

## Coppertree Apartments

8733 W. Coppertree Lane, Magna, UT 84044

Phone: (801) 252-0600 Fax: (801) 252-0700

Leasing@CoppertreeMagna.com



# Rental Application Instructions

Thank you for your interest in Coppertree Apartments of Magna. Please take your time in reading the application instructions below.

Our community operates under the guidelines of Section 42 of the Internal Revenue Code. This financial program is designed for the housing needs of moderate-income households. Residency at this community requires that all applicants meet certain qualifying standards established by the Department of Housing and Urban Development and administered by the Utah Housing Corporation. This program is not connected to Section 8; however, we do accept Section 8 Housing Choice Voucher participants.

Every applicant and resident 18 years of age or older must qualify for eligibility through the Low-Income Housing Tax Credit (LIHTC) requirement for certification of anticipated household income on an annual basis, and is required to submit an application and source material attesting to said eligibility.

In order to assist us with verifying the contents of your application, please complete the following:

1. A separate completed application from each adult household member 18 years of age or older.
  - All applications must be submitted together to determine household eligibility.
  - Each application must be completed in its entirety and all information must be verifiable.
  - This application is an official government document, and as such requires that **no white-out** or similar be used for mistakes. Any mistakes must be simply lined out and initialed by the applicant. The correction must be listed beside the mistake.
  - If a question does not apply to you, please use No, None, or N/A. Do not leave any question blank.
2. A copy of each adult member's government issued photo identification and Social Security card.
3. Proof of Income (such as three (3) months current and consecutive paystubs, letters from Social Security or Pension, Notice of Action, two years Tax Returns, etc.).
4. Proof of Assets (such as six (6) months current and consecutive Bank Statements, Retirement Account Statements, Trusts, Stocks, etc.)
5. One (1) Holding Deposit of \$400 which will be applied to your Security Deposit at move-in.
6. Application fee in the amount of \$30.00 per adult applicant. This must be separate and in addition to the holding deposit, and is non-refundable. Therefore two forms of payment will be made.

**NO PERSONAL CHECKS OR CASH ARE ACCEPTED.**

At move-in, a cashier's check or money order is required for the following items:

- First months' rent and remainder of security deposit due.
- If you have a pet, an additional deposit of \$300.00 and one-time fee of \$100.00 per pet is required. Pet(s) must weigh less than 20lbs, and no more than two (2) per household. Be prepared to provide pet license and current shot records.

\*\*This application can be completed on your computer or by hand with blue or black ink. After printing and signing, you can submit in person, via U.S. mail, or electronically to our email address listed above.



# RENTAL APPLICATION

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This box section is to be completed by Management Staff:

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

Unit #: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

## APPLICANT

Individual applications required from each occupant 18 years of age or older.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## DESIRED UNIT TYPE

Downstairs  Upstairs  2 Bed/1 Bath  3 Bed/2 Bath Rent Range \_\_\_\_\_

When would you like to move? \_\_\_\_\_

## HOUSEHOLD OCCUPANTS

List all household members who will live in the apartment, including yourself. Be sure to include any temporarily absent family members (such as military/student family members who will be returning to the household), any unborn children, as well as any foster children or foster adults.

	Full Legal Name (Last, First, M.I.)	Relationship to Head of Household (Include yourself as #1)	Date of Birth (mm/dd/yyyy)	Social Security Number
1	_____	_____	____/____/____	____-____-____
2	_____	_____	____/____/____	____-____-____
3	_____	_____	____/____/____	____-____-____
4	_____	_____	____/____/____	____-____-____
5	_____	_____	____/____/____	____-____-____
6	_____	_____	____/____/____	____-____-____

Will any adult household member not listed above be moving in during the next 12 months?  Yes  No

Will a Live-in Aid and/or Attendant be living in the apartment?  Yes  No

## STUDENT STATUS

Are you currently a student OR do you anticipate becoming a student in the next 12 months?  Yes  No

## MARITAL STATUS

Single  Married  Divorced  Separated  Widowed



# RENTAL HISTORY (a minimum of three (3) years of housing history is required)

1 Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Owner/Agent Name \_\_\_\_\_ Owner/Agent Phone \_\_\_\_\_  
Owner/Agent Address \_\_\_\_\_  
Date In \_\_\_\_\_ Date Out \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2 Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Owner/Agent Name \_\_\_\_\_ Owner/Agent Phone \_\_\_\_\_  
Owner/Agent Address \_\_\_\_\_  
Date In \_\_\_\_\_ Date Out \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3 Next Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Owner/Agent Name \_\_\_\_\_ Owner/Agent Phone \_\_\_\_\_  
Owner/Agent Address \_\_\_\_\_  
Date In \_\_\_\_\_ Date Out \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

# EMPLOYMENT HISTORY

1 Present Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Supervisor Name/H.R. \_\_\_\_\_ Phone \_\_\_\_\_  
Current Monthly Gross Income \$ \_\_\_\_\_ Pay Frequency \_\_\_\_\_ Fax \_\_\_\_\_

2 Prior Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Supervisor Name/H.R. \_\_\_\_\_ Phone \_\_\_\_\_

Other Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

Other Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

Other Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_



## FINANCIAL INFORMATION

Name of Your Bank	Branch or Address	Account Number
1 _____	_____	_____
2 _____	_____	_____

  

Name of Creditor	Address	Phone Number	Monthly Pymt
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

## GENERAL INFORMATION

Personal References	Address	Phone Number	Relationship
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Have you ever filed for bankruptcy?  Yes  No If Yes, please give date discharged \_\_\_\_\_

Have you ever been evicted or asked to move?  Yes  No If Yes, Explain \_\_\_\_\_

Have you ever been charged/convicted of a felony, or for selling/manufacturing illegal drugs?  Yes  No  
If Yes, Explain \_\_\_\_\_

Have you ever been asked to vacate for not complying with Recertification precedures?  Yes  No  
If Yes, Explain \_\_\_\_\_

Are you currently receiving rent assistance or a rent subsidy?  Yes  No Explain \_\_\_\_\_

Will this apartment be your only place of residence?  Yes  No If No, Explain \_\_\_\_\_

Will a business be run out of your home?  Yes  No If Yes, Explain \_\_\_\_\_

Do you smoke?  Yes  No

Do you have pets?  Yes  No If Yes, Describe \_\_\_\_\_

Do you have a waterbed?  Yes  No If Yes, Describe \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Automobile Make	Model	Year	Color	License #	State
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about this rental? \_\_\_\_\_



# TENANT INCOME CERTIFICATION QUESTIONNAIRE

(One form per adult member of the household)

This box section is to be completed by Management Staff:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Initial Certification \_\_\_\_\_ BIN # \_\_\_\_\_

Re-Certification \_\_\_\_\_ Unit # \_\_\_\_\_

Other \_\_\_\_\_

I am a new household member who has occupied/will occupy unit on: \_\_\_\_\_

## INCOME INFORMATION

Indicate each source of income that you receive or **anticipate receiving** within the next (12) months as specified below:

	Check Yes or No	INCOME SOURCE DESCRIPTION	Monthly Gross Income
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am self-employed. (List nature of self employment) _____	(use <u>net</u> for self-employment) \$ _____
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. _____	\$ _____
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive unemployment benefit.	\$ _____
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive periodic/monthly Social Security payments.	\$ _____
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security (do not include settlement payments: ie; workers compensation, lawsuit settlements due to a disability).	\$ _____
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive Public Assistance Income (examples: TANF, AFDC, GA/GR) <i>*Do not include SNAP, Food Stamps, etc.</i>	\$ _____
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive child support payments (ie: court ordered, parental agreement, etc.)  If yes, from how many persons do you receive support? _____	Total amount of support received: \$ _____
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive alimony or spousal support payments (ie: court ordered, divorce agreement, etc.)  If yes, from how many persons do you receive support? _____	Total amount of support received: \$ _____



13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive rental income from real or personal property. (use <u>net</u> earned income)	\$ _____
15.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I receive student financial aid ( <i>public/private</i> ) Subtract actual covered cost of tuition from Aid received	\$ _____
16.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any of the above noted income sources (including Social Security, wages, unemployment, public assistance, disability, etc.), currently being received as a Debit Visa or MC?	List Income Source \$ _____ _____
17.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source \$ _____ _____

### ASSET INFORMATION

Indicate each asset source that you have or those you expect to receive within the next (12) months as specified below:

		ASSET SOURCE DESCRIPTION	Interest Rate	Current Value
18.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a checking account(s). If yes, list bank(s) & last four digits of account number 1. _____ 2. _____ 3. _____ 4. _____	_____% _____% _____% _____%	\$ _____ \$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a savings account(s). If yes, list bank(s) & last four digits of account number 1. _____ 2. _____ 3. _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
20.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have funds held on an EBT card, Debit Visa, or Debit MC <i>*Do not include SNAP, Food Stamps, etc.</i> 1. _____ 2. _____		Current Balance: \$ _____ \$ _____
21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc. 1. _____ 2. _____		\$ _____ \$ _____
22.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a revocable trust(s) If yes, list bank(s): 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
23.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I own real estate: If yes, provide description: 1. _____ 2. _____		\$ _____ \$ _____
24.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. _____ 2. _____		Current Balance: \$ _____ \$ _____



25.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I own stocks, bonds, or Treasury Bills. If yes, list sources/bank names: 1. _____ 2. _____ 3. _____	Interest/Dividend _____% _____% _____%	\$ _____ \$ _____ \$ _____
26.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have Certificates of Deposit (CD) or Money Market Account(s). 1. _____ 2. _____ 3. _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
27.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have received a federal tax return refund or refundable tax credit in the last 12 months.		Refund Amount: \$ _____
28.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have a life insurance policy with a cash/surrender value 1. _____ 2. _____		\$ _____ \$ _____
29.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have disposed of assets ( <i>i.e. gave away money/assets</i> ) for less than the fair market value (FMV) in the past 2 years. List items and date disposed. 1. _____ 2. _____	*Cash value is the difference between FMV and amount received for asset	\$ _____ \$ _____
30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have cash on hand in excess of \$250.		\$ _____
31.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have income from assets or sources other than those listed above. 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____

### STUDENT ELIGIBILITY

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a part-time student
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a full-time student (Example: K-12, College, Trade School, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entire household consist of people who are currently full-time students?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the entire household consist of people who are either currently a full-time student or were a full-time student for 5 months or more in the current calendar year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes to any of the previous 5 questions, are you: <ul style="list-style-type: none"> <li>• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF - not SSA/SSI)</li> <li>• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program</li> <li>• Married and filing (or are entitled to file) a joint tax return (please provide copy of marriage certificate or tax return)</li> <li>• Single parent with a dependant child(ren) and neither you nor your child(ren) are dependents of another individual</li> <li>• Previously enrolled in the Foster Care program (currently age 18-24)</li> </ul>

\*\*\* Application continues on next page \*\*\*



APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

I acknowledge that this community is operated pursuant to the rules and regulations of the Federal Low Income Housing Tax Credit program (LIHTC). The LIHTC program requires that "Qualified Households" occupy each unit as defined by Section 42 of the Internal Revenue Code. Qualified Households must meet certain income, age, and student status restrictions. These restrictions must be maintained throughout the duration of occupancy, and will be verified through an annual re-certification process. I further understand that I must assist in this determination by providing the necessary information upon request, with sufficient time to complete the certification before the yearly anniversary date of the last certification.

I understand that I am responsible for notifying Management of any changes to household income, student status and/or household composition, and that qualification to remain a resident is at all times dependent upon my household meeting all restriction requirements. I agree that once my qualification is determined that I will execute a Tenant Income Certification (TIC) attesting to the information contained herein.

I certify, under penalties of perjury, that the information presented on this rental application is true and correct to the best of my knowledge. I further understand that providing false representation constitutes an act of fraud. False, misleading or incomplete information will result in denial of this application or termination of the lease agreement.

Applicant represents that all the above statements are true and correct, authorizes verification of the above items and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to obtain reports that may include credit reports, criminal history, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owners/Agents. Applicant understands the final approval to occupy an apartment is contingent upon meeting all qualifying criteria, and is not limited to Section 42 of the Internal Revenue Code.

Owner/Agent will require payment of \$ 30.00 (per applicant) which is to be used to screen the Applicant.

The amount charged is itemized as follows:

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports.
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs).

The undersigned is applying to rent the premises designated as:

Apt. # \_\_\_\_\_ Located at \_\_\_\_\_, Magna, UT 84044

The rent for which is \$ \_\_\_\_\_ per \_\_\_\_\_ month . Upon approval of this application, and execution of a rental/lease agreement, the Applicant shall pay all sums due, including a required security deposit in the amount of \$ \_\_\_\_\_ (On Approved Credit) before occupancy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (signature required)

