



WILLOWBROOK RENTAL APPLICATION

For your convenience you may complete this form on your computer or by hand. Submit your completed application and supporting materials by mail to 50 East 750 North #18, Vernal, Utah 84078; or by fax to (435) 781-8300. It is important to understand that your application will not be considered unless filled out completely, honestly, **and is signed**.

APPLICATION CHECKLIST:

Each person 18 years or older must:

- PROVIDE A PHOTO COPY OF DRIVER'S LICENSE**
- COMPLETE THEIR OWN APPLICATION**
- PAY THE APPLICATION FEE**

APPLICANT DETAILS:

FULL NAME OF APPLICANT: _____
FIRST MIDDLE LAST

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ DRIVER'S LICENSE: _____
STATE NUMBER EXPIRES

CURRENT ADDRESS: _____
STREET ADDRESS APT / UNIT #
CITY STATE POSTAL CODE (zip)

CURRENT TELEPHONE #: _____ RENT AMOUNT: \$ _____ / mo

NAME OF LANDLORD: _____ TELEPHONE #: _____
LANDLORD'S PRIMARY CONTACT NUMBER

LENGTH OF TIME AT CURRENT ADDRESS: _____

REASON FOR MOVING? _____

PREVIOUS ADDRESS: _____
STREET ADDRESS APT / UNIT #
CITY STATE POSTAL CODE (zip)

NAME OF LANDLORD: _____ TELEPHONE #: _____
LANDLORD'S PRIMARY CONTACT NUMBER

LENGTH OF TIME AT PREVIOUS ADDRESS: _____

CO-APPLICANT DETAILS:

FULL NAME OF CO-APPLICANT: _____
FIRST MIDDLE LAST

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ DRIVER'S LICENSE: _____
STATE NUMBER EXPIRES

CURRENT ADDRESS: _____
STREET ADDRESS APT / UNIT #
CITY STATE POSTAL CODE (zip)

CURRENT TELEPHONE #: _____ RENT AMOUNT: \$ _____ / mo

NAME OF LANDLORD: _____ TELEPHONE #: _____
LANDLORD'S PRIMARY CONTACT NUMBER

LENGTH OF TIME AT CURRENT ADDRESS: _____

REASON FOR MOVING? _____



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APPLICANT EMPLOYMENT AND INCOME:

EMPLOYER: _____ POSITION HELD: _____

EMPLOYER'S ADDRESS: _____
STREET ADDRESS SUITE / BLDG / UNIT #
CITY STATE POSTAL CODE (zip)

NAME OF SUPERVISOR: _____ TELEPHONE #: _____
PRIMARY CONTACT NUMBER FOR REFERENCE

LENGTH OF TIME AT JOB: _____ GROSS MONTHLY SALARY: _____
SALARY AFTER TAXES

ADDITIONAL INCOME: \$ _____ / mo PHONE REFERENCE: _____

SOURCE(S) OF ADDITIONAL INCOME: _____

CO-APPLICANT EMPLOYMENT AND INCOME:

EMPLOYER: _____ POSITION HELD: _____

EMPLOYER'S ADDRESS: _____
STREET ADDRESS SUITE / BLDG / UNIT #
CITY STATE POSTAL CODE (zip)

NAME OF SUPERVISOR: _____ TELEPHONE #: _____
PRIMARY CONTACT NUMBER FOR REFERENCE

LENGTH OF TIME AT JOB: _____ GROSS MONTHLY SALARY: _____
SALARY AFTER TAXES

ADDITIONAL INCOME: \$ _____ / mo PHONE REFERENCE: _____

SOURCE(S) OF ADDITIONAL INCOME: _____

APPLICANT CREDIT REFERENCES:

NAME & ADDRESS OF BANK: _____
THE NAME OF YOUR BANK AND THEIR STREET ADDRESS
CITY STATE POSTAL CODE (zip)

ACCOUNT #: _____ BRANCH/LOCATION: _____

CHECKING ACCOUNT SAVINGS ACCOUNT

CREDIT ACCOUNT: _____
NAME OF CREDITOR AND/OR BRANCH CARD/ACCOUNT # EXPIRATION DATE (MM/YY)

CREDIT ACCOUNT: _____
NAME OF CREDITOR AND/OR BRANCH CARD/ACCOUNT # EXPIRATION DATE (MM/YY)

CO-APPLICANT CREDIT REFERENCES:

NAME & ADDRESS OF BANK: _____
THE NAME OF YOUR BANK AND THEIR STREET ADDRESS
CITY STATE POSTAL CODE (zip)

ACCOUNT #: _____ BRANCH/LOCATION: _____

CHECKING ACCOUNT SAVINGS ACCOUNT

CREDIT ACCOUNT: _____
NAME OF CREDITOR AND/OR BRANCH CARD/ACCOUNT # EXPIRATION DATE (MM/YY)

CREDIT ACCOUNT: _____
NAME OF CREDITOR AND/OR BRANCH CARD/ACCOUNT # EXPIRATION DATE (MM/YY)



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PLEASE LIST ALL OTHER PERSONS WHO WILL RESIDE IN THIS APARTMENT:

NAME: _____ RELATIONSHIP: _____ D. O. B. _____

NAME: _____ RELATIONSHIP: _____ D. O. B. _____

NAME: _____ RELATIONSHIP: _____ D. O. B. _____

NAME: _____ RELATIONSHIP: _____ D. O. B. _____

NOTE: HAVING PERSONS LIVING IN THE APARTMENT OTHER THAN THOSE LISTED CONSTITUTES A BREACH OF LEASE TERMS AND MAY RESULT IN EVICTION.

PET DETAILS: (MANAGEMENT MUST VIEW PET PRIOR TO APPLICATION APPROVAL)

PET INFORMATION: _____

NAME BREED COLOR WEIGHT LICENSED / DATE

PET INFORMATION: _____

NAME BREED COLOR WEIGHT LICENSED / DATE

VEHICLES PARKED AT THIS RESIDENCE:

VEHICLE INFORMATION: _____

MAKE MODEL COLOR YEAR LICENSE PLATE #

VEHICLE INFORMATION: _____

MAKE MODEL COLOR YEAR LICENSE PLATE #

APPLICANT EMERGENCY CONTACT DETAILS:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE #: _____

STREET ADDRESS

CITY STATE POSTAL CODE (zip)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE #: _____

STREET ADDRESS

CITY STATE POSTAL CODE (zip)

CO-APPLICANT EMERGENCY CONTACT DETAILS:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE #: _____

STREET ADDRESS

CITY STATE POSTAL CODE (zip)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE #: _____

STREET ADDRESS

CITY STATE POSTAL CODE (zip)



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LEGAL AND PAYMENT DISCLOSURE:

Have you or any applicant or occupant ever been convicted of, pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?

If yes, please explain: _____

Have you ever: (check all that apply)

been notified by a lender that you were delinquent on a mortgage payment

been notified that you were late with a rental payment

filed for bankruptcy

If yes, please explain: _____

HOLD WITH DEPOSIT (ONLY WHEN APPLICABLE):

(To be completed for one application per apartment only) We may under certain conditions agree to Hold with deposit an apartment Unit. We will not hold without a signed agreement, we will not hold without a deposit. Once the unit is held for applicant, the Deposit to Hold date is the date from which any 1/2 month pro-rate would be set. An Agreement to Hold is permitted solely on the discretion of the owner and/or management.

Deposit to Hold Agreement: In consideration of management holding the apartment for me, I agree to pay a hold Deposit of \$ _____ and a non-refundable application fee of \$ _____.

The holding deposit is refundable if my application is not approved (14 days required for processing deposit refund) and is payable to the party(s) completing this application. If my application fee is approved, the holding deposit is credited to the required move-in security deposit. I may cancel this agreement and be refunded my holding deposit by notifying you of my decision to cancel by (within 24 hours) 5:00 p.m. on _____, 20____. Cancellation after this time will result in forfeiture of my holding deposit. I must pay rent on or before my rent start date or my holding deposit will be forfeited and the apartment will be rented to another party.

RENTAL APPLICATION TERMS:

THIS DOES NOT REPRESENT AN OFFER TO LEASE AN APARTMENT, BUT IS AN APPLICATION ONLY.

EXCEPT IN THE CASE OF A HOLD WITH DEPOSIT, THE TERMS OF WHICH REMAIN BINDING IN THE ABSENCE OF A LEASE, NO TERMS WILL BE BINDING ON EITHER PARTY UNLESS, AND UNTIL A LEASE IS FULLY EXECUTED BY BOTH THE LANDLORD AND TENANT(S).

PLEASE READ THE FOLLOWING STATEMENTS INDICATE YOUR AGREEMENT BY INITIALING ON THE PROVIDED LINES:

_____ I HEREBY AUTHORIZE THE PERSONS LISTED ABOVE TO RELEASE TO THE LANDLORD ANY INFORMATION CONTAINED IN THIS APPLICATION IN ORDER TO PROCESS THIS APPLICATION.

_____ I HEREBY WARRANT THAT ALL MY REPRESENTATIONS SET FORTH ABOVE ARE TRUE AND ACCURATE. I FURTHER REPRESENT THAT I AM NOT RENTING ANOTHER RESIDENCE UNDER ANY OTHER NAME, NOR HAVE I EVERY BEEN DISPOSSESSED FROM ANY APARTMENT, NOR AM I NOW BEING DISPOSSESSED.

_____ I HEREBY WARRANT THAT THE ATTACHED COPIES ARE OF LEGAL AND VALID GOVERNMENT ISSUED IDENTIFYING DOCUMENTS AND THAT THESE DOCUMENTS BELONG TO ME.

PLEASE READ ALL OF THE TERMS ON THIS FORM CAREFULLY AND SIGN BELOW:

THIS APPLICATION IS SUBJECT TO THE OWNER'S AND/OR AGENTS' REVIEW, AND MAY BE DENIED BY THEM WITHOUT DESIGNATING THE CAUSE EXCEPT AS HEREINAFTER PROVIDED. IF AND WHEN A LEASE IS MADE, THIS APPLICATION WILL BE MADE A PART OF THE LEASE. THE TRUTH OF THE INFORMATION CONTAINED HEREIN IS ESSENTIAL, AND IF THE OWNER OR IT'S AGENTS DEEMS ANY ANSWER OR STATEMENT TO BE FALSE OR MISLEADING, IT SHALL BE CONSIDERED THAT ANY LEASE GRANTED BY VIRTUE OF THIS APPLICATION MAY BE CANCELLED IMMEDIATELY AT OUR OPTION.

I HEREBY AUTHORIZE WILLOWBROOK TO USE ANY CONSUMER REPORTING AGENCY, CREDIT BUREAU, OR ANY OTHER INVESTIGATIVE AGENCIES EMPLOYED BY SUCH, TO INVESTIGATE THE REFERENCES HEREIN AND OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY EMPLOYMENT HISTORY, CREDIT, PRIOR TENANCIES, AND CHARACTER, AND TO OBTAIN A CONSUMER REPORT AND SUCH OTHER CREDIT INFORMATION, AND TO DISCLOSE SUCH INFORMATION TO THE SUBSCRIBER IN SUPPORT OF THIS APPLICATION AND IN THE EVENT THAT A LEASE IS MADE ANY TIME DURING THE LEASE.

I FURTHER GIVE MY PERMISSION TO ALL REFERENCES LISTED TO RESPOND CONFIDENTIALLY TO REQUESTS FOR INFORMATION REGARDING MY EMPLOYMENT HISTORY, PRIOR TENANCIES, AND / OR CHARACTER.

IT IS UNDERSTOOD AND AGREED THAT IN THE EVENT OF A LEASE, THIS PROPERTY MAY BE USED ONLY AS A RESIDENCE AND TO BE OCCUPIED BY NO MORE THAN _____ PERSONS. CORRECTIVE ACTION WILL BE TAKEN BY THE OWNER OR IT'S AGENTS IF NECESSARY.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____