



## CROWN LEASE-TO-OWN

To be considered for this CROWN lease-to-own program, you must be meet the following criteria:

- At least one person employed full time at a business (or businesses if multiple part-time jobs) located in Summit County. “Full time” is defined as working for a business or businesses located in Summit County a minimum of 1,560 hours per year (or approximately 30 hours per week), or if self-employed, the person must be registered as a business entity in the State of Utah, have a current Summit County business license, and provide substantial goods and/or services within Summit County; OR  
At least one person being a retired person who was a full-time employee of a business located within Summit County for at least two continuous years immediately preceding his or her retirement; OR  
At least one person unable to work due to a disability.

*Additional Summit County deed restrictions may apply.*

- You must meet income guidelines:

Household Size:                      Gross Household Income Cannot Exceed:

Two Person..... \$67,320

Three Person..... \$75,735

Four Person..... \$84,150

Five Person..... \$90,915

Six Person.....\$97,625

### FREQUENTLY ASKED QUESTIONS

#### What is CROWN?

- CROWN is a 15 year lease-to-own program
- Tenants must meet income and workplace qualifications to enter the program
- Homes remain rental units for 15 years
- A deed restriction is recorded on the home

#### What are the benefits of the CROWN Program?

- Below market rents set by U.S. Department of Housing and Urban Development (HUD). Rents may change but will always remain affordable.



- Tenants have time to establish income, build credit and save for a down payment.
- Tenants build Occupancy Credit (equity) throughout the rental period.
- The occupying tenant has the first right to purchase the home.

### **What income should be included on my application?**

- **Income sources should include:**
  - Income from anyone 18 years or older
  - Employment and unemployment wages
  - Child support and alimony
  - Reoccurring gifts
  - Interests and dividends
  - Future raises, bonuses, and increases may be considered.
- **Do not include:**
  - Food stamps or WIC
  - Section 8 funds
  - Foster care income
  - Non-reoccurring gifts
  - One-time lump sum payments

**Please disclose all income on your application.**

### **What other factors may be considered in my application?**

- Credit check
- Criminal background check
- Income and employment verification
- Rental history
- Home inspection

### **Are pets allowed?**

- Pets, excluding service animals, are not permitted in CROWN homes.

### **What if I am applying as a household of one or more than six?**

- Due to the size of the unit available and HUD guidelines, households of between two and six persons may be prioritized.

### **What school district are the units located in?**

- Available units are in South Summit School District.



## CROWN LEASE-TO-OWN APPLICATION

### Please read all instructions.

Applications must be filled out completely, accurately, and legibly. Incomplete applications will not be considered.

Please do not leave any fields blank. Mark not applicable, when necessary.

If you make a mistake on the application, do not use white out. To make a correction, draw a line through the error and initial above.

See helpful tips below as you complete the application.

#### Page 1:

- List all people who will live in the unit.

#### Page 2:

- List all places of employment for each adult in the household. Add additional pages if necessary.
- Include gross income (before taxes) when indicating amount earned.
- Under HR Contact or Direct Supervisor, please include the name and email address of the person at your place of employment who is authorized to respond to an employment verification.

#### Page 3:

- Include source documentation for any "Yes" response under Other Sources of Income
- Provide free credit reports from [annualcreditreport.com](http://annualcreditreport.com) for any persons in the home over the age of 18. Include reports from all 3 bureaus: Experian; TransUnion; and Equifax. Your reports can be downloaded as a PDF. Please do not send screenshots or pictures from a phone.

#### Page 4:

- Include current balances for any household assets. Provide a copy of the source documentation. For example, last 2 months bank statements, retirement funds, investment accounts, etc.

#### Page 6:

- Household and co-household must sign application.



If you need assistance completing your application, please call 435-658-1400 x1005.

**BEFORE SUBMITTING, BE SURE THAT ALL YOUR REQUIRED DOCUMENTS ARE INCLUDED.**

- Complete and signed application.
- Application Fee: \$45.00 Money order or cashier's check made payable to Mountain Maple LLC for each person over the age of 18 who will live in the home. (Your application fee is non-refundable.) Cash cannot be accepted.
- Source documentation for Other Sources of Income.
- Last two months bank statements for any asset accounts: checking; savings; retirement; investment; and any assets indicated with a "Yes" response.
- Credit reports for Experian, Equifax, and TransUnion for any person living in the home over the age of 18. You can download your credit reports for free from [annualcreditreport.com](http://annualcreditreport.com).
- Last two months paystubs for all employment listed.

To apply, submit completed application, application fee, and supporting documentation by:

1. **Mailing to** Habitat for Humanity of Summit & Wasatch Counties, PO Box 682704, Park City, UT 84068
2. **Emailing to** [programs@habitat-utah.org](mailto:programs@habitat-utah.org)
3. **Dropping off in person at:**

Habitat for Humanity of Summit & Wasatch Counties  
6280 Silver Creek Drive  
Park City, UT 84068  
Phone: 435-658-1400 x1005  
Monday through Friday from 10:00am to 5:00pm

*Please drop off your documents in an envelope with your name. Do you not submit originals. Documents will not be returned.*

*Please note that incomplete applications will not be reviewed.*

# CROWN LEASE APPLICATION

APPLICANT(S) NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ (cannot be a P.O. Box)

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### LIST THE APPLICANT AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT

FULL NAME	RELATIONSHIP	DOB	GENDER	SOCIAL SECURITY #	STUDENT (Y or N)
	Head of Household				
	Co-Head				

Have you had a change in your household size in the last 12 months? \_\_\_No \_\_\_Yes- Explain: \_\_\_\_\_

Do you anticipated a change in your household size in the next 12 months? \_\_\_No \_\_\_Yes- Explain: \_\_\_\_\_

Is there someone not listed above who would normally be living in the household? \_\_\_No \_\_\_Yes- Explain: \_\_\_\_\_

Are any household members listed above as live-in attendants? \_\_\_No \_\_\_Yes- If so, \_\_\_\_\_

Will all household members be full time students during the next 12 months? \_\_\_No \_\_\_Yes- If yes, answer the following questions:

- Is the household comprised entirely of a single parent and child(ren) none of whom are dependents of another individual? \_\_\_Yes or \_\_\_No
- Are any full-time student(s) married filing a joint tax return? \_\_\_Yes or \_\_\_No
- Does the household receive assistance of Title IV of the Social Security Act (AFDC/TANF) \_\_\_Yes or \_\_\_No
- Are there any students enrolled in a job-training program receiving assistance under the Job Training Partnership Act or similar Federal, State or local programs? \_\_\_Yes or \_\_\_No

**EMPLOYMENT INFORMATION** (IF ADDITIONAL SPACE IS NEEDED, LIST ON SEPERATE SHEET AND ATTACH.):

**CURRENT EMPLOYMENT:**

Applicant's Name:	Occupation	Work Phone	HR Contact or Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____ Amount: \$ _____ Hours Worked Per Week: _____			

Co-Applicant's Name:	Occupation	Work Phone	HR Contact or Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____ Amount: \$ _____ Hours Worked Per Week: _____			

Household Member Name:	Occupation	Work Phone	HR Contact or Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____ Amount: \$ _____ Hours Worked Per Week: _____			

Household Member Name:	Occupation	Work Phone	HR Contact or Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____ Amount: \$ _____ Hours Worked Per Week: _____			

IF ANY HOUSEHOLD MEMBERS' CURRENT EMPLOYMENT IS LESS THAN 12 MONTHS OR IS SEASONAL, LIST

**PREVIOUS EMPLOYMENT:**

Household Member Name:	Occupation	Work Phone	HR Contact or Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired:	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____			
Termination Date:	Amount: \$ _____ Hours Worked Per Week: _____			

Household Member Name:	Occupation	Work Phone	HR Contact or Direct Supervisor Name	
Name & Address of Employer:		City	State	Zip
Date Hired:	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____			
Termination Date:	Amount: \$ _____		Hours Worked Per Week: _____	

**Please provide a copy of the previous two months paystubs for each household members current employment along with two months bank statements.**

**OTHER SOURCES OF INCOME**

Does any household member receive income from one or more of the following sources (Mark Yes or No):

**Provide copy of source documentation related to any "Yes" responses, i.e. Court Order, Award Letter, Monthly Statement, etc.**

Source- Benefit/Pension:	Annual Amount	Source- Other	Annual Amount
Unemployment <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Self Employment <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____
Worker's Compensation <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Child Support/Alimony <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____
Disability <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Reoccurring Gifts/Contributions <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____
Social Security/SSI Benefit <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Grants/Scholarships <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____
VA Benefits <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Rental Income <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____
Pension/Annuity <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Trust Income/Inheritance Income <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____
Military Pay <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Insurance policies <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____
Public Assistance(AFDC/TANF) <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Lottery Winnings paid periodically <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____
Adoption Assistance <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____	Other: _____ <input type="checkbox"/> Yes or <input type="checkbox"/> No	\$ _____

**Do you anticipate an addition, deletion or substantial change for any income source in the next 12 months? \_\_\_ No \_\_\_ Yes**

If "Yes," please explain: \_\_\_\_\_

**CREDIT INFORMATION:**

**List all debts owed by you or your spouse or any adult living in the household, to whom owed, amount owed and amount of monthly payment:**

PARTY OWED	AMOUNT OWED	MONTHLY PAYMENT

**Do you or the co-applicant have a credit judgment rendered against you in court? \_\_\_\_\_ if yes, explain: \_\_\_\_\_**

**Please provide a credit report for both Head of Household and CO-Head of Household. Free credit report can be obtained from: <https://www.annualcreditreport.com/index.action>**

**HOUSEHOLD ASSETS**

Does any household member have one or more of the following Assets (Mark Yes or No):

**Provide copy of source documentation related to any "Yes" responses, i.e. Court Order, Award Letter, Monthly Statement, etc.**

Type of Asset:		Amount	Household Member Asset Belongs To:	Name of Financial Institution:
Checking Account	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Savings Account	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Cash on Hand	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
CD/Money Market Account	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Retirement/Pension Fund	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Mutual Funds/Stocks/Bonds	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
IRA/Keogh Account	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
401K	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Life Insurance Policy	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Real Estate/Land	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Personal Property Held as An Investment	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Trust Fund	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Lottery Winnings (Lump Sum)	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Other: _____	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		
Other: _____	<input type="checkbox"/> Yes or <input type="checkbox"/> No	\$		

\*PLEASE NOTE- Certain funds (e.g., Retirement, Pensions, Trusts, 401K, etc.) may or may not be [fully] accessible to you. Only include those amounts which are accessible to you.

**Do all assets combined for the entire household total less than \$5,000?** \_\_\_No \_\_\_Yes

**Do you anticipate an addition, deletion or substantial change of any asset in the next 12 months?** \_\_\_No \_\_\_Yes  
If "Yes," explain: \_\_\_\_\_

**Has any Household Member disposed of any asset in the last 24 months?** \_\_\_No \_\_\_Yes – If "Yes," explain: \_\_\_\_\_

**What was/is the current market value of the asset at time of disposal?** \_\_\_\_\_

**RENTAL HISTORY:**

Provide rental information for the **previous 24 month** period. Attach additional sheets if necessary.

<b>CURRENT RESIDENCE</b> <input type="checkbox"/> RENT <input type="checkbox"/> OWN				
MOVE IN DATE:	RENT/MORT AMOUNT: \$ _____	LANDLORD/COMPANY: PHONE: ADDRESS:		
ADDRESS:		CITY	STATE	ZIP
REASON FOR LEAVING:				
<b>PREVIOUS RESIDENCE</b> <input type="checkbox"/> RENT <input type="checkbox"/> OWN				
MOVE IN DATE:	MOVE IN DATE:	MOVE IN DATE:	MOVE IN DATE:	
ADDRESS:		ADDRESS:	ADDRESS:	ADDRESS:



REASON FOR LEAVING:			
<b>PREVIOUS RESIDENCE</b> <input type="checkbox"/> RENT <input type="checkbox"/> OWN			
MOVE IN DATE:	MOVE IN DATE:	MOVE IN DATE:	MOVE IN DATE:
ADDRESS:	ADDRESS:	ADDRESS:	ADDRESS:
REASON FOR LEAVING:			

**Have you ever been evicted from an apartment or left an apartment owing rent or utilities?** [ ] Yes [ ] No **If yes, briefly explain:** \_\_\_\_\_

**Have you ever forfeited your security deposit?** [ ] Yes [ ] No **If yes, briefly explain** \_\_\_\_\_

**Do you owe any debt or utilities to a previous landlord or utility provider?** [ ] Yes [ ] No **If yes, briefly explain** \_\_\_\_\_

**Have you or any of your household members been convicted of a felony or misdemeanor?** [ ] Yes [ ] No **If yes, explain including when and where:** \_\_\_\_\_

**Do you currently have any pets?** \_\_\_\_\_ if yes, what and how many? \_\_\_\_\_

**Do any members of household require handicap accessibility accommodations?** \_\_\_\_\_ if yes, describe accommodation needs: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

APPLICANT CERTIFICATION: I/We certify that the information released in this application on household composition, income, net family assets, and rental history information is accurate and complete to the best of my/our knowledge and belief.

I/We understand that false statements or incomplete information are grounds for rejection of this application.  
 I/ We hereby give permission to verify the information on this application.

SIGNATURE: \_\_\_\_\_ Phone where you can be reached \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Phone where you can be reached \_\_\_\_\_

**No person will be discriminated against because of race, color, religion, sex familial status, disability, national origin, or source of income.**