



Artspace Solar Gardens
 850 South 400 West
 Salt Lake City, Utah 84101
 Phone: 801-310-9324 Fax: 801-364-2477
Artspace@emg-aps.com

Apartment Size: _____
 Lease Term: _____
 Rental Amount: _____
 Move-in Date: _____
 Unit #: _____

Rental Application

HOUSEHOLD COMPOSITION

HH Mbr#	First Name	Last Name	Date of Birth	Relationship to Head of Household	Social Security or Official ID# for each adult member of household	Driver's License Number
HH:				HH		
2						
3						
4						

RENTAL HISTORY

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:							
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 ()

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

RECURRING INCOME (Head of Household)

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	

RECURRING INCOME (Co-Applicant)

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	

Have you or any other person planning to reside in our community, ever been arrested, accused, charged, indicted or convicted of any felony or misdemeanor, or any other criminal offense? **Yes No** (Circle one)

If Yes, Please Explain: _____

Has an eviction action ever been filed against you? **Yes No** (Circle one)

If Yes, Please Explain: _____

Have you lived in California, Wyoming, Delaware, South Dakota, Massachusetts in the last 10 years? **Yes No** (Circle one)

If Yes, Please Explain: _____

Do you have any other names or aliases you have gone by? **Yes No** (Circle one)

If Yes, Please Explain: _____

Have you previously lived at an Evergreene Management Group (EMG) community? **Yes No** (Circle one)

If Yes, Please Explain: _____

Do you Owe EMG or any other Management group money? **Yes No** (Circle one)

If Yes, Please Explain: _____

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

If Yes, Please Explain: _____

Will this be your only place of residence? **Yes No** (Circle one)

If Yes, Please Explain: _____

Have you ever filed for bankruptcy? **Yes No** (Circle one)

If Yes, Please give dates & which states: _____

How did you hear about us? _____

(Please be Specific) _____

Are you an Artist? **Yes No** (Circle one)

(Please be Specific) _____

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Evergreene Management Group (EMG), Agent for the owner of the property, to accept this application, **I warrant that all statements contained herein are true and complete, and that falsification of information will result in immediate eviction and prosecution and that 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.

The security deposit is refundable during the application process if the application is not approved by EMG or if cancelled by the applicant within 24 hrs of application submittal. I hereby deposit \$_____ as an earnest deposit to be refunded to me in full within ten (10) business days if the application is not approved or 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 APARTMENT, THE DEPOSIT WILL BE FORFEITED.**

By execution of this application, I hereby authorize EMG Management 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 Signature

Date

Applicant Signature

Date

Management Representative

Date

