**DATE RCVD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **UNIT SIZE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



MISSION STATEMENT: "Danville Development

Corporation provides affordable housing

communities for seniors and people with disabilities

to enhance their quality of life."

APPLICATION FOR WASATCH MANOR

Please read the application package completely and carefully. The Department of Housing and Urban Development regulations limit occupancy of Wasatch Manor to households where the head of household, spouse, co-head, or sole member is 62 years of age or older. If you have any questions concerning the application package, please contact us Monday through Friday from 8:00am to 5:00pm and we will be glad to assist you.

**Wasatch Manor**

**535 South 200 East**

**Salt Lake City, Utah 84111**

**Phone: (801) 363-2534**

**Fax: (801) 363-1526**

**Email:** **wasatchmanorreception@danvilledevelopment.com**

**Is the head of household, spouse, co-head, or sole member of the household 62 or older?**

**[ ] YES [ ] NO**

**Which apartment size are you applying for?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 bedrooms, 1 bath**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 bedroom, 1 bath**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Studio, 1 bath**

**Date of proposed move: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*If you would also like to apply for HUD subsidized rent, please contact management for a subsidy application\*\*

 **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 Wasatch Manor 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.

If you have a vision, hearing, physical, or other type of impairment that does not permit you to complete this application, please call Wasatch Manor directly so we may assist you. Assistance to ensure equal access to this notice will be provided in a confidential manner and setting.

 **APPLICANT INFORMATION**

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

**A. HOUSEHOLD GENERAL INFORMATION:**

MEMBER #1 NAME (Head of Household):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE# (\_\_\_\_\_\_)-\_­\_\_\_\_-\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_ SOCIAL SECURITY#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER LICENSE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBER #2 NAME (Additional Member):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE# (\_\_\_\_\_\_)-\_­\_\_\_\_-\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_ SOCIAL SECURITY #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER LICENSE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt #

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State ZIP

B. HOUSING INFORMATION

⏹**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 attach another sheet.

1. LANDLORD/OWNER NAME: **\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_ ZIP\_\_\_\_\_\_

DATES OF RESIDENCY: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. LANDLORD/OWNER NAME: **\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_ ZIP\_\_\_\_\_\_

DATES OF RESIDENCY: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. LANDLORD/OWNER NAME: **\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP\_\_\_\_\_\_

DATES OF RESIDENCY: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

4. LANDLORD/OWNER NAME: **\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP\_\_\_\_\_\_

DATES OF RESIDENCY: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 5. LANDLORD/OWNER NAME: **\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP\_\_\_\_\_\_

DATES OF RESIDENCY: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

⏹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. (Attach another sheet for additional space, if needed):

1. Household member #1 - All legal names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Household member #1 - City/States lived in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Household member #2 – All legal names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Household member #2 – City/States lived in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⏹Who is your emergency contact? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⏹Do you have any household pets? [ ] YES [ ] NO

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the animal spayed/neutered: [ ] YES [ ] NO

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

1. Has any household member ever been evicted? [ ] YES [ ] NO

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does any household member currently use illegal drugs or abuse controlled drugs or alcohol?

 [ ] YES [ ] NO

 Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

When and what jurisdiction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Which states or jurisdictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is any household member on probation or parole? [ ] YES [ ] NO

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Which states or jurisdictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. FINANCIAL INFORMATION:

**⏹** Household income must be equal to, or greater than, two and a half (2.5) times the rental amount for the unit size requested.

1. Please list **gross monthly** household income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please list all other financial obligations, not including rent and utilities:

|  |  |  |
| --- | --- | --- |
| **Creditor Name** | **Address and Phone Number** | **Monthly Payment** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

 **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:

 **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**

 **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**

 **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 Houisng 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

 **SMOKE FREE POLICY**

All Danville managed communities are **SMOKE-FREE**. Smoking is prohibited anywhere inside Wasatch Manor, 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.

 **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 Tenant Selection Plan 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** **⏹Ability and willingness to cooperate with**

 the lease and its attachments. management and staff.

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

**⏹Previous Landlords Verification ⏹Employment/Income Verifications**

**⏹Credit/Criminal History Verifications ⏹Personal References**

**⏹ Sex Offender Registries**

 **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.