

Resident Selection Criteria

Welcome to Liberty Heights Apartments. Before you take the time to rent an apartment, please review our rental criteria. A separate rental application must be processed on all prospective residents 18 years of age or older and an application fee paid for each applicant. A valid form of legal identification is required to view this community and at application and move-in. All prospective residents will be qualified on the following criteria:

Equal Housing

This community does not discriminate on the basis of race, color, religion, national origin, sex, handicap/disability and familial status.

Occupancy Guidelines

Applicants must be at least 18 years of age. Our community occupancy allows two plus one per bedroom.

Two-bedroom Apartments	Up to 5 occupants
Three-bedroom Apartments	Up to 7 occupants

Additional adult household members (over the age of 18) must qualify as a new resident and be placed on the lease. If the addition of an adult resident exceeds the Occupancy Guidelines, then the residents must immediately transfer to a larger apartment (subject to availability of alternate floor plan types and resident's compliance with existing lease agreement), paying the current rental rate, or vacate the apartment subject to the terms and conditions of the lease agreement and supporting addenda. If the addition of a minor (18 years or younger) to the household exceeds the Occupancy Guidelines, then the residents may remain in the existing apartment until the end of the current lease term. At the end of the lease term they may transfer to a larger apartment, paying the current rental rate, or move from the property if a larger apartment is not available.

Identification

All visitors must present a valid drivers license or other photo identification in order to view this community.

Application for Residency

An *Application for Residency* must be completed and maintained for each applicant 18 years or older who will be living in the apartment and contributing to the payment of rent.

Qualifying Standards

Rental History: Up to 24 months of rental history may be verified on present and previous residence. A positive record of prompt monthly payment, sufficient notice, with no damages is expected. For applicants who are homeowners, permission must be granted to verify payment history with the bank or lending institution.

Credit History: An unsatisfactory credit report can disqualify an applicant from renting an apartment home at this community. An unsatisfactory report is one, which reflects past or current bad debts, late payments or unpaid bills, liens, judgments or bankruptcies. If the applicant is rejected for poor credit history the applicant may contact the credit-reporting agency that provided the credit report. An applicant rejected for the unsatisfactory credit is encouraged to obtain a copy of the credit report from the agency, correct any erroneous information that may be on the report, and resubmit the application to this community.

Income: Applicants must have a gross income source that can be verified; income restrictions apply. Income requirements are 1.5 times the monthly rent of the apartment being rented.

Pet Limitations: Please confirm pet policy, limitations, deposits, fees and pet rent with the specific community you choose to apply with. Pet limitations can include maximum pounds and height. A non-refundable pet fee, refundable pet deposit and monthly pet rent will be charged per pet, if allowed. All residents with pets are required to have a pet agreement on file and must submit a veterinarian statement (no more than 12 months old) establishing the general health of the pet and the status of all required shots. A photograph of the pet will be made part of the lease agreement. No exotic animals allowed. Service animals for special needs are accepted with third party medical caregiver authorization. Dogs of a class with known vicious or aggressive propensity shall not be permitted. Examples of these breeds (but not exclusive): Pit Bulls (Bull Terriers or American Staffordshire Terriers), Rottweilers, German Shepherds, Doberman Pinschers, Chow Chows, Akitas, and Huskies, full blood or mixed at any percentage are PROHIBITED from residing at this community.

This community does business in accordance with Federal Fair Housing Law
(Fair Housing Amendment Act 1988)



Resident Selection Criteria

Evaluation

The community evaluates the above information with an analyzation method provided through an independent 3rd party contractor (The Screening Pros) that weighs the indicators of future rent payment performance. For further explanation of this type of method, please refer to the "Clarifier Report".

Conditional Approval

An Additional Deposit equal to up to one month's market rent or will be required if the credit recommendation is returned with "conditional approval" or criteria for any one of Income, Employment or Rental History have not been met, or have only been partially met. All adverse action requirements will be combined when reviewing multiple applications.

Co-Signers

In the event a co-signer is required, he/she must complete an Application of Residency and meet all of the Resident Selection Criteria. A co-signer will be fully responsible for the Lease Agreement if the occupying resident(s) default.

Criminal History

Criminal backgrounds on all leaseholders and occupants over the age of 18 will be checked. It is the policy of this community to obtain information on past criminal activities of prospective residents. Such criminal information may include arrests, convictions and pending criminal actions. This community shall not deny applicants solely on the basis of arrests or pending criminal actions. Those may be included with other factors that may as an aggregate be determined to warrant denial. This community shall not allow persons who are on any sex offender list. Likewise, persons with criminal convictions which relate to the manufacture or distribution of controlled substances shall be denied. Persons whose convictions relate to possession of controlled substances *may* be accepted if they provide evidence of completion of a treatment program. Persons who have convictions involving violence, gang activity, arson, and injury to persons will be required to provide additional information to establish that they do not pose a risk to the property or the other residents. In evaluating prior criminal history, this community will consider the type of crime, severity of the crime, and the length of time since conviction and release. Terms and conditions of parole and probation may also be considered. Denied applicants may petition for reconsideration by providing information regarding mitigating circumstances and other information that may assist the community in a review of the applicant's criminal history.

Automatic Denial of Application

An applicant will be automatically denied if they have been evicted by a landlord in the past 24 months or have a collection or debt owing to previous landlord. Falsification of any information on the rental application will result in an automatic denial of application.

Please note: These are our rental criteria. There may be residents or occupants that have resided at this community prior to these requirements going into effect. Additionally, our ability to verify whether these requirements have been met is limited to the information made available to us by the various reporting services used.

I HAVE READ AND UNDERSTAND THE RENTAL POLICIES OF THIS THIS COMMUNITY.

Signature: _____

Date: _____

Signature: _____

Date: _____

Co Signer: _____

Date: _____

Owner's Representative: _____

Date: _____ 07/21/16

This community does business in accordance with Federal Fair Housing Law
(Fair Housing Amendment Act 1988)



Liberty Heights
8176 S 1300 E
Sandy, UT 84094
phone (801)566-8988 Fax (801)566-9059

Bedroom Size:	
Lease Term:	
Rental Amount:	
Move-in Date:	

Apt. Number	
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Rental Application

PART I - HOUSEHOLD COMPOSITION

HH Mbr#	First Name	Last Name	Date of Birth	Relationship to Head of Household	Student	Social Security or Alien Reg No.	Driver's License Number
1					Y / N		
2					Y / N		
3					Y / N		
4					Y / N		
5					Y / N		
6					Y / N		
7					Y / N		
8					Y / N		
9					Y / N		

Do you anticipate a change in the household in the next 12 months? **YES** **NO** Do you smoke? **Yes** **No**
If Yes, please explain:

PART II - STUDENT STATUS

Are ALL occupants of the household full time students? **Yes** **No** (Circle one)

If Yes, to the above, answer the following:

Is the household comprised of a single parent and with school age child(ren), neither of whom are dependents of a third party? **Yes** **No** (Circle one)

Are Applicant & Co-Applicant married and do they file a joint income tax return? **Yes** **No** (Circle one)

Does the household receive TANF/AFDC? **Yes** **No** (Circle one)

Are any of the students, participants in the Job Training Partnership Act? **Yes** **No** (Circle one)

PART III - RENTAL HISTORY (Previous 2 Years for each applicant)

Head of Household:							
Present Address	City	State	Zip	How Long? from to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Present Landlord/Mortgage Co.				City	State	Zip	Day Phone () Night Phone ()
Previous Address	City	State	Zip	How Long? from to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone () Night Phone ()
Co: Applicant:							
Previous Address	City	State	Zip	How Long? from to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone () Night Phone ()
Previous Address	City	State	Zip	How Long? from to	() Own () Rent	Phone ()	Monthly Payment \$
Name of Previous Landlord/Mortgage Co.				City	State	Zip	Day Phone () Night Phone ()

PART IV - IMPORTANT INFORMATION

Current Home Phone ()	Cell Phone ()	Current E-mail Address:	Other E-mail Address:
AUTO #1 (Year, Make, Model, Color)		License Plate	State
AUTO #2 (Year, Make, Model, Color)		License Plate	State
Name of APPLICANT'S nearest Relative	Home Phone ()	Cell Phone ()	Relationship
Emergency Contact	Home Phone ()	Cell Phone ()	Relationship

PART V- SECTION 8

Do you receive Section 8 assistance? **YES** **NO** If YES, please complete the rest of this section

Name of Caseworker	Telephone number of Caseworker	Office:	Voucher Amount \$
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PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (Head of Household)

Head of Household's Name:

(Circle all applicable) Employed Full Time Employed Part Time Self-Employed Anticipated Income Non-Employed Unemployed

Current Employer		Position	How Long from to	Supervisor Name
Telephone Number		Fax Number		Address
Current Wages \$	(Circle one) per Hour / Week / Month	Average Hours Worked Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO
2nd Job		Position	How Long from to	Supervisor Name
Telephone Number		Fax Number		Address
Current Wages \$	(Circle one) per Hour / Week / Month	Average Hours Worked Per Week	Do you earn tips? YES NO	
Previous Employer		Position	How Long from to	Supervisor Name
Telephone Number		Fax Number		Address
Current Wages \$	(Circle one) per Hour / Week / Month	Average Hours Worked Per Week	Do you earn tips? YES NO	

OTHER INCOME:		(Circle each one individually)			
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>		Alimony / Child Support	YES	NO	\$ _____
		AFDC / TANF	YES	NO	\$ _____
		Social Security / Disability	YES	NO	\$ _____
		Retirement / Pension / Annuities	YES	NO	\$ _____
		Unemployment	YES	NO	\$ _____
		Worker's Compensation	YES	NO	\$ _____
		Recurring Gifts from Family	YES	NO	\$ _____
		Grants & Scholarships	YES	NO	\$ _____
		Military Pay	YES	NO	\$ _____
Other Recurring Monies	YES	NO	\$ _____		

RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)

2nd Applicants Name:

(Circle all applicable) Employed Full Time Employed Part Time Self-Employed Anticipated Income Non-Employed Unemployed

Current Employer		Position	How Long from to	Supervisor Name
Telephone Number		Fax Number		Address
Current Wages \$	(Circle one) per Hour / Week / Month	Average Hours Worked Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO
2nd Job		Position	How Long from to	Supervisor Name
Telephone Number		Fax Number		Address
Current Wages \$	(Circle one) per Hour / Week / Month	Average Hours Worked Per Week	Do you earn tips? YES NO	
Previous Employer		Position	How Long from to	Supervisor Name
Telephone Number		Fax Number		Address
Current Wages \$	(Circle one) per Hour / Week / Month	Average Hours Worked Per Week	Do you earn tips? YES NO	

OTHER INCOME:		(Circle each one individually)			
<i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>		Alimony / Child Support	YES	NO	\$ _____
		AFDC / TANF	YES	NO	\$ _____
		Social Security / Disability	YES	NO	\$ _____
		Retirement / Pension / Annuities	YES	NO	\$ _____
		Unemployment	YES	NO	\$ _____
		Worker's Compensation	YES	NO	\$ _____
		Recurring Gifts from Family	YES	NO	\$ _____
		Grants & Scholarships	YES	NO	\$ _____
		Military Pay	YES	NO	\$ _____
Other Recurring Monies	YES	NO	\$ _____		

PART VII - ASSETS

OTHER INCOME *Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need **not** be disclosed.*

		Applicant Name: _____			Applicant Name: _____		
	Value	Annual Earnings	Bank/ Institution	Value	Annual Earnings	Bank/ Institution	
Checking Account (6 month avg)	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
Savings Account	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
Money Market, CD's and Other	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
Stocks / Bonds	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
IRA'S, 401(K), Keogh	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
Real Estate	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
Boat, Trailer and Rec Vehicles	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
Other Assets	YES NO \$ _____	\$ _____	_____	Yes No \$ _____	\$ _____	_____	
Total: \$		\$ _____		Total \$		\$ _____	
Has any member of the household sold any real estate in the last 24 months?						Yes	No
Has any member of the household disposed of an asset for less than fair market value in the past 24 months?						Yes	No
If YES, please list:							

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	Y	N
Has any civil judgment been entered against you for the collection of a debt in the past 10 years?		
Do you have or intend to have water filled furniture in the apartment home?		
Do you have or intend to have any pets in the apartment home?		
Have you filed for bankruptcy in the past 10 years?		
Have you been evicted or refused to pay rent for any reason?		
Have you ever possessed, sold, or used illicit drugs or narcotics in or about your residence?		
Have you or any person anticipated to occupy the premises ever been convicted of any criminal offense (misdemeanor or felony)?		
Have you or any person anticipated to occupy the premises ever been part of a plea agreement relating to any criminal activity?		
Have you or any person anticipated to occupy the premises ever been arrested, accused, detained, convicted, or otherwise involved in any sex related crime?		
Do you or any person anticipated to occupy the premises have any outstanding warrants?		
Are you or any person anticipated to occupy the premises now or have ever been listed on any sex offender list?		
Do you or any person anticipated to occupy the premises have any pending case or action relating to any type of criminal offense?		
Have you or any person anticipated to occupy the premises ever been arrested, or have any criminal record not previously disclosed above?		
If you answered "yes" to any of the above questions, please explain:		

HOW DID YOU HEAR OF OUR COMMUNITY? _____

HOW LONG DO YOU EXPECT TO STAY? _____

KEEPING OF PET REQUIRES CONSENT OF MANAGEMENT, PAYMENT OF APPLICABLE FEES/DEPOSITS, AND EXECUTION OF PET ADDENDUM. HANDICAP ASSISTANCE ANIMALS USED FOR DISABILITIES ARE NOT CONSIDERED PETS.

The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The Federal Agency, which administers compliance with this law, is the U.S. Department of Housing and Urban Development.

This is to inform you that as part of our procedure for processing your application, an Investigative Consumer Report may be prepared whereby information obtained through personal interviews with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living and credit report. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation (Fair Credit Reporting Act). I/We hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my/our rental liability shall commence on _____, 201__ pursuant to the terms of the lease. That if I/We fail to sign the lease and/or pay agreed rental, Security deposit, utility fees, or other required charges as shown in this rental application the \$_____ holding fees accompanying this application shall be retained by landlord as liquidated damages and I/We agree to this amount being retained by landlord as a reasonable estimate of actual damages to landlord if I/We fail to perform as stated above after approval. I/We understand that the holding fees accompanying this application are non-refundable after three (3) days. Owner and/or agent for the owner reserves the right to reject this application and to refuse possession of the above mentioned accommodation. I/We have read the foregoing; certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf. Any "yes" or "no" question unanswered shall be considered a "yes".

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE AGENT OF LESSOR TO VERIFY THIS INFORMATION, REFERENCES, AND CREDIT RECORDS AND PERFORM A CRIMINAL BACKGROUND CHECK. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE.

Date

Applicant's Signature

Applicant's Name PRINTED

Date

Applicant's Signature

Applicant's Name PRINTED

Liberty Heights
8176 S 1300 E
Sandy, UT 84094
phone (801)566-8988 Fax (801)566-9059

Bedroom Size:	
Lease Term:	
Rental Amount:	
Move-in Date:	
Smoking or Non	(Circle One)

Recertification Application

Apt. Number	
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PART I - HOUSEHOLD COMPOSITION

HH	First Name	Last Name	Date of Birth	Relationship to Head of Household	Student?	Social Security or Alien Reg No.	Driver's License #
1					Y / N		
2					Y / N		
3					Y / N		
4					Y / N		
5					Y / N		
6					Y / N		
7					Y / N		
8					Y / N		
9					Y / N		

Do you anticipate a change in the household constituency in the next 12 months? If Yes, please explain:	YES	NO	Do you Smoke? Yes No
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Current Home Phone ()	Cell Phone ()	Current E-mail Address:	Other E-mail Address:
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PART II - STUDENT STATUS

Are ALL occupants of the household full time students? Yes No (Circle one)

If Yes, to the above, answer the following:

Is the household comprised of a single parent and with school age child(ren),
neither of whom are dependents of a third party? Yes No (Circle one)

Are Applicant & Co-Applicant married and do they file a joint income tax return? Yes No (Circle one)

Does the household receive TANF/AFDC? Yes No (Circle one)

Are any of the students, participants in the Job Training Partnership Act? Yes No (Circle one)

PART III- SECTION 8

Do you receive Section 8 assistance?	YES	NO	If YES, please complete the rest of this section
Name of Caseworker	Telephone number of Caseworker	Office:	Voucher Amount \$
			Last Recertification Date

PART IV - RECURRING INCOME (HEAD OF HOUSEHOLD)

Head Of Households Name:

(Circle all applicable) Employed Full Time Employed Part Time Self-Employed Anticipated Income Non-Employed Unemployed

Current Employer	Position	How Long from to	Supervisor Name
Telephone Number	Fax Number	Address	
Current Wages (Circle one) \$ per Hour / Week / Month	Average Hours Worked Per Week	Do you earn tips? YES NO	Do you have more than one job? YES NO

(Circle each one individually)

OTHER INCOME: <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Alimony / Child Support	YES	NO	\$ _____
	AFDC / TANF	YES	NO	\$ _____
	Social Security / Disability	YES	NO	\$ _____
	Retirement / Pension / Annuities	YES	NO	\$ _____
	Unemployment	YES	NO	\$ _____
	Worker's Compensation	YES	NO	\$ _____
	Military Pay	YES	NO	\$ _____
	Recurring Gifts from Family	YES	NO	\$ _____
	Grants & Scholarships	YES	NO	\$ _____
	Other Recurring Monies	YES	NO	\$ _____

RECURRING INCOME (CO-APPLICANT)

Co-Applicants Name:

(Circle all applicable)	Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
Current Employer	Position		How Long from _____ to _____	Supervisor Name		
Telephone Number	Fax Number		Address			
Current Wages \$ _____	(Circle one) per Hour / Week / Month	Average Hours Worked Per Week _____	Do you earn tips? YES NO		Do you have more than one job? YES NO	

(Circle each one individually)

OTHER INCOME: <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.</i>	Alimony / Child Support	YES	NO	\$ _____
	AFDC / TANF	YES	NO	\$ _____
	Social Security / Disability	YES	NO	\$ _____
	Retirement / Pension / Annuities	YES	NO	\$ _____
	Unemployment	YES	NO	\$ _____
	Worker's Compensation	YES	NO	\$ _____
	Military Pay	YES	NO	\$ _____
	Recurring Gifts from Family	YES	NO	\$ _____
	Grants & Scholarships	YES	NO	\$ _____
	Other Recurring Monies	YES	NO	\$ _____

PART V - ASSETS

OTHER INCOME: *Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.*

Applicant Name: _____	Applicant Name: _____									
	Value	Annual Earnings	Bank/ Institution		Value	Annual Earnings	Bank/ Institution			
Checking Account (6 month avg)	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
Savings Account	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
Money Market, CD's and Other	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
Stocks / Bonds	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
IRA'S, 401(K), Keogh	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
Real Estate	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
Boat, Trailer and Rec Vehicles	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
Life Insurance Policies <small>(Universal or Whole life policies only.)</small>	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
Other Assets	YES NO	\$ _____	\$ _____	_____	Yes No	\$ _____	\$ _____	_____		
Total:		\$ _____	\$ _____		Total \$	\$ _____	\$ _____			
Has any member of the household sold any real estate in the last 24 months?								Yes	No	
Has any member of the household disposed of an asset for less than fair market value in the past 24 months?								Yes	No	
If YES, please list:										

PART VI - CERTIFICATION

Have you or any other person in the household, ever been indicted or convicted of any felony or misdemeanor offense? **Yes** **No** (Circle one)

If Yes, Please Explain: _____

Do you have a pet? **Yes** **No** (Circle one)

If Yes, Please Explain: _____

Emergency Contact: _____

Name	Phone	Relationship
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I warrant that all statements contained herein are true and complete to the best of my knowledge and that falsification of information will result in immediate eviction and possible prosecution and each occupant/tenant/resident is residing in the united states legally. I have been advised and understand that residency at this property entails certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

By execution of this application, I hereby authorize AMC Mangement to make such investigations into my credit, criminal, and rental history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, any and all household income, child support, rental history, criminal and consumer credit reports.

Applicant _____	Date _____
Applicant _____	Date _____