



Arbordale, Elm Creek, RC Pierre, Spruce

1900 Kennedy Drive, Pierre, SD 57501

Office: (605) 224-0284 Fax: (605) 224-8244, cehlers@costelloco.com



Dear Applicant,

Thank you for your interest in Arbordale, Elm Creek, Spruce, and RC Pierre. Rent includes **water usage, garbage, snow removal, lawn care, 24 hour emergency maintenance and on-site management.**

**\* 12-month Lease is required \* Student restrictions apply \* SMOKE FREE & non-pet property \***

Arbordale consists of three bedrooms townhomes that include a washer and dryer in the unit, two and one bedrooms. All units include a dishwasher and playground on the property.

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
1 BEDROOM	624	\$654-\$889	\$250	\$58	Kennedy Elementary
2 BEDROOM	702	\$764-\$999	\$250	\$52	Georgia Morse Middle School
3 BEDROOM	898	\$845-\$1080	\$250	\$124	TF Riggs High School

Elm Creek consists of three bedrooms townhomes, two and one bedroom units. There is a playground located on the property.

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
1 BEDROOM	572	\$660-\$826	\$250	\$61	Kennedy Elementary
2 BEDROOM	733	\$728-\$894	\$250	\$63	Georgia Morse Middle School
3 BEDROOM	1033	\$795-\$961	\$250	\$122	TF Riggs High School

Spruce consists of three bedroom townhomes along with two and one bedroom units. There is a playground located on the property.

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
1 BEDROOM	624	\$607-\$810	\$250	\$68	Kennedy Elementary
2 BEDROOM	769	\$717-\$920	\$250	\$63	Georgia Morse Middle School
3 BEDROOM	1049	\$789-\$992	\$250	\$122	TF Riggs High School

(July 2018)

*"This Institution is an Equal Opportunity Provider."*

F:\INTERNAL\Boston Post\BP documents - updated

RC Pierre consists of two and one bedroom units.

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
1 BEDROOM	567	\$530-\$545	\$250	\$79	Jefferson Elementary
2 BEDROOM	707	\$584-\$599	\$250	\$74	Georgia Morse Middle School TF Riggs High School

Attached you will find the application packet. Please fill out completely and provide explanation where necessary; incomplete or missing information will delay the approval process. Within the application packet, you will find an *Authorization for Release of Information* form which is required for each person over the age of 18 in order for us to verify your information.

Our *Tenant Selection Plan* is also freely available to anyone who requests it. Please contact me for a copy if you wish, or find it posted at the property office.

We provide federally-funded affordable housing; therefore we are required to provide our units to applicants whose income is at or below certain income limits. The combined income for all household members must be below the limits listed here (these are updated annually).

#### Arbordale

	1 Person	2 People	3 People	4 People	5 People	6 People
40% Limit	\$26,840	\$30,680	\$34,520	\$38,320	\$41,400	\$44,480
50% Limit	\$33,550	\$38,350	\$43,150	\$47,900	\$51,750	\$55,600
60% Limit	\$40,260	\$46,020	\$51,780	\$57,480	\$62,100	\$66,720

#### Elm Creek. RC Pierre, Spruce

	1 Person	2 People	3 People	4 People	5 People	6 People
Very Low	\$32,350	\$36,950	\$41,550	\$46,150	\$49,850	\$53,550
Low	\$51,700	\$59,100	\$66,450	\$73,850	\$79,750	\$85,650
Moderate	\$57,200	\$64,600	\$71,950	\$79,350	\$85,250	\$91,150

#### ***“This Institution is an Equal Opportunity Provider & Employer”***

In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.)

[RD properties only:] “This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).”

Costello Companies requires a criminal and credit background check for each adult over 18. You must provide a state or federal issued ID for each adult, as well as social security cards. The address(es) provided on your application will be compared to your credit report; if there is a discrepancy, additional documentation may be needed to verify your identity.

**Occupancy Standards:**

	Minimum	Maximum
1 Bedroom	1	2
2 Bedroom	2	4
3 Bedroom	3	6

**To apply, you will need to turn in all of the following:**

- An application fee of **\$45** for each person 18 years of age or over (must be check or money order – NO CASH; this is non-refundable).
- The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate *Screening Reports Sheet*, *Child Support Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet).
- A copy of a driver's license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member's social security card.
- A copy of each household member's birth certificate

If you have any questions about the information requested, please call or email and I will be happy to assist you! *The average time needed to process an application is 14-21 business days.*

Thank you!

**Christine Ehlers**

Arbordale, Elm Creek

RC Pierre, Spruce

1900 Kennedy Drive

Pierre, SD 57501

Office: (605) 224-0284 Fax: (605) 224-8244

cehlers@costelloco.com

***"This Institution is an Equal Opportunity Provider & Employer"***

In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.)

[RD properties only:] "This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."



## RESIDENT SELECTION POLICY

### **Project and Program Eligibility Requirements**

- ☐ This is a HUD elderly and disabled community. You must be 62 years of age and/or disabled to reside in this community.
- ☐ This is a HUD Elderly, Disabled and Tax Credit Community. You must be 62 years of age and/or disabled to reside in this community.
- ☐ This is a HUD Section 8 multi-family community.
- ☐ This is a HUD/Tax Credit multi-family community.
- ☐ This is a HUD Section 236 multi-family community.
- ☐ This is a HUD/Tax Credit/ HOME multi-family community.
- ☐ This is a Tax Credit multi-family community.
- ☐ This is a Tax Credit/HOME and disabled community. You must be at least 55 years of age or disabled to reside in this community.
- ☐ This is a Tax Credit/HOME Community. You must be at least 55 years of age to reside in this community.
- ☐ This is a Tax Credit/HOME/Conventional community.
- ☐ This is a Tax Credit/HOME community.
- ☐ This is a Rural Development/Tax Credit/HOME community.
- ☒ This is a RD multi-family community.
- ☒ This is a RD/Tax Credit multi-family community.

### ***Items 1 & 2 pertain to all communities & programs***

#### **1. Citizenship/Immigration Status Requirements (excluding straight Rural Development (RD) properties)**

Assisted housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status. All family members, regardless of age, must declare their citizenship or immigration status. Non-citizen applicants will be required to submit evidence of eligible immigration status at the time of application. If the evidence needed to support eligible immigration status is temporarily unavailable, the applicant may request an extension. Mixed tenant families may be eligible for prorated assistance. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student.

2. Social Security Number Requirements

Applicants must disclose and provide documentation of Social Security Numbers (SSN) for all family members prior to being moved in. This also applies to foster children and live-in aides. For newborns, the household will be given 90 days to provide the Social Security Card.

The Social Security Number requirements do not apply to:

1. Individuals who do not contend eligible immigration status

When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed.

In these instances, the owner will have each resident's Citizenship Declaration on file – whereby the individual did not contend eligible immigration status – to support exception to the requirements to disclose and provide verification of a Social Security Number.

2. Individuals age 62 or older as of January 31<sup>st</sup>, 2010, whose initial determination of eligibility was begun before January 31, 2010.

The eligibility date is based on the initial effective date of the form HUD – 50059 or from HUD – 50058, whichever is applicable.

Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. The owner/agent must not accept a certification from the applicant stating they qualify for the exemption. This documentation must be retained in the resident file.

The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

3. Student Requirements.

**[X] for RD/HUD**

Student eligibility requirements apply to applicants enrolled at an institution of higher education who is 24 years of age or older effective December 31<sup>st</sup> of the current year, unless the applicant (student) who is living with his/her parents, is the one applying for Section 8 assistance.

A. A person with disabilities, as such term is defined in section 3(b) (3) (F) of the United States Housing act of 1937 (42 U.S.C. 1437a (b) (3) (E) that was receiving Section 8 assistance as of November 30, 2005 is exempt from the student eligibility requirements.

B. If the applicant is not claimed as a dependent and meets at least one of the criteria from the following questions, they qualify:

- Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?
- Were you an orphan or a ward of the court through the age of 18?
- Are you a veteran of the U.S. Armed Forces?
- Do you have legal dependents other than a spouse?
- Are you a graduate or professional student?
- Are you married?

C. If the applicant does not meet any criteria from the above questions; they must meet eligibility requirements for Section 8 assistance and their parents, individually or jointly, must be income eligible for Section 8 assistance.

**[X ] Student Requirements for Tax Credits**

The household understands if all members of a household become or are full time students, that the household is ineligible to occupy a unit at this community, even if the household becomes ineligible after the initial certification.

Exceptions to this student rule may be one of the following four exceptions: 1) The household members are married and have filed a joint tax return; 2) The household consists of a single parent with a dependent child (or children), and neither the parent nor the child (or children) is being claimed as a dependent by anyone else; 3) At least one household member gets welfare assistance through Title VI of the Social Security Act; or 4) At least one household member is enrolled in a federal, state, or local job training program.

**[ ] Student Requirements for HOME**

Refer to property manager for HOME student rule restrictions.

**[ ] Student Requirements for Section 236**

Must pay market rent (Jordan Park and RC Square)

**4. Additional requirements**

1. The apartment unit must be the sole residence of all household members and under no circumstance may any tenant benefit from more than one subsidy.
2. All family members who are 18 years of age or older will be required to sign consent and verification forms. All information reported by the family is subject to verification.
3. Applicants must agree to pay the rent required by the program under which they will receive assistance.
4. Household members may not be required to disclose gender for HUD programs.

**Enterprise Income Verification (EIV) – HUD only**

1. EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".

The Social Security Administration:

Social Security (SS) benefits  
Supplemental Security Income (SSI) benefits  
Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

Wages  
Unemployment compensation  
New Hire (W-4)

The EIV system provides the owner and or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirements to independently verify your employment and /or income when you recertify for continued rental assistance. Property owners and managers are able to use the EIV system to determine if you:

- Correctly reported your income
- They will also be able to determine if you:
- Used a false social security number
  - Failed to report or under reported the income of a spouse or other household member
  - Receive rental assistance at another property.

Consent required to get information from EIV

When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits. Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

### **EIV – Existing Tenant Report**

During the final eligibility review, there is one report available that provides information about “applicants”. This is the Existing Tenant Report. This report is used during the final eligibility interview. The EIV Existing Tenant Search is to be run on “All Household Members” when offering the unit, and is looking for multiple subsidy issues, at time of move in.

### **Screening for Receipt of Assistance for Applicant or Residents Residing in Another HUD Assisted Unit.**

All Applicants MUST disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD-assisted unit.

HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The owner/agent will use a report called the Existing Tenant Report provided through HUD's Enterprise Income Verification System (EIV) to determine if the applicant or any member of the applicant household is currently receiving HUD assistance.

Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration applies to:

1. Minor children in joint custody arrangements where two or more “custodians” received HUD assistance.
2. Recipients of HUD assistance in another unit who are moving to establish a new household when other family/household members will remain in the original unit

There will be monthly reports produced and reviewed on a monthly basis pertaining to failed verifications, deceased tenants and new hires. Plus, reports will be generated to prepare for annual and interim recertifications. Also once a tenant has been moved in for a few months, a report will be processed to verify that income reported at move-in matches with EIV.

## **Violence Against Women Act – (VAWA)**

Housing Notice: H 08-07 regarding the Violence Against Women Act – VAWA provides legal protections to victims of domestic violence, dating violence or stalking. These protections prohibit owners/agents from evicting or terminating assistance under a project-based Section 8 program for the victim, if the grounds are in instance of domestic violence, dating violence or stalking.

The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence or stalking (collectively “domestic violence”) from being evicted or terminated from housing assistance based on acts of such violence against them.

If you have been a victim of domestic violence, you or a family member on your behalf, must complete and submit this certification form, or submit the information described below under “Alternate Documentation,” which may be provided in lieu of the certification form, within 14 business days of receiving the written request for this certification form from the owner or management agent. The certification form or alternate documentation must be returned to the person and the address specified in the written request for the certification form. If the requested certification form or the information that may be provided in lieu of the certification form is not received by the 14th business day or any extension of the date provided by the owner or management agent, none of the protections afforded to victims of domestic violence under the Section 8 project-based assistance program will apply. Distribution or issuance of this form does not serve as a written request for certification.

## **Income Eligibility Requirements**

### **[ ] HUD Section 8 and/or with HOME**

1. HUD establishes and publishes income limits annually based on family size for each county in the United States based on the median income of the geographic area. The income limits for this property may be as follows:

Very low-income limit	50% of median income
Extremely low-income limit	30% of median income
2. Owners must make at least 40 percent of the assisted units that become available each year (project’s fiscal year) available for leasing to families whose income do not exceed 30 percent of the area median income (extremely low-income) at the time of admission. If the owner actively marketed at least 40 percent of the annually available units to extremely low-income families but was unable to fill all of the units with families meeting the requirement, the owner is permitted to rent to other eligible families after a reasonable marketing period has expired. The property must maintain records that demonstrate all reasonable steps were taken to fill these units with extremely low-income tenants and must demonstrate that an ongoing effort to meet the 40% requirement is being made.

### **[ ] HUD Section 236, Rents Supplement**

Low-income limit	60% of median income
------------------	----------------------

### **[ X ] RD**

Low-income limit	80% of median income
------------------	----------------------

### **[ X ] Tax Credit and/or with RD and/or with HOME**

Low-income limit	60% of median income
Very low-income limit	50% of median income
Very, Very low income limit	45% of median income



**Occupancy Standards****[Check off standards that pertain to your community]**

	UNIT SIZE	MINIMUM OCCUPANTS	MAXIMUM OCCUPANTS
X	1 Bedroom	1	2

	UNIT SIZE	MINIMUM OCCUPANTS	MAXIMUM OCCUPANTS
X	2 Bedroom	1	4

	UNIT SIZE	MINIMUM OCCUPANTS	MAXIMUM OCCUPANTS
X	3 Bedroom	3	6

\*Disclaimer (Each community has their own occupancy standards)

\*For Tax Credit/ HOME Communities- No household will be permitted to add any additional household members during the first 12 months of the lease agreement.

**For HUD properties only:**

1. *A single person cannot occupy a unit with two or more bedrooms unless one of the following applies:*
  - a. A person with a disability who needs the larger unit as a reasonable accommodation.
  - b. A displaced person when no appropriately sized unit is available.
  - c. An elderly person who has a verifiable need for a larger unit.
  - d. A remaining family member of a resident family when no appropriately sized unit is available.
2. A smaller unit size may be assigned upon request; only if occupancy of the smaller unit will not cause serious overcrowding and will not conflict with local codes.
3. A larger unit size may be assigned upon request if one of the following conditions exists:
  - a. No eligible family in need of the larger unit is available to move into the unit within 60 days. The property has the proper size unit for the family but it is not currently available. The family agrees in writing to move at its own expense when a proper size unit becomes available.
  - b. The family needs a larger unit as a reasonable accommodation for a family member who is a person with a disability.
4. If a family, based on the number of members, would qualify for more than one unit size, the owner must allow the family to choose which unit size they prefer.

**Applicant Screening Criteria**

1. All applicants age 18 or older and dependents turning 18 years of age after initial tenancy will be screened for residency. Screening criteria will be applied consistently to all applicants.
2. Credit reports will be done on all applicants 18 years of age and older.
  - a. Applicants without credit history will not be denied.
  - b. A positive credit history is desired.
  - c. Applicants with the following negative credit history may be denied;
    - Open judgments

- Open collections
  - Delinquent accounts related to living expenses
  - More than 3 credit cards or revolving accounts with a negative history in the last 3 years
  - Bankruptcies less than 2 years old
  - Bad checks
  - Delinquent child support
  - Address(es) provided on application could not be verified.
3. Criminal History checks will be run on every head or co-head of the household and all other applicants 18 years of age and older in accordance with Notice H 2002-22.
- a. All applicants with the following felonies may be denied
    - Assault or other violent or dangerous behavior
    - Rape, prostitution, or other sexual deviation
  - b. All applicants with misdemeanors or deferred judgments related to the following may be denied
    - Disturbance of neighbors or other noise violations
    - Destruction of property
    - Minor Disturbances
    - Theft and bad checks
    - Criminal trespass
    - Illegal controlled substances
  - c. All applicants who are currently engaging in illegal drug use may be denied.
  - d. All applicants in which the landlord determines that there is reasonable cause to believe that a household member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents may be denied.
  - e. All applicants in which the landlord determines that there is reasonable cause to believe that a household member's abuse or a pattern of alcohol abuse may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents may be denied.
  - f. Any household member that has been evicted from Federally-assisted housing for drug-related criminal activity, for 5 years from the date of eviction may be denied. If the evicted household member who engaged in drug-related criminal activity that has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household) the owner may, but is not required to, admit the household.
  - g. Any member of the applicant's household has been convicted of growing or the manufacturing of any type of drugs on the premises of federally subsidized housing (lifetime) may be denied.
  - h. Any criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, the owner or any employee who is involved in the housing operations may be denied.
  - i. Any applicant unlawfully obtaining government assistance may be denied.
- 4. All applicants listed on application 18 years or older will be checked against the Sjodin National Sex Offender Database for lifetime sex offenders and, if found on registry, applicant will be denied.**
5. Rental History
- a. Lack of rental history is not grounds for rejection; however personal references may be required.
  - b. Applicants with previous rental history must have references as a good tenant, including but not limited to the following:
    - Favorable rent history (rent being paid on time)
    - Have no material non-compliance violations of the rental agreement

- Kept the unit clean and in good condition.
- Must not have allowed unauthorized residents to reside in the unit.
- Must not have endangered the health and safety of any other tenant, the landlord or any of his agents.
- Must not have interfered with the rights and quiet enjoyment of the other tenants.
- Pursuant to Notice H2002-22, if any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years the application will be denied.

Pursuant to Housing Notice: H 08-07 regarding the Violence Against Women Act (VAWA).

VAWA provides legal protections to victims of domestic violence, dating violence or stalking. These protections prohibit owners/agents from evicting or terminating assistance under a project-based Section 8 program for the victim, if the grounds are an instance of domestic violence, dating violence or stalking.

6. Applicants must demonstrate the ability to pay rent.
  - a. For Tax Credit/ HOME/ Conventional Communities ONLY:
    - For applicants without a Section 8 Housing Voucher: Applicant(s) must have monthly gross income no less than two and one half times ( $2\frac{1}{2}X$ ) the monthly rental amount.
    - For applicants with a Section 8 Housing Voucher: Applicant(s) must have monthly gross income no less than two times (2X) the tenant's portion of monthly rental amount.
    - For applicants to Market Rate units: Applicant(s) must have monthly gross income no less than two and one half times ( $2\frac{1}{2}X$ ) the monthly rental amount.

#### **Notification of Applicant Rejection**

1. If an applicant is denied admission to the property they will receive a written notice stating the reason(s) for the rejection. The applicant has the right to respond in writing to dispute the rejection within 14 days of the notice.
2. Management reserves the right to reject any application in which applicant delays the processing of an application or delays their move in date for more than 10 days.

#### **Application and Waiting List Procedure [HUD/Rural Development]**

1. Applications completed in full and properly signed will be accepted according to unit size and type in chronological order. Families that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same order) after preliminary eligibility determination. If an extremely low-income applicant is needed to achieve targeting requirements, and the next applicant has income above the extremely low-income limit, that applicant must stay on the waiting list until the property is ready to house an applicant with income above the extremely low-income limit.
2. The waiting list must be updated a minimum of every six months.
3. Applicants will be moved to the bottom of the waiting list if their application is approved but the applicant is unable or unwilling to accept one of the available units.
4. Applicants will be deactivated from the waiting list if:
  - a. They accept a unit at another community
  - b. Their application is denied for any reason (see Tenant Selection)
  - c. Property manager is no longer able to contact the applicant by phone or mail.
  - d. They inform Manager by phone, in person or by mail that they no longer need a unit.
  - e. The applicant is offered and rejects a unit three times at the community.
5. The waiting list will be closed for one or more unit sizes when the average wait is one year or more. Potential applicants will be advised if the waiting list is closed and additional applications will not be accepted. Notice of this action will be published in the local newspaper.

6. When the waiting list is re-opened and applications will be accepted again, notice will be published in the local newspaper.

### **Tenant Requested Unit Transfer Procedure**

1. Current tenants requesting a unit transfer for the following reasons will be given preference over those on the waiting list.
  - a. A required unit transfer due to family size or changes in family composition. When an owner determines that a transfer is required the tenant may remain in their current unit and pay the approved market rent or must move within 30 days after notification that a unit of the required size is available within the property. (If applicable to your property).
  - b. A unit transfer for a medical reason certified by a doctor, have the need for an accessible unit or to accommodate a person with a disability. Owners are obligated to transfer tenants to different units as a reasonable accommodation to a household member's disability. Transfers which are needed as a reasonable accommodation should be made on a priority basis.
  - c. A deeper rent subsidy, if it applies to the property. (Section 236 to Section 8).
2. Current tenants requesting a unit transfer must have just cause. No transfer will be made without the manager's approval and consideration of the community's financial status. Tenants will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity, infractions and inspection of the tenant's current unit must indicate there is not damage to the property or poor housekeeping habits resulting in health or safety hazards.

### **Non-Discrimination**

1. Non-Discrimination Policies
  - a. The landlord agrees not to discriminate based upon race, color, religion, creed, national origin, sex, age, disability or familial status.
2. 504 / FHAA Compliance
  - a. The landlord agrees to comply with Section 504, which prohibits discrimination in all HUD subsidized or assisted housing programs solely on the basis of handicap. The rule covers all persons associated with programs including applicants, tenants, employees, and prospective employees.
3. For All Properties
  - a. The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age and state law prohibits discrimination on the basis of creed. Complaints of discrimination may be forwarded to the following address; Fair Housing Administrator, U.S. Department of Housing & Urban Development, Region Vii, Denver, 1670 Broadway Street, Denver, CO 80202-4801.

4. For Rural Development Properties

- a. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age or disability. (Not all prohibited bases apply to all programs)". To file a complaint of discrimination, write USDA, Director, and Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800.795.3272 or 202.720.6382 (TDD)).

**( X ) LIHTC Program (check if applicable)**

This community falls under Section 42 of the IRS Code as a Low Income Housing Tax Credit (LIHTC) property. As such, each household must qualify under the guidelines pertaining to that program. Requirements that apply to initial qualification primarily include, but are not limited to, applicable income limits and full time student status at the time of application. Any household whose total income is over current applicable income limits will be deemed ineligible. Any household made up entirely of full time students also may not qualify, unless they fall under a program-allowed exemption.

**( ) HOME Program (In conjunction w/LIHTC Program)**

Application fees will be charged.

I/We \_\_\_\_\_ have read and understand the Resident Selection Policy for one or more of the following communities:

\_\_\_\_\_ Apartments/Townhomes.

I/We acknowledge we have received a copy of this Resident Selection Policy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, nation origin, sex, age, or disability (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800)795-3272 (voice), or (202) 720-6382 (TDD)."

Revision Date: September 2015

10

Print Date: 6/30/2016

# Arbordale, Elm Creek, RC Pierre, Spruce is a NON-SMOKING PROPERTY



By signing this acknowledgment, you are agreeing to all terms and conditions pertaining to maintaining a non-smoking property. This applies to ALL Units, garages and all common areas located on this property.

_____	_____
Applicant Signature	Date
_____	_____
Applicant Signature	Date
_____	_____
Applicant Signature	Date



## Screening Reports, Inc.

729 N Route 83 Suite 321

Bensenville, IL 60106

Toll-Free Phone (866) 389-4042

Toll-Free Fax (866) 389-4043

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature(s) below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Legal First Name (please print)

\_\_\_\_\_  
Legal Full Middle Name (print)

\_\_\_\_\_  
Legal Last Name (please print)

\_\_\_\_\_  
Physical Street Address (no PO Box accepted)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Monthly Income

\_\_\_\_\_  
Community Billed

For Office Use: Complete from State ID

No  
Photo

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Soc. Sec #

\_\_\_\_\_  
Verified By

\_\_\_\_\_  
Legal Last Name

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Middle Full Name

### Referred By: (please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Apartments.com   | <input type="checkbox"/> Costello Website  |
| <input type="checkbox"/> Drive By         | <input type="checkbox"/> Local Newspaper   |
| <input type="checkbox"/> Other            | <input type="checkbox"/> Previous Resident |
| <input type="checkbox"/> Current Resident | <input type="checkbox"/> Renter's Guide    |
| <input type="checkbox"/> Friend/Family    | <input type="checkbox"/> Online            |
| <input type="checkbox"/> Outreach Group   | <input type="checkbox"/> Other: _____      |





# Application for Rental

Revision Date: 6/2/2020

Return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TTY: 711**

<b>Management Use Only</b>	HHID #: _____
Application Received: _____	
Date _____	Time _____
Pre-Application Rec'd: _____	
Date _____	Time _____

**This is a Non-Smoking Community!**



**APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL**

Bedroom Size Requested: One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_ Four Bedroom \_\_\_\_\_

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Home/Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_

Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Home/Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_

Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

## **DISCLOSURE REGARDING TEXTING:**

By signing the below and providing my cell phone number above, I authorize Costello to contact me via text message. I understand that text messages will only be used to communicate with me about an apartment I have applied for or leased from Costello.

Applicant's Signature: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

## **DID ANYONE ASSIST YOU IN COMPLETING THE APPLICATION PACKET?**

☐ Yes ☐ No

If Yes, who: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## **HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

*List the head of household and all other members who will be living in the unit. Attach an additional sheet of paper if necessary.*

First Name (Maiden Name) Last Name	Relationship	Birth Date	Social Security Number (or Alien Registration Number)	Are You a Student? (circle one)
	Head of Household			Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

1. How did you hear about our apartment Community? \_\_\_\_\_

2. What state(s) has each household member lived in: \_\_\_\_\_

3. Do you anticipate adding anyone to your household? If Yes, please explain: \_\_\_\_\_ ☐ Yes ☐ No

4. Is anyone in the household a current user/abuser of an illegal controlled substance? ☐ Yes ☐ No



5. Has anyone in the household ever been involved in any of the following crimes: violence, firearms violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults or stalking? ☐ Yes ☐ No
6. Is anyone in the household listed above currently involved in, have ever been charged with or convicted of a misdemeanor or felony? (excluding misdemeanor traffic violations)? ☐ Yes ☐ No
7. Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact? ☐ Yes ☐ No
- If Yes to any of these, please explain (if more room is needed, please continue on back). \_\_\_\_\_
8. Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state? ☐ Yes ☐ No
- If Yes, please list each State you have lived in: \_\_\_\_\_
9. Does anyone in the household have a Companion/Assistance/Service Animal? List animal(s): \_\_\_\_\_ ☐ Yes ☐ No
10. Does anyone in the household have a pet? If yes, list pet(s): \_\_\_\_\_ ☐ Yes ☐ No
11. Is any member of the household disabled and have special housing needs (i.e. wheelchair accessible unit, flashing fire alarm, etc)? ☐ Yes ☐ No

**RESIDENTIAL HISTORY**  
(List consecutively)

**Applicant**

**Co-Applicant**

Current Residence \_\_\_\_\_  
Landlord/Realtor Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

Present monthly rent/mortgage \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_  
☐ Rent ☐ Own ☐ NA

Previous Residence \_\_\_\_\_  
Landlord/Realtor Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

Monthly rent/mortgage \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_  
☐ Rent ☐ Own ☐ NA

Current Residence \_\_\_\_\_  
Landlord/Realtor Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

Present monthly rent/mortgage \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_  
☐ Rent ☐ Own ☐ NA

Previous Residence \_\_\_\_\_  
Landlord/Realtor Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_

Monthly rent/mortgage \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_  
☐ Rent ☐ Own ☐ NA

12. Do you have equity in real estate? If yes, what is the address? \_\_\_\_\_ ☐ Yes ☐ No

13. Are you being evicted? If yes why? \_\_\_\_\_ ☐ Yes ☐ No

14. Have you ever been evicted? If yes, When \_\_\_\_\_ Where \_\_\_\_\_ ☐ Yes ☐ No

Why \_\_\_\_\_

15. Are you or any member of your household currently receiving Rental Assistance? ☐ Yes ☐ No

If yes, Which Kind: \_\_\_\_\_  
From Who: \_\_\_\_\_

## ESTIMATED HOUSEHOLD INCOME

### Applicant

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Rate per Hour \_\_\_\_\_ Hours per Week \_\_\_\_\_

Annual Income \_\_\_\_\_

How long employed at this job \_\_\_\_\_

### Co-Applicant

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Rate per Hour \_\_\_\_\_ Hours per Week \_\_\_\_\_

Annual Income \_\_\_\_\_

How long employed at this job \_\_\_\_\_

16. Does **any** household member have income or expect to receive income other than what is listed above (such as self-employment, armed forces pay, unemployment, severance pay, workman compensation, child support, TANF, student financial assistance, tribal income, social security, rental income, veteran's benefits, pensions, disability benefits, death benefits, life insurance payments, alimony/spousal support, etc.)? ☐ Yes ☐ No

If Yes, please list here:

Household Member's Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Annual Amount: \$ \_\_\_\_\_

Household Member's Name: \_\_\_\_\_

Type of Income: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Annual Amount: \$ \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Telephone Number(\_\_\_\_\_) \_\_\_\_\_

City, State ZIP \_\_\_\_\_ Relationship \_\_\_\_\_

Is this person authorized to enter your home in the event of an emergency? ☐ Yes ☐ No

## SIGNATURE AND CONSENT

I/We certify that the apartment unit will be a permanent residence, and I/we further certify that if the complex stated is funded by HUD or Rural Development I/we do/will not maintain a separate rental unit in a different location. I/We hereby authorize the landlord to make a check of my/our criminal history and credit history and authorize the credit bureau and my/our financial institutions and references to release information to the landlord. I/We further agree to release and hold harmless the landlord from any damages or liability resulting from the use of such information. I/We declare that the statements contained in this application are true and complete to the best of my/our knowledge. I/We hereby authorize the release of any information contained herewith to determine my/our eligibility for this housing. I/We certify that the above information is true and complete. I/We understand that the above information may be collected to determine my/our eligibility for federal programs and is subject to verification. These programs may include, but are not limited to, the US Dept of Housing and Urban Development, the USDA Rural Development, and/or the Low Income Housing Tax Credit Program. It is the managements aim to ensure that this apartment community is a drug-free/crime-free zone. The use and sale of controlled substances will not be tolerated. By signing this application form, I/we verify my/our support for this policy.

**WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**



*“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.”*



**All household members 18 years of age or older must sign below.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Compliance Questionnaire

This apartment complex participates in either the HUD Section 8, HOME, RD Section 515 and/or Section 42 LIHC Program. To determine your initial or continued eligibility, you must provide the following information on this form. The information will be kept confidential by the Owner or Managing Agent, except as necessary to prove that you qualify. Read each item carefully and provide the information requested. Making a false statement can result in loss of your rental assistance (if applicable) and/or loss of your housing. If you have any questions, please consult your property manager.

***All questions that do not apply to your household must be marked***

☐ Yes ☒ No

### **HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

***This list should include the Head of Household, all current household members and any household members temporarily living away from home. Also, please include any persons who will be added to the household within the next 12 months (Include any unborn children if you wish to have them counted in determining your household size). All dependents listed must be expected to reside in the unit at least 50% of the time during a year.***

<b><i>Household Member's Full Name</i></b>	<b><i>Relationship to Head of Household</i></b>	<b><i>Birth Date</i></b>	<b><i>Age</i></b>	<b><i>Gender</i></b>	<b><i>Social Security Number (or Alien Registration Number)</i></b>	<b><i>Are You a Student? (circle one)</i></b>
	<i>Head of Household</i>					Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

1. Will this unit be the PRIMARY residence for the Head of Household and all Co-Heads of Household? ☐ Yes ☐ No
2. Are any household members separated, but not divorced? If yes, who? ☐ Yes ☐ No
3. Are the minors listed above in your household less than 50% of the time? ☐ Yes ☐ No
4. Are any of the above listed minors in your household in a joint custody arrangement? List all below. ☐ Yes ☐ No  
Household Member: \_\_\_\_\_ Joint custody with: \_\_\_\_\_
5. Are any of the members of your household temporarily absent? (For example: in the military or away at college) ☐ Yes ☐ No  
Who: \_\_\_\_\_ Explain: \_\_\_\_\_
6. Are any members of your household full or part-time students in a post-high school institution of higher learning? ☐ Yes ☐ No  
If yes, how will you pay for school? \_\_\_\_\_
7. Will your household be receiving a Section 8 Voucher or Certificate? ☐ Yes ☐ No

**ASSET INFORMATION***All information should be calculated on an Annual Basis.*8. Do any household members hold any assets jointly with someone not in the household? ☐ Yes ☐ No

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

9. In the last 24 months, has any household member given away or disposed of any assets for less than Fair Market Value? ☐ Yes ☐ No

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

10. Is the total value of all assets for your household less than \$5,000? ☐ Yes ☐ No

11. Does anyone in the household have any of the following assets?

Checking ☐ Yes ☐ NoSavings ☐ Yes ☐ NoReloadable Card (SS, TANF, Child Support, etc)\* ☐ Yes ☐ NoMoney Market\* ☐ Yes ☐ NoSavings Bonds\* ☐ Yes ☐ NoStocks / Bonds / Mutual Funds\* ☐ Yes ☐ NoTrusts\* ☐ Yes ☐ NoRetirement (IRA / 401(k) / Keogh)\* ☐ Yes ☐ NoCertificates of Deposit (CD's)\* ☐ Yes ☐ NoWhole Life Insurance (not Term)\* ☐ Yes ☐ NoAnnuities\* ☐ Yes ☐ NoOther Asset Accounts\* ☐ Yes ☐ No**\*Note to Manager: If 3<sup>rd</sup> party verification cannot be gathered, these accounts may need to be verified with the appropriate account statements*****Please list all accounts for all items indicated above on the following graph.***

<i>Owner's Full Name</i>	<i>Type of Account</i>	<i>Financial Institution – Location Name &amp; Phone Number of Contact Person</i>	<i>Value</i>

12. Do you have cash on hand, at home, or in a safe deposit box? If "Yes", value: \_\_\_\_\_ ☐ Yes ☐ No13. Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments? ☐ Yes ☐ No14. Do any household members hold any personal property as an investment (for example: coin collection or antique cars held for business resale)? (Do not consider necessary personal items such as family cars, jewelry, or furniture.) ☐ Yes ☐ No***Please list all accounts for all items indicated above on the following graph.***

<i>Owner's Full Name</i>	<i>Type of Asset (for example, real estate, coin collection)</i>	<i>Location of Asset (for example, address of Real Estate, safe deposit box, or closet)</i>	<i>Value</i>

**INCOME INFORMATION***All information should be calculated on an Annual Basis.*

15. Does anyone in the household receive regular payments from any of the following?

Employment ☐ Yes ☐ NoStudent Financial Assistance (Family, Loans, Grants, Work Study, etc) ☐ Yes ☐ NoSelf-Employment ☐ Yes ☐ NoTribal Income ☐ Yes ☐ No**Mgr Note:** Prior 3 year's 1040s also required ANDWelfare Assistance (Food stamps, etc.) ☐ Yes ☐ No

Schedule C (Business), E (Rental) or F (Farm)

Social Security or SSI ☐ Yes ☐ NoArmed Forces Pay ☐ Yes ☐ NoRental Income ☐ Yes ☐ NoUnemployment Compensation ☐ Yes ☐ NoVeteran's Benefits ☐ Yes ☐ NoSeverance Pay ☐ Yes ☐ NoPension, Annuity &/or Retirement Account Payments ☐ Yes ☐ NoWorkman Compensation ☐ Yes ☐ NoDisability Benefits (Other than SSI) ☐ Yes ☐ NoChild Support – Monitored ☐ Yes ☐ NoDeath Benefits &/or Life Insurance Payments ☐ Yes ☐ NoChild Support – Non-Monitored ☐ Yes ☐ NoAlimony ☐ Yes ☐ NoTANF ☐ Yes ☐ NoOther: \_\_\_\_\_ ☐ Yes ☐ No***Please list all accounts for all items indicated above on the following graph.***

<i>Household Member's Full Name</i>	<i>Type of Income (for example, employment, TANF, child support)</i>	<i>Source of Income (for example, employer, Social Services, Office of Child Support Enforcement) Name and Phone Number of Contact Person</i>	<i>Annual Amount</i>

16. Are any members of the household not receiving the full amount of child support or alimony that has been court ordered? ☐ Yes ☐ No

If "Yes" is it being pursued through either a court or agency?

☐ Yes ☐ No

Which agency is pursuing collections? \_\_\_\_\_

17. Are there any adult household members who have no income:

☐ Yes ☐ No

If yes, who: \_\_\_\_\_

18. Does anyone outside the household pay any regular expenses and/or give you cash or non-cash contributions regularly?

☐ Yes ☐ No

If yes, who: \_\_\_\_\_

19. Are any changes in income arranged from any source during the upcoming year? Explain \_\_\_\_\_

☐ Yes ☐ No**HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE**

I/We, \_\_\_\_\_, certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to the release of information in order to qualify for HUD, RD or Section 42 Housing. I/We understand the providing false information or making false statements may be grounds for denial of my/our application or continued residence and may subject me/us to criminal penalties. I/We agree to provide verification of all income, asset and/or expense information as required by the Owner or its Agent. I/We further authorize disclosure of all information necessary to verify my/our incomes, assets and/or expenses.

**WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

**All household members 18 years of age or older must sign below.**

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_

Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_

Date \_\_\_\_\_



**Expense Questionnaire**  
HUD or USDA Properties Only



**EXPENSE INFORMATION**

*All information should be calculated on an Annual Basis.*

Does anyone in the household pay childcare for another member of the household who is under age 13? (E-01) ☐ Yes ☐ No

*Please list all requested information relating to childcare below:*

<i>Household Member Paying the Childcare Expense</i>	<i>This Expense allows the Household Member to attend:</i>	<i>Where is the Expense Paid? Name and Phone Number of Contact Person</i>	<i>Annual Amount Paid</i>
	<input type="checkbox"/> Work <input type="checkbox"/> School		
	<input type="checkbox"/> Work <input type="checkbox"/> School		
	<input type="checkbox"/> Work <input type="checkbox"/> School		
	<input type="checkbox"/> Work <input type="checkbox"/> School		

**This section is only for households whose Head or Co-Head of Household is Elderly, Disabled or Handicapped.**

Does anyone in the household make payments for any of the following?

Medical Insurance (E-03) ☐ Yes ☐ No

Other Medical Expenses (E-06) ☐ Yes ☐ No

Prescription Expenses (E-06) ☐ Yes ☐ No

Care Attendant Expenses (E-06) ☐ Yes ☐ No

*Please list all accounts for all items indicated above on the following graph.*

<i>Household Member's Full Name</i>	<i>Type of Expense (for example, Insurance, Pharmacy)</i>	<i>Source of Expense (for example, Insurance Agency, Pharmacy) Name and Phone Number of Contact Person</i>	<i>Annual Amount</i>

**HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE**

I/We, \_\_\_\_\_ certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to the release of information in order to qualify for HUD, RD or Section 42 Housing. I/We understand the providing false information or making false statements may be grounds for denial of my/our application or continued residence and may subject me/us to criminal penalties. I/We agree to provide verification of all income, asset and/or expense information as required by the Owner or its Agent. I/We further authorize disclosure of all information necessary to verify my/our incomes, assets and/or expenses.

**WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

**All household members 18 years of age or older must sign below.**

Head of Household/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

*"This Institution is an Equal Opportunity Provider and Employer."*



## Child Support/Alimony Questionnaire

A separate form is needed for EACH minor under the age of 18



\*ALL adult members need to initial all items that apply.

Minor's Name: \_\_\_\_\_

1. Custodial Parent's Name: \_\_\_\_\_

2. Non-Custodial Parent/Guardian's Name: \_\_\_\_\_

3. Both biological parents of the above listed child live in the household: ☐ Yes ☐ No

4. Initial all areas that apply:

- a. \_\_\_\_\_ I have never been court ordered to receive child support or alimony.
- b. \_\_\_\_\_ I am not currently receiving child support or alimony, but I have just filed for a court order and do not have any preliminary paperwork at this time.
- c. \_\_\_\_\_ I receive child support or alimony that is not court ordered.  
(Includes help from child's father or mother for child care, expenses, clothes, groceries etc.).  
I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from the  
Non-custodial parent/guardian or other person named: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_
- d. \_\_\_\_\_ I have been court ordered and am entitled to receive child support or alimony, but I am currently not receiving it. Payments are behind or not made on a regular basis (sporadic payments are to be counted as income) because:  
\_\_\_\_\_  
\_\_\_\_\_

**\*Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

- e. \_\_\_\_\_ I have taken the following steps to receive the child support or alimony I am entitled to (if NO steps have been taken, then child support must be counted in full): \_\_\_\_\_

**\*Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

- f. \_\_\_\_\_ I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from  
Child Support Enforcement or other Collection Agency  
Case Worker: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

**\*Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

**Note for Rural Development Complexes:** Rural Development in Nebraska & South Dakota have an agreement with the Dept. of Labor to provide wage-matching information for the purpose of detection of fraudulent statements regarding income.

**Warning: Section 1001 of Title 18, United States Code provides:** "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



Student Status Questionnaire  
HUD, HOME & USDA Properties



In order to receive rental assistance, a student must meet special rules. So that we can determine if you meet these rules, please answer the following questions. After you've completed this questionnaire, we will verify the information that you have provided. Each household member 18 years of age or older is required to complete a separate form.

Are you enrolled as a student in an institute of higher education? ☐ Yes ☐ No (If no, skip all other questions & sign/print/date at bottom)

How are you enrolled as a student in an institute of higher education? ☐ Full Time ☐ Part Time

Name of Institute: \_\_\_\_\_

Name of Advisor or Counselor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**To determine if you qualify for housing assistance please answer the following:**

**\*\*Note to Manager: a verified "Yes" to any of the following qualifies the applicant to receive assistance. \*\***

\*I am a dependent of the household. ☐ Yes ☐ No

\*I am an orphan or ward of the court. ☐ Yes ☐ No

\*I am married. Date Married: \_\_\_\_\_ ☐ Yes ☐ No

\*I have dependent child(ren). Name(s) \_\_\_\_\_ ☐ Yes ☐ No

\*I am 24 years old or older. Birthday: \_\_\_\_\_ ☐ Yes ☐ No

\*I am a veteran of the U.S. Armed Forces with honorable release or discharge. ☐ Yes ☐ No

\*I am a graduate or professional student. ☐ Yes ☐ No

\*I have been independent of my parents or guardians for at least 1 year. ☐ Yes ☐ No

My parents or guardians are eligible for or receiving assistance under Section 8 of the United States Housing Act of 1937. If yes, provide the following for each: ☐ Yes ☐ No

Name	_____	Address	_____
Telephone	( ) _____	City, St, ZIP	_____

Name	_____	Address	_____
Telephone	( ) _____	City, St, ZIP	_____

**To determine how much assistance you may qualify for, please answer the following:**

**Note to Manager: For Section 8 assistance recipients only, all financial assistance is to be verified; amounts in excess of tuition and school fees are to be counted as income for the student.**

I am receiving financial assistance from other sources (family members, associations, etc.) to assist in funding my education and/or living expenses. ☐ Yes ☐ No

If yes, provide the following for each source of assistance (use back if more space is needed):

Name	_____	Address	_____
Telephone	( ) _____	City, St, ZIP	_____

**WARNING** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature

Printed Name/Title

Date





**Student Status Questionnaire**  
Tax Credit Properties



I/We, \_\_\_\_\_, certify that all information listed below is true.

Please list ALL household members below.

<i>Household Member's Full Name</i>	<i>Social Security Number (or Alien Reg Number)</i>	<i>Age</i>	<i>Attending School?</i>	<i>Name of School</i>	<i>Month &amp; Year Started</i>	<i>Month &amp; Year Ended</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

- 1) Are ALL members of the household currently full-time students? ☐ Yes ☐ No  
(Children in kindergarten through twelfth grades are ALSO considered full-time students.)
- 2) Will ALL members of the household be full-time students at any point in the next 12 months? ☐ Yes ☐ No
- 3) Will ALL members of the household be/have been full-time students any 5 months of this calendar year? ☐ Yes ☐ No
- 4) If #1 or #2 or #3 were answered “☒ Yes”, please answer the following:
  - Are any Students minors and are they tax dependents of their parents/legal guardians? (provide prior year’s tax return) ☐ Yes ☐ No
  - Are any adult household members married and entitled to file a joint tax return? (provide prior year’s tax return or marriage certificate) ☐ Yes ☐ No
  - Are any Students receiving TANF (AFDC)? (provide contact information for case worker) ☐ Yes ☐ No
  - Are any Students part of a JPTA program? (provide contact information for supervisor) ☐ Yes ☐ No
  - Are any Students formerly part of a Foster Care Program? (provide contact information for case worker) ☐ Yes ☐ No

**A full-time student household may qualify if one of the questions in 4) are checked “yes” and verified.**

*Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."*

Tenant/Applicant Signature	Printed Name	Date
Co-Tenant/Applicant Signature	Printed Name	Date



# AUTHORIZATION FOR RELEASE OF INFORMATION

ALL adult household members must sign a separate form.



**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Pierre Properties** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

<b>IDENTITY AND MARITAL STATUS</b>	<b>EMPLOYMENT, INCOME, AND ASSETS</b>	<b>RESIDENCES &amp; RENTAL ACTIVITY</b>
<b>CREDIT AND CRIMINAL ACTIVITY</b>	<b>MEDICAL OR CHILD CARE ALLOWANCES</b>	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

<b>TRIBAL, LOCAL, STATE, &amp; FEDERAL</b>	<b>SOCIAL SECURITY ADMINISTRATION</b>	<b>STATE UNEMPLOYMENT AGENCIES</b>	<b>SCHOOLS AND COLLEGES</b>
<b>COURTS AND POST OFFICES</b>	<b>MEDICAL &amp; CHILD CARE PROVIDERS</b>	<b>UTILITY COMPANIES</b>	<b>WELFARE AGENCIES</b>
<b>LAW ENFORCEMENT AGENCIES</b>	<b>SUPPORT &amp; ALIMONY PROVIDERS</b>	<b>VETERANS ADMINISTRATION</b>	<b>LANDLORDS</b>
<b>CREDIT PROVIDERS &amp; BUREAUS</b>	<b>PAST &amp; PRESENT EMPLOYERS</b>	<b>BANKS &amp; OTHER FINANCIAL INSTITUTIONS</b>	
<b>PUBLIC HOUSING AGENCIES</b>	<b>RETIREMENT SYSTEMS</b>		

**A 45.00 APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3<sup>rd</sup> party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or RD, or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or RD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**For information requested from financial institutions, Costello Property Management certifies that it handles all information gathered in compliance with the applicable provisions of the Right to Financial Privacy Act of 1978. "This Institution is an Equal Opportunity Provider & Employer."**

**PENALTIES FOR MISUSING THIS CONSENT:** 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 for 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 at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

**DISCLOSURE:** "This institution is an equal opportunity provider and employer." *"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*

**CONDITIONS:** I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. I UNDERSTAND I HAVE A RIGHT TO REVIEW MY FILE AND CORRECT ANY INFORMATION THAT I CAN PROVE IS INCORRECT.

## SIGNATURES

\_\_\_\_\_  
Adult Household Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative of Costello Property Management

\_\_\_\_\_  
Manager  
(Print Name and Title)

\_\_\_\_\_  
Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



# AUTHORIZATION FOR RELEASE OF INFORMATION

ALL adult household members must sign a separate form.



**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Pierre Properties** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

<b>IDENTITY AND MARITAL STATUS</b>	<b>EMPLOYMENT, INCOME, AND ASSETS</b>	<b>RESIDENCES &amp; RENTAL ACTIVITY</b>
<b>CREDIT AND CRIMINAL ACTIVITY</b>	<b>MEDICAL OR CHILD CARE ALLOWANCES</b>	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

<b>TRIBAL, LOCAL, STATE, &amp; FEDERAL</b>	<b>SOCIAL SECURITY ADMINISTRATION</b>	<b>STATE UNEMPLOYMENT AGENCIES</b>	<b>SCHOOLS AND COLLEGES</b>
<b>COURTS AND POST OFFICES</b>	<b>MEDICAL &amp; CHILD CARE PROVIDERS</b>	<b>UTILITY COMPANIES</b>	<b>WELFARE AGENCIES</b>
<b>LAW ENFORCEMENT AGENCIES</b>	<b>SUPPORT &amp; ALIMONY PROVIDERS</b>	<b>VETERANS ADMINISTRATION</b>	<b>LANDLORDS</b>
<b>CREDIT PROVIDERS &amp; BUREAUS</b>	<b>PAST &amp; PRESENT EMPLOYERS</b>	<b>BANKS &amp; OTHER FINANCIAL INSTITUTIONS</b>	
<b>PUBLIC HOUSING AGENCIES</b>	<b>RETIREMENT SYSTEMS</b>		

**A 45.00 APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3<sup>rd</sup> party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or RD, or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or RD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**For information requested from financial institutions, Costello Property Management certifies that it handles all information gathered in compliance with the applicable provisions of the Right to Financial Privacy Act of 1978. "This Institution is an Equal Opportunity Provider & Employer."**

**PENALTIES FOR MISUSING THIS CONSENT:** 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 for 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 at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

**DISCLOSURE:** "This institution is an equal opportunity provider and employer." *"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*

**CONDITIONS:** I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. I UNDERSTAND I HAVE A RIGHT TO REVIEW MY FILE AND CORRECT ANY INFORMATION THAT I CAN PROVE IS INCORRECT.

## SIGNATURES

\_\_\_\_\_  
Adult Household Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative of Costello Property Management

\_\_\_\_\_  
Manager  
(Print Name and Title)

\_\_\_\_\_  
Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



**Pierre Properties**  
1900 Kennedy Drive, Pierre, SD 57501  
Office; (605) 224-0284 Fax: (605) 224-8244



## Household Information

Head of Household's Name: \_\_\_\_\_

Building and Unit Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

---

### Other Household Members:

Full Name	Age	Relationship	Phone
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

---

### Emergency Contact Information:

Person to contact in an Emergency: \_\_\_\_\_

Address, City, St, ZIP: \_\_\_\_\_

Phone (home & work): \_\_\_\_\_

☐ Yes   ☐ No   This person is authorized to enter my home in the event of an emergency.

---

### Vehicle Information:

Make, Model, Color & License: \_\_\_\_\_

Make, Model, Color & License: \_\_\_\_\_

Make, Model, Color & License: \_\_\_\_\_

*"This Institution is an Equal Opportunity Provider & Employer"*