

# HOUSING AUTHORITY OF SOUTHEASTERN UTAH

Main Administrative Office  
321 East Center Street  
Moab, UT 84532  
Phone (435) 259-5891  
Fax (435) 259-4938  
TTY (800) 346-4128  
Email: [kminehart@hasuhomes.org](mailto:kminehart@hasuhomes.org)

Dear Virginian Apartments Applicant,

Thank you for applying for residency at the Virginian Apartments. If we may be of assistance, such as filling out this application for you, please let us know. Submittal of this application does not obligate you to the Virginian Apartments.

The completed application must be submitted with all information requested attached in order to be placed on the Virginian Apartments waiting list. The entire application must be completed. If a section of the application does not apply to your household, write "N/A" for "Not Applicable". Once your completed and satisfactory application is received, you will be placed on the Virginian Apartments waiting list. The household's application will be rejected if the application is found to be fraudulent in any way.

Sincerely,  
Virginian Apartments  
Housing Authority of Southeastern Utah

---

## Application Instructions

---

**The following items must be attached with your application, as appropriate, at time of submission:**

- Birth Certificates or Certificate of Indian Blood for All Members of the Household
- Social Security Cards for All Members of the Household
- Picture Form of Identification – State Driver's License or Identification Card for All Members of the Household over 18 Years Old
- Most Recent Bank Statement(s)
- If Divorced – Copy of Divorce Decree, if applicable
- Joint Custody of Children – Copy of Award of Custody, if applicable
- Proof of Medical Expenses, if applicable

**- \$25 Money Order: Payable to "Virginian Apartments"**

This is NOT a FEE. Credit Reporting Agency Charges this amount for a credit/criminal background check which is mandatory for all applicants.



Any household with up to a moderate annual income (listed above) is eligible for the Virginian Apartments. However, some units are reserved for households with very-low and low annual incomes.

## 2022 Income Qualifications

To Qualify for a Very-Low Income Unit

Household Size	1	2	3	4	5
Maximum Annual Income	\$25,950	\$29,650	\$33,350	\$37,050	\$40,050

To Qualify for a Low Income Unit

Household Size	1	2	3	4	5
Maximum Annual Income	\$41,500	\$47,450	\$53,350	\$59,300	\$64,050

To Qualify for a Moderate Income Unit

Household Size	1	2	3	4	5
Maximum Annual Income	\$47,000	\$52,950	\$58,850	\$64,800	\$69,550

Date Received: \_\_\_\_\_

## APPLICATION VIRGINIAN APARTMENTS

**A. GENERAL INFORMATION: PLEASE PRINT**

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

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

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, and ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LIST THE APPLICANT AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>
-------------	---------------------	----------------------	------------	-------------------------------


Do you expect a change in your family size? \_\_\_\_\_ If yes, what and when? \_\_\_\_\_

Is anyone in this household a full-time student? Yes or No Names: \_\_\_\_\_

Is anyone in this household disabled? **Circle One:** Yes/No Names: \_\_\_\_\_

Are you or your family currently living in or fleeing from a situation where you are being subjected to or victimized by violence in the home? **Circle One:** Yes/No

**B. INCOME**

For each type of income that your household receives, give the source of income and the amount. List all income such as welfare, child support, social security, income from assets, pensions, retirement etc.. VERIFICATION OF ALL INCOME WILL BE VERIFIED

<u>FAMILY MEMBER</u>	<u>SOURCE OF INCOME</u>	<u>MONTHLY GROSS INCOME</u>

TOTAL MONTHLY GROSS INCOME \$ \_\_\_\_\_

**C. ASSETS**



**D. MEDICAL EXPENSES**

Medical Expenses: Complete this part ONLY if head of household, spouse or minor is 62 years or older, handicapped/or disabled.

Medical Premiums: Monthly Amount: \$\_\_\_\_\_

Medical Insurance Coverage \$\_\_\_\_\_

Name of Company: \_\_\_\_\_

Address \_\_\_\_\_

Anticipated Medical Expenses NOT neither covered by Insurance NOR reimbursed:

Monthly Amount \$\_\_\_\_\_

Medical Bills or Outstanding Cost which you are making monthly payments

Monthly Amount \$\_\_\_\_\_

Medical related travel costs:

Monthly Amount \$\_\_\_\_\_

Any other medical expenses: List type and amount:

\_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**E. CHILD CARE EXPENSES**

**Complete for households with minors less than 13 years of age ONLY**

Name(s) of children cared for:

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child Care Provider, if applicable:

Name \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Weekly cost of child care due to employment \$ \_\_\_\_\_

Education? \$ \_\_\_\_\_

**F. PAST RENTAL HISTORY**

COMPLETE THE FOLLOWING INFORMATION ON THE PAST TWO (2) YEARS OF RESIDENCY. (Additional rental history may be listed at the end of this application).

Present Address:

\_\_\_\_\_ OWN \_\_\_\_\_ RENT

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

(If Renting) Landlord/Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Landlord/Owner Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Former Address:

\_\_\_\_\_ OWN \_\_\_\_\_ RENT

Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

(If Renting) Landlord/Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Landlord/Owner Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**G. OTHER INFORMATION**

Presently Are You:

- Renting
- Own
- Living with Relative/Friend
- Homeless
- Other: \_\_\_\_\_

Marital Status

- Married       Living with Another Adult
- Divorce
- Single
- Widowed
- Separated

How did you learn about this project?

- Radio
- Newspaper/Publication
- Other

What size apartment are you applying for?

- One (1) Bedroom
- Two (2) Bedroom

Would you benefit from the features of a specially designed unit? \_\_\_\_\_ If Yes, what features do you require?

-----

You are eligible for a \$400 Medical Deduction if you or your co-applicant are: Check all that apply:

- Handicapped or Disabled\*
- Elderly (62 Years or Older)\*

\*Verification of Medical Deduction eligibility will be required.

Has any member of your household ever been convicted or charged with a crime? \_\_\_\_\_ If yes, state who and their relationship to you and briefly explain:

-----  
-----

Is any member of your household currently on probation or parole? \_\_\_\_\_ If yes, state who and their relationship to you and briefly explain:

-----

Please provide contact information of your probation or parole officer, if applicable:

-----

Are you a U.S. Citizen? \_\_\_\_\_ (Yes or No) If No, Do you have Eligible Immigration Status? \_\_\_\_\_

Other names that may have been used by members of the household? \_\_\_\_\_

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle).

Type of Vehicle: \_\_\_\_\_ Year/Make/Color: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Year/Make/Color: \_\_\_\_\_

Do you own any Pets? Yes \_\_\_\_\_ or No \_\_\_\_\_ If Yes, describe: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

ZIPCODE: \_\_\_\_\_

Please provide the following information.

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services that the Federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you chose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Check One:

- Hispanic or Latino
- Not-Hispanic or Latino

Check One:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Check One: Gender

- Male
- Female

Please use the space below to provide any additional information you may have:

Everything that I/we have stated in this application is true and correct to the best of my knowledge. I/we understand that false statements are grounds for denial or termination of assistance. I understand that the Virginian Apartments will only retain this application and all copied support documents as required by the Department of Agriculture Rural Development. You are authorized to obtain information from present and former landlords and employers and to ask questions about their experience with me. You are further authorized in the future to share information about my tenancy with prospective landlords.

I/we understand that this is no a contract and does not bind either party. The above information is full, true, and complete to the best of my/our knowledge. I/we have no objectives to the above statements being verified. I/we certify that the unit will serve as the household’s primary residence.

-----  
Head of Household Signature

-----  
Date

-----  
Co-Head Signature

-----  
Date



## STATEMENT OF ADULT HOUSEHOLD MEMBERS

I/We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline mine or our application or, if move-in has occurred; terminate our Lease Agreement.

I/We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If mine or our application is approved and move-in occurs, I/We certify that only those persons listed in this application will occupy the apartment that they will maintain no other places of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone and numbers, income and household composition.

I/We have read and understand the information in this application and I/We agree to comply with such information.

The Resident Selection Plan adhered to by the Property is available at the Management office of the property.

I/We understand if this application is placed on the Property's Application List, that I/We may request sample copies of the Rental Agreement and Occupancy Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damage, crime-free housing, and security deposits.

I/We authorize management to obtain one or more "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

-----  
SIGNATURE OF HEAD OF HOUSEHOLD

-----  
DATE

-----  
SIGNATURE OF CO-HEAD

-----  
DATE

# INCOME VERIFICATION

GENERAL:

I am not self-employed and have attached the following verification of sources of income:

Check Stubs from the following employers (s)

-----  
-----  
-----

TANF

Social Security Benefits

Alimony

Veteran's Administration Benefits

Other (Please list):

-----  
-----  
-----

SELF-EMPLOYED:

I am self-employed and have attached copies of my individual federal and state income tax returns for the immediately preceding three calendar years for which such income tax returns were filed, (or, if not filed, were not required to be filed), and certify that the information shown on such income tax returns is true and complete to the best of my knowledge and that any income tax returns not filed were not required to be filed.

-----  
Signature

-----  
Date

-----  
Spouse or Other Adult Signature

-----  
Date

**UNEMPLOYED APPLICANT'S AFFIDAVIT**

1. Check (a) or (b) as applicable:

\_\_\_\_(a) I am not presently employed but anticipate becoming employed within the next twelve months.

\_\_\_\_(b) I am not presently employed and do not anticipate becoming employed within the next twelve months.

2. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve months; I expect to earn \$\_\_\_\_\_ per year when I become employed.

-----  
Applicant's Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

# REQUEST FOR VERIFICATION OF EMPLOYMENT

The undersigned applicant has applied for rental assistance in a project receiving Federally Assisted funds. Income of prospective tenant must be verified.

TO:

FROM: **The Virginian Apartments**  
**321 East Center Street**  
**Moab, UT 84532**  
**Phone: (435) 259-5891**  
**Fax: 435-259-4938**

Name of Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Applicant's Social Security Number: \_\_\_\_\_  
By signing below, I authorize verification of my employment information:

\_\_\_\_\_

---

### PLEASE READ THIS INFORMATION CAREFULLY BEFORE CONTINUING:

APPLICANT DOES NOT COMPLETE THE INFORMATION BELOW  
APPLICANT DOES NOT SEND THIS INFORMATION TO BE DONE TO EMPLOYER  
APPLICANT MUST GIVE TO THE HOUSING AUTHORITY TO SEND TO EMPLOYER ONLY

---

#### TO BE COMPLETED BY EMPLOYER ONLY

Date Applicant Hired: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

#### Frequency Paid: Please check one

- \_\_\_ Bi-Weekly (Every other week or 26 Pay Periods Per Year)
- \_\_\_ Semi-Monthly (Two times per Month or 24 Pay Periods Per Year)
- \_\_\_ Monthly (Paid once a Month, or 12 Pay Periods Per Year)
- \_\_\_ Other. Please Specify: \_\_\_\_\_

#### If Paid Salary:

\_\_\_ Amount Paid \_\_\_\_\_ Total Annual Salary Amount: \_\_\_\_\_

#### If Paid Hourly Wage:

\_\_\_ Rate of Pay Per Hour \$ \_\_\_\_\_      \_\_\_ Commissions (Estimate Per Week)\$ \_\_\_\_\_  
\_\_\_ Average Hours Per Week \_\_\_\_\_      \_\_\_ Gratuities and/or Tips (Estimate Per Week) \$ \_\_\_\_\_  
\_\_\_ Other. Please Specify: \_\_\_\_\_

Effective Date of Last Pay Increase: \_\_\_\_\_

Effective Date and Probability of Next Pay Increase: \_\_\_\_\_ How Much? \_\_\_\_\_

I hereby certify the statements above are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

**VIRGINIAN APARTMENTS**

**Rental Recommendation Request**

**TO:** (Name & Address of  
Current or Former Landlord)

-----  
-----  
-----

**From:**  
**Virginian Apartments**  
**321 East Center Street**  
**Moab, UT 84532**  
**Phone: 435-259-5891**  
**Fax: 435-259-4938**

**APPLICANT NAME (S):** -----

-----

**TO BE COMPLETED BY FORMER/CURRENT LANDLORD**

Dates of former/current tenant's rental period: **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
(Month/Year) (Month/Year)

Did the former/current tenant pay rent on time? **YES/NO** If no, please explain: **Rent Amount \$**\_\_\_\_\_

-----  
-----

If applicable, did the tenant receive a full security deposit upon vacating? **YES/NO** If no, please explain:

-----  
-----

As a tenant, do you regard this person as: (circle one) **Excellent Fair Poor?** Please explain:

-----  
-----

**I hereby certify that the statements above are true and complete to the best of my knowledge.**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX OR MAIL TO THE REQUESTING LEASING AGENT**

**ASSET VERIFICATION**

I hereby grant you permission to disclose information regarding my assets to The Virginian Apartments, in order to determine income eligibility for rental of a unit in a development which receives subsidy from USDA Rural Development

-----  
Signature

-----  
Date

Please send to:  
Housing Authority of Southeastern Utah  
321 East Center Street  
Moab, UT 84532

Bank Name, Address, and Fax Number  
-----  
-----  
-----

Account Type  
-----

Account Number  
-----

**To Be Filled Out by Bank:**

---

Type of Asset/ Account Number Asset	Value of Asset*/ Interest Rate	Annual Income from Asset
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

\* If asset is a checking account, please provide 6 months average of value of asset.

-----  
Signature

-----  
Date

-----  
Title

## CONSENT TO RELEASE INFORMATION

The undersigned hereby expressly authorizes agencies of the State of Utah to release to USDA, Rural Development and the Housing Authority of Southeastern Utah information maintained with respect to the undersigned for the purpose of determining the eligibility of the undersigned for Rural Development credit or other financial assistance. In particular, the undersigned consents to the release to Rural Development of wage and unemployment insurance benefit records maintained by the Utah Department of Employment Security with respect to the undersigned.

I/We have applied for an apartment rental and hereby authorize you to release to the property owner and or/its assigns, the requested information concerning:

1. Employment history, date, titles, income, hours worked, etc.
2. Banking and savings accounts of record
3. Rental verification (dates of rental, payment amount, payment record, etc.)
4. Any information deemed necessary in connection with a consumer credit and/or a public records report
5. Criminal background check

The information is for the confidential use of the property owner/manager in determining my/our creditworthiness for an apartment rental or to confirm the information I/we have supplied.

A photographic or FAX copy of this authorization may be deemed to be the equivalent of the original and may be used a duplicate original. The original signed form is maintained in the property office.

I understand that the \$25 fee for each applicant for verifying this rental application is not a deposit or rent, and will not be applied to future rent, or refunded, even if this application to rent is declines. I, (the undersigned), authorize Western Reporting, Inc., or it's assigned agents, to obtain my credit report, employment records, and criminal history. I understand that this information will only be gathered for the services for which I am applying, and a background screening report may be ordered at any time during the employment and/or placement process.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

Name- Please Print

---

Signature

---

Social Security Number

---

**Virginian Apartments**

Project Name

# BACKGROUND CHECK APPLICATION

EACH ADULT IN THE HOUSEHOLD WILL NEED TO FILL OUT A **SEPARATE FORM**  
APPLICATIONS WHICH ARE NOT COMPLETED FULLY WILL BE REJECTED  
IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF  
VALID SOCIAL SECURITY NUMBER BY DRIVER'S LICENSE, STATE ID, OR SOCIAL SECURITY CARD  
FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK!

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PREVIOUSLY USED NAME(S)(MAIDEN, ETC.): \_\_\_\_\_

MARTIAL STATUS: \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED

MAILING ADDRESS: \_\_\_\_\_  
(ZIP) (STREET) (CITY) (STATE)

DRIVER'S LICENSE #/STATE: \_\_\_\_\_/\_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

I hereby make application to review my Criminal and Credit History record:

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_