516 E. 700 S.
SLC, UT 84102
Phone: 801-531-6350
Fax: 801-531-6371
TDD 7-1-1 (Relay Service)
calvarytower@danvildevelopment.com

Canyon Cove
178 E. Vine St.
Tooele, UT 84074
Phone: 435-882-8380
Fax: 435-204-3156
TDD 7-1-1 (Relay Service)
canyoncove@danvildevelopment.com

Discovery Place
360 W. 900 N.
Brigham City, UT 84302
Phone: 435-723-0831
Fax: 435-723-1271
TDD 7-1-1 (Relay Service)
discoveryplace@danvildevelopment.com

Graham Court
230 32nd St.
Ogden, UT 84401
Phone: 801-675-5656
Fax: 801-334-8687
TDD 7-1-1 (Relay Service)
grahamcourt@danvildevelopment.com

Mansface Terrace
320 Mansface St.
Green River, WY 82935
Phone: 307-875-9122
Fax: 307-875-4158
TDD 7-1-1 (Relay Service)
mansfaceterrace@danvildevelopment.com

Providence Place
234 N. 300 W.
Providence, UT 84332
Phone: 435-753-3226
Fax: 435-753-5227
TDD 7-1-1 (Relay Service)
providenceplace@danvildevelopment.com

St. Mark's Gardens
514 N. 300 W.
Kaysville, UT 84037
Phone: 801-544-4231
Fax: 801-544-5162
TDD 7-1-1 (Relay Service)
stmarksgardens@danvildevelopment.com

St. Mark's Millcreek
418 E. Front Ave.
SLC, UT 84115
Phone: 801-484-6531
Fax: 801-484-3431
TDD 7-1-1 (Relay Service)
stmarksmillcreek@danvildevelopment.com

St. Mark's Terrace
50 N. 500 W.
Brigham City, UT 84302
Phone: 435-734-2169
Fax: 435-723-3694
TDD 7-1-1 (Relay Service)
stmarksterrace@danvildevelopment.com

St. Mark's Tower
650 S. 300 E.
SLC, UT 84111
Phone: 801-364-5111
Fax: 801-364-8652
TDD 7-1-1 (Relay Service)
stmarkstower@danvildevelopment.com

Union Gardens
468 3rd Street
Ogden, UT 84404
Phone: 801-392-7230
Fax: 801-392-7393
TDD 7-1-1 (Relay Service)
uniongardens@danvildevelopment.com

Wasatch Manor
535 S. 200 E.
SLC, UT 84111
Phone: 801-363-2534
Fax: 801-363-1526
TDD 7-1-1 (Relay Service)
wasatchmanor@danvildevelopment.com

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