



Riverstone Townhomes {619}
390 24th St. SE, HURON, SD 57350

Office: (605)484-2156 Fax: (605)554-0294, riverstone@costelloco.com



Dear Applicant,

Thank you for your interest in Riverstone Townhomes {619}! Rent includes water, sewer and garbage

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

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
2 BEDROOM	877	\$0-\$686	Varies	\$159	Huron School District
3 BEDROOM	1042	\$0-\$959	Varies	\$175	Huron School District

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 18 years of age and over 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).

	2 People	3 People	4 People	5 People	6 People	7 People
40% Limit	\$23,400	\$26,320	\$29,240	\$31,600	\$33,920	\$36,280
50% Limit	\$29,250	\$32,900	\$36,550	\$39,500	\$42,400	\$45,350
60% Limit	\$35,100	\$39,480	\$43,860	\$47,400	\$50,880	\$54,420

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
--	---------	---------

(May 2020)

"This Institution is an Equal Opportunity Provider."

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

2 Bedroom	2	5
3 Bedroom	3	7

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

- 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, Declaration of Section 214 (Citizenship) Status* for each household member, *Child Support/Alimony 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 non-US Citizen's INS document(s)

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!

Penny Keller

Riverstone Townhomes {619}

390 24th St. SE

HURON, SD 57350

Office: (605)484-2156 Fax: (605)554-0294

riverstone@costelloco.com

"This Institution is an Equal Opportunity Provider"

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, 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."

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

Return to:

TTY: 711

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 _____

Co-Applicant Name _____

Current Address _____

Current Address _____

City, State ZIP _____

City, State ZIP _____

Home/Cell Phone Number(_____) _____

Home/Cell Phone Number(_____) _____

Work Phone Number (_____) _____

Work Phone Number (_____) _____

Email Address _____

Email Address _____

Current Marital Status: Single _____ Married _____

Current Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Widowed _____

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

- How did you hear about our apartment Community? _____
- What state(s) has each household member lived in: _____
- Do you anticipate adding anyone to your household? If Yes, please explain: _____ ☐ Yes ☐ No
- 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 _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	Current Residence _____ Landlord/Realtor Phone # (____) _____ - _____ Address _____ _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA
Previous Residence _____ Landlord/Realtor Phone # (____) _____ - _____ Address _____ _____ Monthly rent/mortgage \$ _____ Dates of Occupancy _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	Previous Residence _____ Landlord/Realtor Phone # (____) _____ - _____ Address _____ _____ Monthly rent/mortgage \$ _____ Dates of Occupancy _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> 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

Co-Applicant

Employer Name _____

Employer Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Rate per Hour _____ Hours per Week _____

Rate per Hour _____ Hours per Week _____

Annual Income _____

Annual Income _____

How long employed at this job _____

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 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. 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: _____



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: Riverstone Townhomes {619}** 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:

IDENTITY AND MARITAL STATUS
CREDIT AND CRIMINAL ACTIVITY

EMPLOYMENT, INCOME, AND ASSETS
MEDICAL OR CHILD CARE ALLOWANCES

RESIDENCES & RENTAL ACTIVITY

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:

TRIBAL, LOCAL, STATE, & FEDERAL
COURTS AND POST OFFICES
LAW ENFORCEMENT AGENCIES
CREDIT PROVIDERS & BUREAUS
PUBLIC HOUSING AGENCIES

SOCIAL SECURITY ADMINISTRATION
MEDICAL & CHILD CARE PROVIDERS
SUPPORT & ALIMONY PROVIDERS
PAST & PRESENT EMPLOYERS
RETIREMENT SYSTEMS

STATE UNEMPLOYMENT AGENCIES
UTILITY COMPANIES
VETERANS ADMINISTRATION
BANKS & OTHER FINANCIAL INSTITUTIONS

SCHOOLS AND COLLEGES
WELFARE AGENCIES
LANDLORDS

A _____ **APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3rd 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, 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."

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

(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: Riverstone Townhomes {619}** 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:

IDENTITY AND MARITAL STATUS EMPLOYMENT, INCOME, AND ASSETS RESIDENCES & RENTAL ACTIVITY
CREDIT AND CRIMINAL ACTIVITY MEDICAL OR CHILD CARE ALLOWANCES

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:

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

A _____ **APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3rd 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, 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."*

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

(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.



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



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



Return to: Riverstone Townhomes {619}

390 24th St. SE, HURON, SD 57350

Office: (605)484-2156 Fax: (605)554-0294



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.

<i>Household Member's Full Name</i>	<i>Relationship to Head of Household</i>	<i>Birth Date</i>	<i>Age</i>	<i>Gender</i>	<i>Social Security Number (or Alien Registration Number)</i>	<i>Are You a Student? (circle one)</i>
	<i>Head of Household</i>					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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement (IRA / 401(k) / Keogh)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reloadable Card (SS, TANF, Child Support, etc)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificates of Deposit (CD's)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whole Life Insurance (not Term)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Bonds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks / Bonds / Mutual Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Asset Accounts*	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note to Manager: If 3rd 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.

Owner's Full Name	Type of Account	Financial Institution – Location Name & Phone Number of Contact Person	Value

12. Do you have cash on hand, at home, or in a safe deposit box? If "Yes", value: _____ ☐ Yes ☐ No

13. Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments? ☐ Yes ☐ No

14. 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.

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

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 ☐ NoSelf-Employment ☐ Yes ☐ No**Mgr Note:** Prior 3 year's 1040s also required AND

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

Armed Forces Pay ☐ Yes ☐ NoUnemployment Compensation ☐ Yes ☐ NoSeverance Pay ☐ Yes ☐ NoWorkman Compensation ☐ Yes ☐ NoChild Support – Monitored ☐ Yes ☐ NoChild Support – Non-Monitored ☐ Yes ☐ NoTANF ☐ Yes ☐ NoStudent Financial Assistance (Family, Loans, Grants, Work Study, etc) ☐ Yes ☐ NoTribal Income ☐ Yes ☐ NoWelfare Assistance (Food stamps, etc.) ☐ Yes ☐ NoSocial Security or SSI ☐ Yes ☐ NoRental Income ☐ Yes ☐ NoVeteran's Benefits ☐ Yes ☐ NoPension, Annuity &/or Retirement Account Payments ☐ Yes ☐ NoDisability Benefits (Other than SSI) ☐ Yes ☐ NoDeath Benefits &/or Life Insurance Payments ☐ Yes ☐ NoAlimony ☐ 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 ☐ NoIf "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

Prescription Expenses (E-06) ☐ Yes ☐ No

Other Medical 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 _____



NON-EMPLOYMENT CERTIFICATION



NAME: _____

DOB: _____

A separate form must be filled out by each adult within a household that is not working.

A. Check applicable statement:

- ☐ 1. I am not employed and do not anticipate becoming employed within the next twelve (12) months.
- ☐ 2. I am not presently employed, and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months.
- ☐ 3. I am not presently employed but am aware of an employment start date of _____.
Employer's Name: _____
- ☐ 4. I am employed but I am currently not working due to Covid-19 but anticipate returning.
☐ I filed for Unemployment on: _____.
☐ I do not anticipate filing for Unemployment.

B. Check applicable statement:

- ☐ I have been employed in the last year. If yes, complete the Employment information below:

My last employers name & address was: _____

Last date of employment was: _____

- ☐ I have not been employed for at least a year.

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

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

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.

Date: _____

Signature: _____

Printed Name: _____

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, age, disability, religion, sex, and familial status. (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.

Race and Ethnic Data Reporting Form

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Riverstone Townhomes {619}

390 24th St. SE

HURON, SD 57350

Name of Property

Project No.

Address of Property

Jeff Brooks/Costello Property Mgmt

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Race and Ethnic Data Reporting Form

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Riverstone Townhomes {619}

390 24th St. SE

HURON, SD 57350

Name of Property

Project No.

Address of Property

Jeff Brooks/Costello Property Mgmt

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You may mark one or more.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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

Riverstone Townhomes {619}
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: _____ |





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

Riverstone Townhomes {619}

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: _____ |





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
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 & Year Started</i>	<i>Month & 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 <u>and</u> are they tax dependents of their parents/legal guardians? (provide prior year's tax return)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any adult household members married and entitled to file a joint tax return? (provide prior year's tax return or marriage certificate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any Students receiving TANF (AFDC)? (provide contact information for case worker)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any Students part of a JPTA program? (provide contact information for supervisor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any Students formerly part of a Foster Care Program? (provide contact information for case worker)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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