



THE FRUITA MEWS

703 Makenzie River Rd., Fruita, CO 81521 | 970-730-7826 | TheFruitaMews@SyringaProperties.com

Application and Tenant Selection Information

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail. **PLEASE EMAIL APPLICATION: TheFruitaMews@SyringaProperties.com**

Please make sure that all items are complete. If the question does not apply to you, write N/A in the blank. Please use only blue or black ink when completing the application. If you make an error, draw a single line through the mistake and initial the correction. **DO NOT USE WHITE OUT.** Make sure all adults sign and date the application.

We are only able to accept applications by email at this time, please send your completed application to thefruitamews@syringaproperties.com

Once the application has been reviewed, we will be contacting you with the next steps, including income and asset verification along with the items listed below:

- **Valid photo government identification for every adult aged 18 or older**
- **Social Security Cards for each household member**
- **Birth Certificates for each minor**
- **Previous residence history for each adult member of the household**
- **A \$25 per adult application fee**

Complete one (1) application per Household.

Eligibility will be determined based upon these factors. Applicant(s) will be notified **in writing** within 10 days of receipt of application as to the status of their application. If no unit is available at the time of acceptance, application name will be placed on the waiting list. For additional information about eligibility or screening, please ask to see a copy of our Resident Selection Policy.

Syringa Property Management, Inc. Is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA). If you require assistance in the form of reader, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. If you are mobility impaired and do not have access to our rental office, we can make arrangements to meet you at a different office, your home, or another accessible location.

1. Syringa Property Management, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

Dianne Hunt
1277 Shoreline Ln., Boise, ID 83702
208-336-4610
TDD (800) 545-1833 Ext. 298

Other? Please list date(s) of expected change(s):

Yes **No** Are you, or anyone who will be occupying the unit, currently receiving rental assistance from HUD, or USDA

(Voucher or Project Based)? If **YES**: USDA HUD Other

Yes **No** Do you receive help to pay your rent from any other source?

Yes **No** Do you require the features of an accessible unit and wish to be on the waiting list for mobility impaired accessible units, or hearing or sight impaired?

Yes **No** Are you, or anyone who will be occupying the unit, currently enrolled as a student in an institute of higher education?

Yes **No** Will this be your primary residence?

Yes **No** Do you have a pet?

Yes **No** Do you have a service animal?

Yes **No** Is any member of the household a U.S. Military veteran?

Yes **No** Are all household members United States citizens or qualified aliens?

List All States all household members have ever lived in: _____

Yes **No** Are you, or anyone who will be occupying the unit, required to register as a sex offender in any state?

Yes **No** Have you, or any members of your household, been evicted from federally assisted housing for drug related criminal activity?

Yes **No** Have you or any members of your household been evicted for any other reason?

Yes **No** Are you currently an illegal user of a controlled substance?

Yes **No** Has any household member been convicted of illegal manufacture or distribution of a controlled substance?

Yes **No** Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?

Yes **No** Have you or any members of your household been convicted of a felony, misdemeanor (other than traffic violation), or crime involving fraud or dishonesty?

If **YES**: In what City: _____ State: _____ Type of Conviction: _____ Date of Conviction: _____

Housing Information: List the past 5 years (If you need additional space, please attach a separate sheet of paper):

All rental history listed will be verified. Please provide detailed information regarding where you lived for the last five years.



This institution is an equal opportunity provider



Include places where you lived with friends, family, shelters, institutions, group homes or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections, and check the box to the right.

Owned Home

Your Present Address:			
Street:		City:	State: Zip:
Monthly Rent: \$	Dates of Residency From: To:	Relationship: <input type="checkbox"/> Landlord <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Name of Present Landlord:		Telephone of Present Landlord:	
Address of Present Landlord:			
Street:		City:	State: Zip:
Name of Prior Landlord:		Telephone of Prior Landlord:	
Address of Prior Landlord:			
Street:		City:	State: Zip:
Monthly Rent: \$	Dates of Residency From: To:	Relationship: <input type="checkbox"/> Landlord <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Your Prior Address:			
Street:		City:	State: Zip:
Name of Prior Landlord:		Telephone of Prior Landlord:	
Address of Prior Landlord:			
Street:		City:	State: Zip:
Monthly Rent: \$	Dates of Residency From: To:	Relationship: <input type="checkbox"/> Landlord <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Your Prior Address:			
Street:		City:	State: Zip:

Emergency Contact Information:



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In case of emergency, please contact:		
Name	Address	Phone

Vehicles:

Make	Model	Year	License #
Make	Model	Year	License #

- Yes** **No** Do you understand that only persons listed on this application may live in the unit unless you obtain prior written approval from management?
- Yes** **No** Do you understand that if any false or incomplete information is included on this application, it is grounds for rejection of your application or termination of your tenancy?

I/We certify that the dwelling unit will serve as the household's only residence. I hereby swear that to the best of my knowledge, the above information is true, correct and complete. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household's application for occupancy altogether.

Signature of Applicant _____
Date

Signature of Co - Applicant _____
Date

Signature of Co - Applicant _____
Date

Signature of Co - Applicant _____
Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction



This institution is an equal opportunity provider





1277 Shoreline Lane · Boise, Idaho 83702 (208) 336-4610 (208) 345-8990 Fax TDD # 1-800-545-1833 Ext. 298

RE: Applicant _____

Return to: Fruita Mews Apartments
702 Makenzie River Road
Fruita, Colorado 81521

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets (including all bank accounts) must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

Resident Manager

Date

970-730-7826

Telephone Number

ThefruitaMews@syringaproperties.com

Email

Section B: Applicant(s): Sign, date and enter Social Security Number.

AUTHORIZATION TO RELEASE INFORMATION
All adult household members must sign below.

<input checked="" type="checkbox"/>	_____ Tenant/Applicant Signature	_____ Date	_____/_____/_____ Social Security Number
<input checked="" type="checkbox"/>	_____ Tenant/Applicant Signature	_____ Date	_____/_____/_____ Social Security Number
	_____ Tenant/Applicant Signature	_____ Date	_____/_____/_____ Social Security Number
	_____ Tenant/Applicant Signature	_____ Date	_____/_____/_____ Social Security Number

This form expires one year from date of signature.



This institution is an equal opportunity provider and employer.





move-in application

Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				
Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No

part 2 current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage company name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

part 3 household income

does your household have income, assistance, or benefits from the sources listed below?	monthly income/assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No Self employment (<i>list nature of self employment</i>)	(<i>use net income from business</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Educational assistance (for full- and part-time students)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No I/we receive public assistance income (example: TANF, OAP, and AND)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Child support payments. If yes, for how many children do you receive support? _____	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Periodic payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Income from real or personal property	(<i>use net earned income</i>) \$	

does your household have income, assistance, or benefits from the sources listed below?		monthly income/assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance?</p> <p>If yes, who provides the cash assistance?</p> <p>What is the average cash amount you receive?</p>	<p>How often do you receive the cash assistance?</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Yearly <input type="checkbox"/> Other:</p> <p>\$</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?</p> <p>If yes, who helps you pay the bills or expenses?</p> <p>What is the average amount of assistance you receive?</p>	<p>How often do you receive the cash assistance?</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Yearly <input type="checkbox"/> Other:</p> <p>\$</p>	

part 4 current employment information

(please attach a separate form for additional employment, if needed)

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City					State	Zip Code
Date Hired	Salary/Rate of Pay	<input type="checkbox"/> 2 times a month	<input type="checkbox"/> Weekly	Number of Hours Worked per Week	Work Phone	Work Fax
	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually			

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City					State	Zip Code
Date Hired	Salary/Rate of Pay	<input type="checkbox"/> 2 times a month	<input type="checkbox"/> Weekly	Number of Hours Worked per Week	Work Phone	Work Fax
	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually			

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Number of Hours Worked per Week	Work Phone	Work Fax

part 5 previous employment information

(not required for retired persons)

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Terminate Date	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Terminate Date	Work Phone	Work Fax

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose **one** option below that best describes your **household**.

<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). List non-student here:
<input type="checkbox"/>	The household contains all students , but is qualified because at least one occupant is a part-time student. Verification of part-time student status is required. List part-time student here:
<input type="checkbox"/>	The household contains all students who were, are, or will be full-time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

part 7 household asset information

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	RVs, ATVs, boats, antique cars, stamp collections, etc. 1. Description: 2. Description:		\$ \$		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash on hand.		\$		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank names and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list bank names and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit card(s). If yes, list last 4 numbers of the card(s) . 1. Last 4 numbers on card: 2. Last 4 numbers on card:		\$ \$		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Brokerage account(s). If yes, list bank names(s) and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Capital investments.		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities. If yes, list bank name(s) and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Money market. If yes, list bank name(s) and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Life insurance (do not include term life). If yes, list company . 1. 2.		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.)		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks/Bonds. If yes, list company where held. 1. 2.		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit. If yes, list bank name(s) and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust funds that are under control of the household. If yes, list bank name(s) and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lump Sum amounts (lottery/inheritance, etc). 1. Description: 2. Description:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Deposit Box and its contents.		\$		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other 1. Description: 2. Description:		\$ \$	% %	\$ \$

