

GATEWAY EAST APARTMENTS

1222 Giles, El Paso TX 79915

915-591-8548

1-800-735-2989 (TTY)

CURRENT RATES	SQUARE FEET	SECURITY DEPOSIT
1 Bedroom- \$485-\$519	621 sq ft	\$450.00
2 Bedroom- \$583- \$624	863 sq ft	\$450.00
3 Bedroom - \$673-\$721	1029 sq ft	\$500.00
4 Bedroom- \$751-\$804	1123 sq ft	\$500.00
*All Utilities Paid	No Pets	12 Month lease only

The following household sizes can't exceed the following income limits:

1 Person- \$23,460.00	5 Person- \$36,180.00
2 Person- \$26,820.00	6 Person- \$38,880.00
3 Person- \$30,180.00	7 Person- \$41,520.00
4 Person- \$33,480.00	8 Person- \$44,220.00

All applicants must have the following documentation before application can be accepted: Proof of identity such as: State Issued Driver's License, Social Security Card, and Birth Certificate. This is only part of the minimum requirements needed.

Social Security Number is required at the time of application. If no SS card is obtainable at the time of application, a SS number verification print issued by the Social Security Administration which documents the SS card may be provided by the applicant. If no information is available, the application will be considered incomplete.

Monthly Gross Income to Meet 2 ½ times ratio:

1 bed \$1,212.00	3 bed \$1682.00
2 bed \$ 1,457.00	4 bed \$ 1,877.00

- **MUST MAKE AN APPNTMENT TO TURN IN APPLICATION**

GATEWAY EAST APARMENTS

Received:

Date: _____

Time: _____

Size: _____

PLEASE READ THE FOLLOWING:

To help expedite the process of your application, please adhere to the following:

An application must be completed per an adult if multiple adults are not legally married. Do not use white out on any of the forms or application. Read through all the questions and ensure all lines are completely filled out with appropriate information such as complete addresses, phone numbers, landlord names, etc. Fill out the forms that only pertain to you, NOT employer, banking institution or school information that must be provided by the institution. When turning in the application, the following must accompany the packet before it's accepted in our office, if any information is missing, the packet will not be accepted.

SOCIAL SECURITY CARDS ON ALL MEMBERS OF THE HOUSEHOLD... NO EXCEPTIONS!

BIRTH CERTIFICATES ON ALL MEMBERS OF THE HOUSEHOLD

PICTURE ID'S (STATE ISSUED) ON EVERYONE 18 YEARS AND OLDER

THE LAST SIX (6) CHECK STUBS ON EVERYONE WORKING

CURRENT CHILD SUPPORT FROM THE ATTORNEY GENERAL- THIS IS REQUIRED WHETHER OR NOT YOU RECEIVE IT.

IF A STUDENT- EVERYONE ATTENDING COLLEGE OR A TECH SCHOOL MUST OBTAIN A VERIFICATION LETTER OR PRINT OUT FROM THE INSTITUTION YOU ARE ATTENDING.

SECURITY DEPOSIT- KEEP THE MONEY ORDER STUB IN CASE A REFUND IS NECESSARY

Once your application packet is accepted with a deposit (in a money order); the approval process will begin. If additional information is requested from you, you agree to supply this information within 24 hours. Failure to submit timely request will result in your deposit being forfeited _____ Initials. Applications are processed on a first come first serve basis. An apartment will not be assigned until an approval is obtained through the Compliance Department. In the event a unit is not available at the time of approval, your deposit and application will be held for 60 days, after that time frame, a new application will need to be submitted. Once approved and unit is available applicant must move into the unit within 72 hours of notification or the deposit will be forfeited _____ Initials.

This property operated understand in accordance with State and Federal Ruling for the following programs:

The owner and manager of this community do not discriminate against persons with disabilities.

I HAVE READ AND FULLY UNDERSTAND THIS APPLICATION AND LEASING PROCESS

Applicant (s) Signatures

Date



Application cover sheet and Application received Acknowledgment	
HOH Name:	Date:
Unit Size:	Time:

If number not issued, explain why:

Total Household Members 18+:	Total Photo ID's Received:
Total Household Members -18:	Total Birth Certificates Received:
Total Household Members:	Total Social Security Cards Received:

Forms pending submission by the Applicant:

Below is a conclusive list of items that have been completed by you, the Applicant or supplied to your as a part of our Communities Waiting List process. Please initial in acknowledgement of completion/receipt.

- Intake Application
- 9887 / 9887-A (Tenant Release & Consent)
- Memorandum to Application
- "Now that you are on the Waiting List, what's next" form
- Waiting List Number
- Copy of Tenant Selectin Plan (If requested by Applicant)

I _____, the Head of Household, am applying for residency at _____ for a _____ bedroom apartment. I understand and agree that being placed on the waiting list and being issued a waiting list number **does not** mean that my household is approved for an apartment. I further understand and agree that Management has reviewed their Tenant Selection Plan with me and I understand my household must meet certain criteria in order to gain residency at _____.

Head of Household Signature

Date

Management/Owner Representative

Date

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

UAH Property Management 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. 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, Par 8 dated June 2, 1988)



Rob Dryman
10670 N. Central Expressway, Suite 500 | Dallas, TX 75231
Office 214-265-7227 | TTY 800-735-2989





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RENTAL APPLICATION

FOR INTERNAL USE ONLY

Community Name: Gateway East Apartments	Received Date:
Community Phone: (915) 591- 8548	Time Received:
Community Fax: (915) 592- 7523	Wait List Preference:

HOUSEHOLD COMPOSITION

Applicant	Spouse
Name: _____	Name: _____
Phone: (____) _____	Phone: (____) _____
Email Address: _____	Email Address: _____
Driver's License # and State: _____	Driver's License # and State: _____
Or Government ID: _____	Or Government ID: _____
Are you a U.S Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
DOB: _____ SSN: _____	DOB: _____ SSN: _____
Student Status: FT <input type="checkbox"/> PT <input type="checkbox"/> NA <input type="checkbox"/>	Student Status: FT <input type="checkbox"/> PT <input type="checkbox"/> NA <input type="checkbox"/>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>	

Other Occupants

Name	Relationship	DOB	Student Status	SSN/Alien Registration	Gender
			FT PT NA		
			FT PT NA		
			FT PT NA		
			FT PT NA		
			FT PT NA		
			FT PT NA		

ADDITIONAL HOUSEHOLD INFORMATION

Do all above household members reside in the household 100% of the time?	YES / NO	If no:
Are there any anticipated change in household size within the next 12 months?	YES / NO	If yes:
Are there any anticipated change in the number of students within the next 12 months?	YES / NO	If yes:
Are any of the household members listed above Foster Children?	YES / NO	If yes:
Is any adult household member subject to state or federal lifetime sex offender registry?	YES / NO	If yes:

RENTAL HISTORY (3 Years rental history required)

Current Residence	Previous Residence
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Current Rent: \$ _____	Current Rent: \$ _____
Current Owner/Landlord: _____	Current Owner/Landlord: _____
Landlord Phone #: _____	Landlord Phone #: _____
Date Moved In: _____	Date Moved In: _____ Date Moved Out: _____
Reason For Moving: _____	Reason For Moving: _____

ADDITIONAL INFORMATION

Have you, your spouse or any occupant listed in this application ever:

Y N	Been evicted or asked to move out?
Y N	Moved out of a dwelling before the end of the lease term without the owner's consent?
Y N	Been sued for rent?
Y N	Been sued for property damage?
Y N	Been charged, detained or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision or pretrial diversion?
Y N	Been charged, detained or arrested for a felony or sex related crime that has not been resolved by any method?
Please indicate the year, location and type of each felony or sex related crime other than those resolved by dismissal or acquittal:	



RENTAL APPLICATION

EMPLOYMENT INFORMATION	
Applicant	Spouse
Current Employer: _____	Current Employer: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Employer Phone: _____	Employer Phone: _____
Supervisor Name: _____	Supervisor Name: _____
Date you Began this Job: _____	Date you Began this Job: _____
Position: _____	Position: _____
Gross Monthly Income: _____	Gross Monthly Income: _____
Previous Employer: _____	Previous Employer: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Employer Phone: _____	Employer Phone: _____
Supervisor Name: _____	Supervisor Name: _____
Date you Began this Job: _____	Date you Began this Job: _____
Date you Ended this Job: _____	Date you Ended this Job: _____
Position: _____	Position: _____
Gross Monthly Income: _____	Gross Monthly Income: _____

ANNUAL INCOME SOURCES						
Income Source	Yes / No	Applicant	Spouse or Co-Head	Other Adult Members	Child and/or Dependent	Totals
Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Commissions and Fess	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Tips and Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Interest/Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Net Business Income	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Supplement Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Disability Death Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Pension Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Recurring Monetary Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Short/Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Child Support:						
• Anticipated	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
• Voluntary	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
• Court Ordered	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
TANF / Cash Aid / Welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Periodic Lottery Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Workman's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Educational Scholarships/Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No					\$
If other income, please explain: _____						
TOTAL: \$						



RENTAL APPLICATION

ASSETS				
Asset Type	Yes / No	Value of Asset	Asset Income	Bank Name
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Direct Express Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certificate of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mutual Funds/Stocks/Bonds*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IRA/401K/Keogh*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Retirement/Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annuities*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Whole Life Insurance (cash value)*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cash Held in Safe Deposit Boxes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Land/Real Estate*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Trust Fund (revocable)*	<input type="checkbox"/> Yes <input type="checkbox"/> No			

When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the assets to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That's the amount you should list in the "value" column.

LUMP SUM PAYMENTS				
Lump Sums	Yes/No	Value of Asset	Asset Income	Lump Sum Source
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Lottery or Other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Workers Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No			
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If other assets, please explain: _____				

ADDITIONAL ASSET INFORMATION	
Y N	Other than Foreclose or Bankruptcy, have you disposed of any assets for less than its worth in the last 2 years? If yes, please explain: _____
Y N	Has anyone in your household owned real estate or land in the last 2 years?

HOUSING ASSISTANCE			
Assistance Type	YES / NO	Amount	Date Received
Federal Emergency Management Agency (FEMA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Small Business Administration (SBA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing and Urban Development (Section 8)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tenant Based Rental Assistance (TBRA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance (Homeowners)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If other, Please Explain: _____



RENTAL APPLICATION

SIGNATURE & ACKNOWLEDGEMENT

APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

Warning: Title 18, Section 1001 of the U.S Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action or damages, and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act as 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Management Representative Printed Name	_____ Signature	_____ Date

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