



EngineHouse
1875 Homestake Road
Park City, Utah 84060
(435) 602-5330

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (For Office Use Only):

Date Received: _____
Unit Address: _____
Unit Number: _____
of Bedrooms: _____

☐ Initial Certification
☐ Recertification
☐ Other _____

Proposed Effective Date: _____

How did you hear about our community? (If referred, by whom?) _____

HOUSEHOLD COMPOSITION AND STATUS:

List the Head of Household (applicant) and **all** other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. ***Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered.*** List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Member's Full Name (first, middle and last)	Relationship to Head S=Spouse O=Other Adult C=Biological Child SC=Step Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "Yes" Part time (PT) or Fulltime (FT)?*	If a child, please list both biological parents' full names.

***For each household member listed above – List this member as full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**



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1. If every household member listed on first page is indicated as a full-time: (If every member is not a full time student, please mark here): ☐ NA

Circle One

- a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) ☐ Yes or No ☐
- b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act, Workforce Investment Act or similar Federal, State, or local programs? ☐ Yes or No ☐
- c. Are any full-time students married and entitled to file a joint tax return? ☐ Yes or No ☐
- d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual? ☐ Yes or No ☐
- e. Has any full-time student received foster care assistance within the last 5 years? ☐ Yes or No ☐

2. Are there any temporarily absent family members in your household? ☐ Yes or No ☐
(i.e. spouses employed out of state, estranged spouses, etc...)
If yes, please explain: _____

If you are divorced or separated, please provide the date effective: _____
If divorced within last 3 years, please provide full copy of divorce decree.

3. Will this be your only place of residence? ☐ Yes or No ☐
4. Do you expect any changes in the household in the next 12 months? ☐ Yes or No ☐
If yes, please describe change _____
When will this change occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application)

5. Are any household members, under the age of 18, claiming emancipation (yourself included)? ☐ Yes or No ☐
If yes, please provide documentation to validate emancipation.

6. Will you or anyone in your household require a live-in care attendant? ☐ Yes or No ☐

7. Do you have full custody of your children? ☐ Yes or No ☐
No Children

If No, please explain: _____

8. **RECERTIFICATION ONLY:** Are there any changes to your income or assets from your last certification? ☐ Yes or ☐ No ☐ NA
If yes, please list changes: _____

DEMOGRAPHICS (OPTIONAL) Providing one's race and ethnicity is an optional disclosure for applicants/tenants.
Declining to do so will **not affect** your eligibility for this program. This is being tracked for informational purposes only.

Race (Mark corresponding box(es) and indicate number in household)

☐ White _____	☐ Native Hawaiian _____	☐ Other multiple race combinations _____
☐ Black/African American _____	☐ American Indian/Alaskan Native _____	☐ Asian/Pacific Islander _____

Ethnicity (Mark box(es) and indicate number in household) ☐ Hispanic or Latino _____ ☐ Not Hispanic or Latino _____

☐ I do not wish to disclose Race or Ethnicity _____



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CURRENT EMPLOYMENT INFORMATION (Head of Household):		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
PREVIOUS EMPLOYMENT INFORMATION: (If above employment is less than 6 months)		
Company Name: _____		Title: _____
Address: _____		Date Left: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____

Do you receive tips?

☐ Yes or ☐ No
If yes, amount per week: \$ _____

Do you expect to earn substantial overtime?

☐ Yes or ☐ No
If yes, amount per week: \$ _____

CURRENT EMPLOYMENT INFORMATION (Additional Household Member over 18):		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____



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PREVIOUS EMPLOYMENT INFORMATION: (If above employment is less than 6 months)		
Company Name: _____		Title: _____
Address: _____		Date Left: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____

Do you receive tips?

☐ Yes or ☐ No

If yes, amount per week: \$ _____

Do you expect to earn substantial overtime?

☐ Yes or ☐ No

If yes, amount per week: \$ _____

OTHER INCOME INFORMATION:		
Identify each source of income currently received <i>or anticipated</i> to be received in the next 12 months for all adults in household.	Circle Yes or No for each item listed	Monthly Gross Income & Household Member (Enter N/A if none)
1. Self-Employment	☐ Yes or ☐ No	\$ _____
2. Not Employed	☐ Yes or ☐ No	_____
3. Unemployment Compensation	☐ Yes or ☐ No	\$ _____
4. Disability/Worker's Compensation/Severance Pay	☐ Yes or ☐ No	\$ _____
5. Social Security/SSI Benefits	☐ Yes or ☐ No	\$ _____
6. VA Benefits	☐ Yes or ☐ No	\$ _____
7. Pension/Annuity	☐ Yes or ☐ No	\$ _____
8. Other retirement benefits such as 401k or IRA (including cash out)	☐ Yes or ☐ No	\$ _____
9. Military Pay	☐ Yes or ☐ No	\$ _____
10. Public Assistance (AFDC/TANF/W-2) *Not Food Stamps	☐ Yes or ☐ No	\$ _____
11. Child Support/Alimony/Family Maintenance	☐ Yes or ☐ No	\$ _____
12. Recurring Gift/Contribution (Monetary or not)	☐ Yes or ☐ No	\$ _____
13. Rental Income *Not Housing Assistance	☐ Yes or ☐ No	\$ _____
14. Lottery Winnings Paid Periodically	☐ Yes or ☐ No	\$ _____
15. Adoption Assistance	☐ Yes or ☐ No	\$ _____
16. Trust Income	☐ Yes or ☐ No	\$ _____
17. Educational Financial Assistance	☐ Yes or ☐ No	\$ _____
18. Other Income (i.e. inheritance, insurance policies)	☐ Yes or ☐ No	\$ _____
19. Zero Income (No income from any source)	☐ Yes or ☐ No	_____



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ASSET INFORMATION: <i>List all assets for every household member, including minors.</i>				
Type of Asset:	Circle One	Name of Financial Institution (s) & Household Member	Interest Rate	Amount
1. Checking	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
2. Savings	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____ \$ _____
3. Cash on Hand	☐ Yes or ☐ No			\$ _____ \$ _____
4. Stocks/Mutual Funds	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
5. CD/Money Markets	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
6. Treasury Bill	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
7. Bonds	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
8. Pension/Annuity	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
9. Whole Life & Universal Life Insurance *Not Term	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
10. Crypto Currency	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
11. Land Contract/Deed of Trust	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
12. Real Estate	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
13. Safety Deposit Box	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____
14. Personal Property Held as an Investment	☐ Yes or ☐ No	_____	_____	\$ _____ \$ _____



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15. Trusts	☐ Yes or ☐ No	_____ _____ _____	_____ _____ _____	\$ _____ \$ _____
16. Lottery Winnings (Lump Sum)	☐ Yes or ☐ No	_____ _____ _____	_____ _____ _____	\$ _____ \$ _____
17. Lump Sum Receipts	☐ Yes or ☐ No	_____ _____ _____	_____ _____ _____	\$ _____ \$ _____
18. Any other asset not listed above: Asset:	☐ Yes or ☐ No	_____ _____ _____	_____ _____ _____	\$ _____ \$ _____
	☐ Yes or ☐ No	_____ _____ _____	_____ _____ _____	\$ _____ \$ _____
	☐ Yes or ☐ No	_____	_____	\$ _____

1. Do all combined assets of the entire household total **less than \$50,000**? Circle One
☐ Yes or No ☐
2. In the past two (2) years, have you sold or given away any type of asset for more than \$1,000 less than Fair Market Value? ☐ Yes or No ☐

If yes, please complete the following:

Asset Disposed: _____
Date Disposed: _____
Amount Disposed: _____
Fair Market Value as of _____
Date Disposed: _____

Was the disposal of this asset due to:

Bankruptcy ☐ Yes No ☐
Foreclosure ☐ Yes No ☐
Marital Separation ☐ Yes No ☐
Divorce ☐ Yes No ☐

Asset Disposed: _____
Date Disposed: _____
Amount Disposed: _____
Fair Market Value as of _____
Date Disposed: _____

Was the disposal of this asset due to:

Bankruptcy ☐ Yes No ☐
Foreclosure ☐ Yes No ☐
Marital Separation ☐ Yes No ☐
Divorce ☐ Yes No ☐

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? ☐ Yes or No ☐

Gifted To: _____
Date Gifted: _____
Amount Gifted: _____

Gifted To: _____
Date Gifted: _____
Amount Gifted: _____



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RESIDENTIAL HISTORY: Please provide 3 years of housing history	
Current Address: _____	☐ Own ☐ Rent ☐ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	☐ Own ☐ Rent ☐ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	☐ Own ☐ Rent ☐ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: _____
Phone: _____	Reason for leaving: _____

OTHER INFORMATION:	
Have you ever filed for bankruptcy?	☐ Yes or ☐ No
Have you ever evicted for any reason?	☐ Yes or ☐ No
Have you ever been convicted of a felony?	☐ Yes or ☐ No
Do you have any pets?	☐ Yes or ☐ No ☐ If yes, type:
Do you have any special housing needs?	☐ Yes or ☐ No ☐ If yes, explain:

Vehicles: Automobiles, boats, motorcycles, trailers, etc. you would keep on the property:		
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
HOH Driver's License #: _____	State: _____	Expires: _____
Spouse Driver's License #: _____	State: _____	Expires: _____

Rental Assistance:		
Will anyone in your household be receiving, or anticipate receiving any form of rental assistance? Yes ☐ or No ☐	If Yes, where will the rental assistance be coming from?: _____	If Yes, is the assistance a voucher or a certificate? _____ Assistance Amount: \$ _____

Contact Information:		
HOH Current Email Address: _____	Cell Phone: _____	Alternate Phone: _____
Spouse Email Address: _____	Cell Phone: _____	Alternate Phone: _____

Emergency Contact Information:		
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____



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All questions answered YES will be verified through the appropriate third-party source. It is your responsibility to provide management with all necessary information in a timely manner to properly process your application and verify your eligibility.

CERTIFICATION BY APPLICANTS:

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

I/We certify that I understand and have answered all the questions on this application. I/We certify that all answers are true and correct to the best of my/our knowledge and any misrepresentation of information will be reported to the Internal Revenue Service (IRS) and may lead to denial of my/our application and possible eviction. I/We also understand I/We will be required to recertify for the Section 42 program each year (or when otherwise necessary) and agree to provide to management any necessary documentation needed for this process in a timely manner.

I/We understand I/We must report any changes to household composition and student status to management PRIOR to such change.

____Initials

____Initials

IF COMPLETED BY A MARRIED COUPLE, BOTH MUST SIGN BELOW

Applicant Printed Name

Applicant Signature

Date

Applicant Printed Name

Applicant Signature

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We, the undersigned, hereby authorize and direct any federal, state or local agency, organization, business, school or individual to release without liability, information regarding employment, income, assets and/or student status to EngineHouse Apartments. I/We understand and agree this information will be used to verify my application for tax credit eligibility at EngineHouse Apartments, and/or to maintain my conditioned residence at EngineHouse Apartments, which operates under Section 42 of the Internal Revenue Code.

INFORMATION COVERED

I/We understand previous or current information regarding me or any members of my household (including dependent children) may be needed. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant. Verifications and inquiries that may be requested include, **but are not limited to:**

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| ✓ Identity of Family Composition | ✓ Residences & rental activity | ✓ Credit & Criminal Background |
| ✓ Employment (Past and current) | ✓ Income | ✓ Assets |
| ✓ Character/Behavior Background | ✓ Student Status | |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes **but is not limited to:**

- | | | |
|--|-----------------------------------|--|
| ✓ Previous/current landlords
(including Public Housing
Agencies) | ✓ Court and Post Offices | ✓ Schools and Colleges |
| ✓ Law Enforcement | ✓ Past/Present Employers | ✓ State Unemployment/Welfare
Agencies |
| ✓ Social Security Administration | ✓ Retirement Systems | ✓ Veterans Administrations |
| ✓ Banks/Financial Institutions | ✓ Credit Providers/Credit Bureaus | ✓ Military/Government Agencies |
| | ✓ Support and Alimony Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with EngineHouse Apartments and will stay in effect for a year and one month from the date signed.

SIGNATURES FOR ALL APPLICANTS OVER 18 YEARS OF AGE

Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date