



RENTAL APPLICATION

SUMMERHILL APARTMENTS

1279 W. 360 North, St. George, UT 84770

Telephone: (435) 703-9787 • Fax: (435) 703-9761

The undersigned hereby makes application to rent Residence # _____ at **Summerhill Apartments** for a lease term of _____ months, commencing on _____, 20____, at a monthly rental rate of \$_____.

NOTE: Each co-applicant must complete a separate Rental Application form. PLEASE PRINT.

PART I: HOUSEHOLD COMPOSITION

# of Applicants	Last Name	First Name, MI	Category	Full-Time Student YES or NO	Part-Time Student YES or NO	Single Married Divorced Separated Engaged	Birth Date	Disability	Social Security Number
1			HOH	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
2				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
3				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
4				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
5				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	
6				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	

PART II: STUDENT STATUS

- Are all household members full-time students, or planning to become full-time students within the next 12 months? YES NO
If YES to the above, please answer the following:
- Is the household comprised of a single parent with school-age child(ren), none of whom are dependent on a third party, other than the other parent? YES NO
- Are the HOH and co-applicant married, and do they file a joint income tax return? YES NO
- Does the household receive AFDC or TANF, or other benefits under Title IV? YES NO
- Does the household receive Food Stamps? YES NO
- Are any of the students participants in the Job Training Partnership Act, or other similar Workforce Investment Acts? YES NO
- Do any of the students receive scholarships, PELL grants, or other cash grants or assistance? YES NO
- Was the household previously under the care and placement responsibility of the local county children services agency (i.e. foster care)? YES NO

- OWN RENT HOMELESS
 LIVING WITH FAMILY

PART III: RENTAL HISTORY

Current Street Address Current City, State, Zip (required) How Long? Reason for Leaving

Monthly Payment, Including Utilities Name of Landlord Landlord Telephone or Fax

Do you Have a Pet?

YES NO

If yes, please describe: _____

IF RESIDENCY AT THE ABOVE LOCATION HAS BEEN LESS THAN 2 YEARS, PLEASE COMPLETE THE FOLLOWING:

Previous Street Address Previous City, State, Zip (required) OWNED RENTED Reason for Leaving

Monthly Payment, Including Utilities Name of Landlord Landlord Telephone or Fax

PART IV: CREDIT REFERENCES

Bank Name *Checking Account Number* *Savings Account Number* *Prepaid Debit Account Number*

Driver's License Number *State Issued* *Expires* *Vehicle Make & Model* *Year* *Plate Number*

HAVE YOU EVER:

Filed for Bankruptcy? YES NO _____
If Yes, please explain

Been Evicted from Tenancy? YES NO _____
If Yes, please explain

Been Arrested for, or Convicted of, a Felony or Misdemeanor? YES NO _____
If Yes, please explain

APPROXIMATE MONTHLY AMOUNT(S) OF RECURRING EXPENSE(S):

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Car Payment(s) *Credit Card(s)* *Loan(s)* *Car Insurance* *Other*

Emergency Contact Name & Phone Numbers *Relationship to Emergency Contact*

PART V: CRIMINAL BACKGROUND

Have you ever been Arrested for, or Convicted of, a Felony or Misdemeanor? YES NO
If Yes, please explain

Kay-Kay Management Services UT, Inc. has a policy to review individual criminal history on a case-by-case basis without predetermined approval or rejection criteria as to the history itself. However, failure to accurately disclose is a basis for rejection. Please provide an accurate disclosure of any history of criminal background, including felony and misdemeanor arrests and convictions in the past 10 years.

PART VI: RECURRING INCOME

CHECK ALL THAT APPLY: Employed Full-Time Employed Part-Time Self-Employed Non-Employed Unemployed Retired

Current Employer *Position* *How Long?* *Supervisor's Name*

Telephone Number *Fax Number* *Address*

CURRENT WAGES (must include anticipated overtime and bonuses):

Hourly Wage Rate: \$ _____ Avg. Hours Worked Per Week: _____ Estimated Monthly Gross Earnings: \$ _____

Do you regularly get tips, commissions, bonuses or other compensation? YES NO If Yes, \$ _____ per _____

Do you have more than one job? YES NO *(If Yes, you will need to provide details on a separate form)*

OTHER INCOME: *Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount, if applicable.*

"Other" Monthly Income

Alimony/Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
AFDC/TANF	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Social Security/Disability	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Retirement/Pensions/Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Unemployment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Worker's Compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Recurring Gifts from Family	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Grants & Scholarships	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
Other Recurring Monies	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

PART VII: ASSETS

ASSETS: *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.*

Value	Estimated Annual Earnings Per Asset
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Cash	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Checking Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Prepaid Debit Card Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Savings Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Money Market, CDs and other	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Venmo, Cash App and PayPal	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Stocks/Bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
IRA, 401(k), Keogh	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Real Estate	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Boat, Trailer, Recreational Vehicle	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Life Insurance Policies	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
Other Assets	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____

ASSET TOTALS: \$ _____ \$ _____

Has any member of the household disposed of an asset of more than \$1,000 for less than fair market value within the last 24 months? YES NO

IF YES: Explain:

PART VIII: ALLOWANCES/DEDUCTIONS

Do you pay out of pocket for medical expenses? YES NO How much per month? \$ _____

Do you pay out of pocket for childcare expenses for children 12 or under to allow you to work, seek employment, or attend school? YES NO How much per month? \$ _____

Do you pay out of pocket for disability expenses such as wheelchair, adaption needs or daily living assistance? YES NO How much per month? \$ _____

PART IX: SECTION 8 HOUSING ASSISTANCE

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

Name of Caseworker _____
Telephone of Caseworker _____
Voucher Amount _____
Last Recertification Date

Approved Residence Size _____
Number of Adults _____
Number of Children

PART X: PEST DISCLOSURE

Have you been exposed to bedbugs or cockroaches in your current or prior residences? YES NO

IF YES: Date Treated _____

Has the treatment been effective? YES NO

Do you currently have them? YES NO

What steps will you take to avoid bringing them with you? _____

PART XI: FAIR HOUSING DISCLOSURE

Kay-Kay Management Services UT, Inc. endeavors to remain in compliance with all laws pertaining to Fair Housing and the Americans with Disabilities Act. Requests for accommodation to our Policies and Procedures or modification to our property should be made in writing, if possible, to avoid miscommunication.

Below, please check any that apply:

- I require an accessible residence.
- I have a service animal.
- I need to discuss accommodations or modifications.

PART XII: CERTIFICATION

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to Kay-Kay Management Services UT, Inc., agent for the owner of the community, to accept this Rental Application, I certify that all information contained herein is true, complete and accurate. Material falsification of information provided may result in the denial of this application or in the termination of the Lease Agreement.

I understand that changes in household size are not permitted without management authorization. I hereby certify that I do not anticipate any changes in household composition during the initial term of the lease.

I hereby deposit \$_____ as an earnest deposit to be refunded to me in full within ten (10) business days if this application is not approved and accepted. I hereby waive any claim to damages by reason of non-acceptance.

Upon acceptance of this application, this deposit shall be applied to the move-in costs. When so approved and accepted, I agree to execute a Lease Agreement before possession is delivered, and to pay the balance of the security and other move-in costs. ONCE APPROVED, IF I FAIL TO TAKE POSSESSION OF THE RESIDENCE BY THE DATE AGREED UPON, THE DEPOSIT WILL BE FORFEITED.

Landlord reserves the right to require additional refundable security deposits or to decline the application based upon its qualification standards for the community. If additional refundable deposits are required, I understand that I will have 24 hours to accept the unit and post the additional deposit, or it may be leased to another party. I also understand I may appeal a decision to deny this application or deposit requirements by emailing the Leasing Committee at LC@kay-kay.biz or writing via US Mail to Kay-Kay Realty Corp., Attention: Leasing Committee, 6908 E. Thomas Road, Suite 300, Scottsdale, Arizona 85351.

By execution of this Rental Application, I hereby authorize Kay-Kay Management Services UT, Inc., or its agent, to make such investigations into my credit, employment, rental, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you. I acknowledge credit and/or criminal background information will be obtained from First Advantage® and understand that First Advantage will not participate in the decision to approve or reject this application.

I understand that this community limits the number of occupants to two persons per bedroom.

SIGNATURE OF APPLICANT

DATE

I certify that I have received a copy of HUD forms 5380 and 5382. _____

(Applicant must initial here in the presence of community manager upon receipt of these forms.)

Home Telephone No.

Work Telephone No.

Email Address