

HOUSING AUTHORITY OF SOUTHEASTERN UTAH

Main Administrative Office
380 N. 500 W.
Moab, UT 84532
Phone (435) 259-5891
Fax (435) 259-4938 TTY
(800) 346-4128
Email: hasuadmin@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
- **\$17.50 Money Order: Payable to "Virginian Apartments"**

*This is NOT a FEE. Reporting Agency Charge (Non-Refundable) for credit/criminal background check which is mandatory for all applicants.



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

2026 Income Qualifications

To Qualify for a Very-Low Income Unit

Household Size	1	2	3	4
Maximum Annual Income	\$37,250	\$42,550	\$47,850	\$53,150

To Qualify for a Low-Income Unit

Household Size	1	2	3	4
Maximum Annual Income	\$59,550	\$68,050	\$76,550	\$85,050

To Qualify for a Moderate-Income Unit

Household Size	1	2	3	4
Maximum Annual Income	\$74,500	\$85,100	\$95,700	\$106,300



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. ALL INCOME WILL BE VERIFIED.

FAMILY MEMBER	SOURCE OF INCOME	MONTHLY GROSS INCOME

TOTAL MONTHLY GROSS INCOME \$ _____

C. ASSETS

LIST ALL CHECKING AND SAVINGS ACCOUNTS AND ANY OTHER ASSET YOUR HOUSEHOLD RECEIVES:

	BANK/BRANCH	ACCOUNT#	KIND OF ACCOUNT	BALANCE
Checking Account(s)	_____	_____	_____	_____
Savings Account(s)	_____	_____	_____	_____
Money Market Account(s)	_____	_____	_____	_____
Trust Account(s)	_____	_____	_____	_____
Certificates of Deposit	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Savings Bonds	_____	_____	_____	_____
Whole Life Insurance Policy	_____	_____	_____	_____

Real Property:

Do you own a home or other real estate? _____ If yes, what and where? _____

Location? _____

Current Market Value? _____ Outstanding Mortgage Balance? _____



Have you sold/disposed of any business, property or other assets in the last 2 years? Yes or No, _____

If yes, state type of property _____

Date of Sale/Disposition _____ Market Value When Sold/Disposed of _____

Amount Sold/Disposed for _____

Have you sold or given away real property or other assets in the past two years? _____ If yes, what is the current Market value of the asset? _____

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 covered by Insurance OR 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 childcare 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 not 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 of Household 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 OF HOUSEHOLD

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:

Name of Employer: _____
Supervisor: _____
Work Address: _____
Phone Number: _____
Fax Number: _____

FROM: **The Virginian Apartments**
380 N. 500 W.
Moab, UT 84532
Phone: (435) 259-5891
Fax: 435-259-4938

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
380 N. 500 W.
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
380 N. 500 W.
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
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

* 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 \$17.50 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 declined. 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 CONSENT FORM

(One form per adult household member)

IMPORTANT: Incomplete applications will be automatically rejected. Please complete all sections clearly and legibly in blue or black ink. Photo identification and proof of valid Social Security Number are required. Acceptable forms include Driver's License, State ID, or Social Security Card.

■ PERSONAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Previously Used Name(s): (e.g., maiden name, aliases) _____

■ CONTACT INFORMATION

Street Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Cell Phone Number: (____) ____ - ____

■ IDENTIFICATION

State ID / Driver's License Number: _____ Issuing State: _____

Social Security Number: ____ - ____ - ____

■ CONSENT

I hereby authorize the Housing Authority of Southeastern Utah or its agents to conduct a background check including, but not limited to, verification of identity, criminal history, credit report, and previous rental history. I understand this information is required as part of the application process for tenancy and that my application may be denied based on the results of this screening.

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that any false, misleading, or incomplete information may result in denial of my application.

Signature: _____

Date: ____ / ____ / ____



CHILD SUPPORT AFFIDAVIT

I _____, do hereby attest to having (check appropriate box and fill-in blanks if box is checked):

☐ One or more dependents living with me.

I receive \$_____ per month in child support for dependent(s) and I expect to receive \$_____ in child support over the next twelve months.

☐ I do not receive child support, nor do I expect to receive child support within the next twelve months, and I have made a reasonable effort to collect child support.

☐ One or more dependents over the age of 18 living with me.

☐ A full-time student

☐ Working and earning \$_____ per month

(if this box is checked, income must be verified)

☐ Not working and not a full-time student (explanation required)

Signed: _____
Tenant's Signature

Date _____

