



Stonebridge {142}

102 8th Avenue SW, Watertown, SD 57201

Phone: (605) 886-4480 Fax: (605) 882-0018, stonebridge@costelloco.com



Dear Applicant,

Thank you for your interest in Stonebridge! Rent includes water, sewer, garbage, heat, electric, snow removal, lawn care, dishwasher, community room, 24 hour emergency maintenance and on-site management.

Washer and dryer are available on-site.

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

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
1 BEDROOM	539-646	\$0-\$660	Depends on rent	\$0	Watertown School Dist.
2 BEDROOM	872	\$0-\$738	Depends on rent	\$0	Watertown School Dist.

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).

	1 Person	2 People	3 People	4 People	5 People
50% HOME Limit	\$27,300	\$31,200	\$35,100	\$39,000	\$42,150
60% Limit	\$32,760	\$37,440	\$42,120	\$46,800	\$50,580

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 and birth certificates for all household members. 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	3
2 Bedroom	2	5

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 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!

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"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.)

Stonebridge Apartments
102 8th Ave SW
Watertown, SD 57201
Phone: (605) 886-4480 Fax: (605) 882-0018 Email: stonebridge@costelloco.com

Project Eligibility Requirements

This document lays out the requirements that relate to applying for and acceptance at the above property. NOTE: The manager of the property that you are applying for is working in behalf of the owner and is referred to in this policy as the "manager" or "owner/agent."

Project Specific Requirements – This housing community is funded by HUD Section 8, the Low Income Housing Tax Credit (LIHTC) and HOME Funds programs and houses persons of all ages.

1. The apartment unit must be the sole residence of all adult household members.
2. All household members who are 18 years of age or older are required to sign consent and verification forms.
3. All information reported by the household is subject to verification.
4. Applicants must agree to pay the rent required by the program under which they will receive assistance.
5. Household members are not required to disclose gender.
6. No one may be added to the lease, or move into the unit without prior approval. The new household member will be subject to the same background screening criteria as a new move-in.
7. **EIV – Enterprise Income Verification** 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." EIV accesses information from many sources including the following:
 - a. The Social Security Administration – benefits for Social Security (SS), Supplemental Security Income (SSI) and Dual Entitlement.
 - b. The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH) – wages, unemployment compensation and new hires.
 - c. The EIV system provides the manager of the property with income information for all household members and their employment history. This information is used to meet HUD's requirements to independently verify employment and /or income shortly after a household moves in and when they recertify for continued rental assistance.
 - d. Property managers can use the EIV system to determine if applicants:
 - Correctly reported their income
 - Used a false social security number
 - Failed to report or under-reported the income of a all household members.
 - Receive rental assistance at another property.
 - e. Household consent is required to get information from EIV. When they 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*, they are giving consent for HUD and the property owner or manager to obtain information to verify employment and/or income and determine all household member's eligibility for HUD rental assistance. Failure to sign the consent forms may result in the denial of housing and assistance or termination of assisted housing benefits. Only those parties listed on the consent form HUD-9887 that is signed have access to the information in EIV pertaining to household members.
 - f. 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 EIV to determine if 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 HUD assistance (including *Housing Choice Vouchers*) before HUD assistance on this property will begin. Special consideration for possible exceptions apply to:
 - a) Minor children in joint custody arrangements where two or more "custodians" received HUD assistance.



- b) Recipients of HUD assistance in another unit who are moving to establish a new household when other household members will remain in the original unit.
- There will be reports produced and reviewed on a monthly basis pertaining to failed verifications, deceased tenants and new hires. Additionally, reports will be generated to prepare for annual and interim recertifications. Also, once a household has resided in the property for 90 days, a report will be processed to verify that income reported at move-in matches income reported in EIV.

Citizenship Requirements – Assisted housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status. All household members, regardless of age, must declare their citizenship or immigration status on a *Citizenship Declaration* form. Non-citizen applicants will be required to submit documentation of eligible immigration status at the time of application, and this documentation will be verified with the government SAVE system through EIV. If the documents needed to support eligible immigration status is temporarily unavailable, the applicant may request an extension. Mixed-citizenship households (where some are citizens or eligible non-citizens and some are not) may be eligible for prorated assistance. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen household members living with the student.

Social Security Number Disclosure Requirements – Applicants must disclose and provide documentation of Social Security Numbers (SSN) for all household members age 6 and older prior to move-in. If a SSN is not disclosed for an applicant household member who is under the age of 6, the household may move in, provided the child was added to the household within the last six months prior to move-in and the child has not been assigned a SSN. The households will have 90 days to provide the SSN. Under extenuating circumstances, one additional 90-day extension may be granted. This is the same extension timeframe allotted to in-place households wishing to add a new member under the age of 6, to the household. The requirement to disclose SSNs applies to all persons living in the unit, including any foster children or foster adults and live-in aides who assist disabled household members.

Social security number requirements do not apply to:

- a) Individuals who do not contend eligible immigration status.
 - The owner/agent will use each resident's *Citizenship Declaration* on file (see *Citizenship Requirements*, above) – whereby the individual did not contend eligible immigration status – to support exception to the requirements to disclose and provide verification of a SSN.
- b) Individuals age 62 or older as of January 31st, 2010, whose initial determination of eligibility for HUD assistance was before January 31, 2010.
 - The eligibility date is based on the initial effective date of the form HUD – 50059 or form 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 cannot merely accept a certification from the applicant stating they qualify for the exemption.
 - This documentation will 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 even if there is a break in his or her participation in a HUD assisted program.

Income Limits

HUD establishes and publishes income limits annually based on household size for each county in the United States based on the median income of the geographic area. New households must be at or below these limits, as applicable to the unit they are applying for. The specific income limits for this property are listed on the cover letter to this Plan.

Economic Mix (Income Targeting) Requirements for Section 8 Properties – 40% of all move-ins to this property each year must be at or below the extremely-low (30%) income limit. Applicants who are above this limit may receive lower priority until the 40% is reached each year based on historical levels. Other applicants must be below the very-low (50%) limits.

Procedures for Accepting Applications and Selecting from Waiting List

Procedures for Accepting Applications and Pre-applications – Applications for residency are available to all persons.

Anyone who wishes to be a resident will generally need to provide at least the following:



- Photo IDs for all adult household members.
- Information on household characteristics: name, age, disability status (only to establish eligibility for a specific property for the elderly/disabled or for certain deductions when determining rent), need for an accessible unit, and race/ethnicity information.
- Household contact information.
- Sources and estimates of household's anticipated annual income and assets
- A completed *Citizenship Declaration*
- Screening Information
- Whether the applicant or any household member is subject to any state's lifetime sex offender registration
- List of states where the applicant and all members of the household have resided
- Disclosure of SSN's for all members of the household or information on applicants who were age 62 or older as of January 31, 2010 and who do not have a SSN if they were receiving HUD rental assistance on January 31, 2010.

Form HUD-92006 will be provided for applicants to identify an individual or organization that the owner may contact in cases of emergency.

1. Applications will be accepted once completed in full and properly signed per unit size and type in chronological time and date order. Households 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 time-and-date order) after preliminary eligibility determination. If an extremely low-income applicant is needed to achieve income targeting requirements, and the next applicant has income above the extremely-low (30% AMI) 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 (see *Economic Mix (Income Targeting) Requirements for Section 8 Properties* section above).
2. Applicants for properties with certain HUD funding (sections 221(d)(3) and 236) who have been displaced by government action or a presidentially declared disaster qualify for a preference. This will prioritize them below those waiting for features of an accessible unit, but above other applicants. Applicants who believe that they may meet this preference may inquire of the property manager to see if the preference applies and to supply documentation supporting their status to meet the preference.
3. The waiting list will be updated a minimum of once every six months. Applicant households who have not informed the property that they want to remain on this list may be removed.
4. 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.
5. Applicants will be deactivated from the waiting list if:
 - a. They do not inform the manager of their desire to stay on the list at least once every 6 months.
 - b. They accept a unit at another community.
 - c. Their application is denied for any reason.
 - d. The property manager is no longer able to contact the applicant by phone or mail.
 - e. They inform the manager by phone, in person or by mail that they no longer need a unit.
 - f. The applicant is offered and rejects a unit three times at the community.

Applicants who are denied may appeal the denial in writing within ten (10) days from the date of receiving a denial letter. A successful appeal will result in reactivation on the top of the waiting list.

Procedures for Applying Preference (Income Targeting) – A preference is applied at this property for extremely-low (30% AMI) income households, called by HUD *Income Targeting*. Owners must make at least 40 percent of the assisted units that become available each year available for leasing to households whose income do not exceed 30 percent of the area median income (*extremely-low* income) at the time of admission or when rental assistance begins. If the owner actively markets at least 40 percent of the annually available units to extremely low-income households but is unable to fill all the units with households meeting the requirement, the owner may be permitted to rent to other eligible households after a reasonable marketing period has expired.

Applicant Screening Criteria – Criminal and Drug-related History and Sex Offender Checks

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. However, consideration may be made when negative history directly relates to a disability and such history is likely not to be repeated if reasonable accommodations can be made. Victims of violence whose negative history directly relates to the violence may also have certain rights (see *Violence Against Women Act* section below).



- A. **Criminal history checks** will be run on every applicant 18 years of age and older. Such checks help the owner to meet a serious business responsibility toward the legitimate end of ensuring safety for residents and physical integrity of the property. Certain crimes, if repeated, would pose a risk to residents and property. Where admission may be denied to a household based on criminal background, and such denial is appealed, an individualized assessment of the criminal record and its impact on the household's suitability for admission will be conducted to the extent possible. This individualized assessment will include consideration of the following factors: (1) the seriousness of the criminal offense; (2) the relationship between the criminal offense and the safety and security of residents, staff, or property; (3) the length of time since the offense, with particular weight being given to significant periods of good behavior; (4) the age of the household member at the time of the offense; (5) the number and nature of any other criminal convictions; (6) evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, teacher, social worker, or community leader; and (7) tenancy supports or other risk mitigation services the applicant will be receiving during tenancy.

When reviewing criminal backgrounds, the below general standards will be used.

- 1) **Expunged or sealed convictions** will not be used in determining eligibility.
- 2) **Arrest or charge that was resolved** without conviction will not be used. Although admission will not be denied solely based on an arrest, an arrest may be the basis for further inquiry and a decision can be made on the conduct and other supporting information such as police reports detailing the circumstances of the arrest, witness statements and other relevant documentation. Arrests and open cases may also be used to determine that a pattern of behavior evidenced by past convictions continues.
- 3) Any applicant unlawfully obtaining government assistance or committing fraud will be denied.
- 4) **Violent crimes against persons**
 - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 20 years of application. Persons with felony convictions for murder, attempted murder and terrorism may be denied for up to 50 years.
 - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 10 years of application. Persons with convictions for misdemeanor murder or attempted murder may be denied for up to 25 years. Persons with convictions for misdemeanor terrorism may be denied for up to 50 years.
- 5) **Crimes against property**
 - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes against property, the application will be denied if the conviction, or exit from incarceration, occurred within 7 years of application; and may be denied if the conviction, or exit from incarceration, occurred more than 7 years before application. The limit for persons with a felony arson conviction is 15 years.
 - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes against property, the application may be denied if the conviction, or exit from incarceration, occurred within 5 years of application. The limit for persons with a misdemeanor arson conviction is 10 years.
- 6) **Nonviolent felony and misdemeanor offenses**
 - a. If a member of an applicant household has been convicted of a nonviolent felony offense that is not a crime against a person or property, the application may be denied if the crime, if repeated, would impact the safety of the residents or the integrity of the programs funding the property (such as fraud). Such convictions will generally not result in denial after 7 years for felonies and 5 years for misdemeanors.
 - b. Some criminal convictions (felony or misdemeanor) that do not involve violent crimes against others or property and that, if repeated, are not likely to impact the safety of the residents or the integrity of the programs funding the property, provide no basis for application denial.
- 7) **Drug-related**

- a. All applicants who are currently engaging in **illegal drug use** will be denied.
 - b. All applicants who have been convicted of **distribution or manufacture of illegal drugs** will be denied.
 - c. All applicants may be denied for which the landlord determines that there is reasonable cause to believe that a household member's **alcohol abuse** or pattern of alcohol abuse (or **illegal use of drugs** or pattern of illegal use of drugs) may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
 - d. 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 has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (for example the household member no longer resides with the applicant household) the owner may, but is not required to, admit the household.
 - e. Exceptions to the criminal standards relating to past illegal drug use (but not distribution or manufacture) may be made for those participating in or having graduated from a State Drug Court Program. Only programs sanctioned by the State's Judicial System following the National Drug Court Model will be considered for this exception.
- B. All applicant household members will be checked against the Dru Sjodin National Sex Offender Database for lifetime sex offenders in all states that they have lived. If found on registry, applicant will be denied.

Applicant Screening Criteria – EIV Existing Tenant Search

Prior to move-in, the EIV *Existing Tenant Search* will be run on all applicants. This report will inform if a household is receiving HUD assistance at any other property and not eligible to receive assistance at the new property.

Applicant Screening Criteria – Credit and Other Screening Criteria

- A. **Credit reports** will be done on all applicants 18 years of age and older.
- 1) Applicants without credit history will not be denied.
 - 2) A positive credit history is desired.
 - 3) Applicants with the following negative credit history may be denied;
 - a) Undischarged bankruptcies within 24 months
 - b) Outstanding landlord debt evident within 60 months
 - c) Collections within 24 months
 - d) Legal items, such as judgements, within 24 months
 - e) Outstanding tax liens within 24 months
 - f) Evictions filed within 60 months
 - g) If they are included on management exclusion list for negative history with other Costello properties.
 - h) Passing bad checks
 - i) Address(es) provided on application could not be verified.
- B. **Rental History**
- 1) Lack of rental history is not grounds for rejection; however personal references will be required.
 - 2) Applicants with previous rental history must have references as a good resident, including but not limited to the following:
 - a. Favorable rent history (rent was paid on time).
 - b. Have no material non-compliance violations of the rental agreement.
 - c. Kept the unit clean and in good condition.
 - d. Must not have allowed unauthorized residents to reside in the unit.
 - e. Must not have endangered the health and safety of any other residents, the landlord or any of his agents.
 - f. Must not have interfered with the rights and quiet enjoyment of the other residents.
 - g. 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.
- C. If a household is applying for a unit that does not have rental assistance, they must demonstrate the ability to pay rent. Applicants must have monthly gross income no less than two times (2 X) the monthly rental amount.

Procedures for Rejecting Ineligible Applicants – If an applicant is denied admission to the property they will receive a written notice stating the reason(s) for the rejection. The notice will also inform how the applicant can obtain the background



checks that were used to make the decision. The applicant has the right to respond in writing to dispute the rejection within 14 days of the notice.

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.

Victims of domestic violence, dating violence, sexual assault, or stalking have certain rights. See the section below *Violence Against Women Act*.

Occupancy Standards

In order to ensure that a property and unit is not overburdened with too many residents while not underutilizing units, occupancy standards have been established with minimum and maximum numbers of residents allowed by unit size. The specific income limits for this property are listed on the cover letter to this Plan.

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 needs the larger unit as a reasonable accommodation.
 - b. A person displaced from another unit at the property needs a unit when no appropriately sized unit is available.
 - c. One member remains of a formerly larger household and no appropriately sized unit is available.
2. A larger unit size may be assigned upon request if one of the following conditions exists:
 - a. The household needs a larger unit as a reasonable accommodation for a household member who has a disability.
 - b. No eligible applicant household in need of the larger unit is available to move into the unit within 60 days and the property has the proper size unit for the household but it is not currently available. The household must also agree in writing to move at its own expense when a proper size unit becomes available.

Unit Transfer Policies

1. Current tenants requesting a unit transfer must have just cause. No transfer will be made without management's approval and consideration of the community's financial status. Households 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 no damage to the property or poor housekeeping habits resulting in health or safety hazards.
2. Current resident households requesting a unit transfer for the following reasons will be given preference for a unit over those on the waiting list to move into the property. The order of granting multiple transfer requests outstanding at the same time will be on a priority basis based on urgency of need, then time of request.
 1. A unit transfer for a medical reason certified by a qualified professional, a need for an accessible unit or to accommodate a person with a disability.
 2. A victim of violence that seeks an emergency transfer within a property under the Violence Against Women Act (VAWA) to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will not need to reapply or be subject to rescreening.
 3. A victim of violence that seeks an emergency transfer from another property managed by Costello Property Management under the Violence Against Women Act (VAWA) to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply but will not be subject to re-screening as long as they are in good standing at their current residence.
 4. A victim of violence that seeks an emergency transfer from another property not managed by Costello Property Management under the Violence Against Women Act (VAWA) to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply and will be subject to re-screening as are other applicants.
 5. A required unit transfer due to household size or changes in household composition. When an owner determines that a transfer is required, the household must move within 30 days after notification that a unit of the required size is available within the property or may remain in their current unit and pay the approved market rent.

Policies to Comply with Section 504 of the Rehabilitation Act of 1973, The Fair Housing Act and other Civil Rights Statutes and Executive Orders

1. Non-Discrimination Policies



The owner and management company does not discriminate based upon race, color, religion, creed, national origin, sex, age, disability or familial status.

2. 504 Compliance

The landlord complies with Section 504 of the Rehabilitation Act, which prohibits discrimination in all HUD subsidized or assisted housing programs solely based on disability and that physical accessibility is provided for persons with disabilities. Questions relating to Section 504 and accessibility for individuals with disabilities can be directed to Costello Property Management's 504 Coordinator, Scott Michael Dunn, by phone at (605)336-9131. If an applicant feels that they have been discriminated against, contact South Dakota Housing and Development Authority's (SDHDA) 504 Coordinator, at 1-800-540-4241.

3. FHA Compliance

The Fair Housing Act (FHA) prohibits discrimination in the sale, rental or financing of housing based on race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination based on age and state law prohibits discrimination based on creed. If an applicant has a question regarding Fair Housing or feel that they have been discriminated against, contact the statewide Fair Housing ombudsman, Paul Flogstad, at (877) 832-0161.

4. Limited English Proficiency

Executive Order 13166, *Improving Access to Services for Persons with Limited English Proficiency (LEP)* requires government agencies and owners to take affirmative steps to communicate with persons who need services or information in a language other than English. We take all reasonable steps to ensure meaningful access to the information and services we provide for persons with LEP. This may include interpreter services and/or written materials translated into other languages.

Opening and Closing the Waiting List

1. 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.
2. When the waiting list is re-opened and applications will be accepted again, notice will be published in the local newspaper.

Eligibility for Students

HUD and HOME Student Eligibility

Student eligibility restrictions apply to applicants enrolled at an institution of higher education who are under 24 years of age, unless the student is living with his/her parents.

If the student meets at least one of the following criteria, they qualify:

- A veteran
- Married
- A parent with a dependent child
- A disabled individual who was receiving Section 8 assistance prior to November 30, 2005

If they do not meet one of the above, the student must be either:

1. Independent from parents OR
2. Have parents who are income-eligible

To prove that a person is "independent," ALL of the following must be documented. The person must:

- A. Be of legal contract age under state law, AND
- B. Have established a separate residence (NOT dormitory housing) from parents for at least a year OR meet the U.S. Department of Education definition of an independent student, AND

- NOTE: in addition to the above criteria, an "independent student" includes one who is any one of the following:

- A veteran
- Has a legal dependent (example: a parent)
- A graduate or professional student
- A "vulnerable youth", including:
 - An orphan or ward of the State or in foster care at any point since age 13.
 - An unaccompanied homeless child or youth who is self-supporting as defined by 1) the McKinney-Vento Act, 2) Runaway and Homeless Youth Act or 3) a financial aid administrator.
 - An emancipated minor or was one before they became an adult.



- C. Not be claimed on their parent's tax return, AND
- D. Have documentation from their parents establishing if they do or do not receive financial assistance from the parents (except for "vulnerable youths").

If the applicant does not meet any of the above criteria; they must meet eligibility requirements and their parents, individually and jointly, must be below the low-income limit for the area in which they live. If any student in a household is an ineligible student at the time of application, the household application will be denied for occupancy.

If any member of a household becomes an ineligible student at any point in the future, the household is ineligible to receive rental assistance.

LIHTC Student Eligibility

In addition to the above HUD-based student rules, each household must also meet completely different LIHTC student rules, as follows.

Generally, households made up entirely of full-time students do not qualify for LIHTC units. The following 5 exceptions apply, however.

1. All adults are married and entitled to file a joint tax return.
2. An adult member is a single parent with a minor child in the unit, the adult is not a tax dependent of any third party, and the children are not claimed as a tax dependent by anyone other than one of their parents (even if the other parent is not in the unit).
3. The household includes a member who receives welfare assistance in the form of Temporary Assistance to Needy Households (TANF).
4. The household includes a member who formerly was a foster child or adult
5. The household contains a member who gets assistance from the Job Training Partnership Act (JTPA), Workforce Investment Act or similar program.

If a full-time student household does not meet any of the above criteria at the time of application, the household application will be denied for occupancy.

If any household becomes an ineligible student household at any point in the future, the household is no longer eligible to reside in an LIHTC unit.

The Violence Against Women Act

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. If a household otherwise qualifies for occupancy, they cannot be denied admission or denied assistance solely based on factors relating to the fact that any member or affiliated individual is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means a spouse, parent, brother, sister, or child, or a person to whom a person stands in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household

If an application is denied based on factors that a household feels are directly related to the fact that a household member or other affiliated individual is a victim, they may inform the manager of this at the property where they are applying. A *Victim Certification* form will be provided along with a *Notice of Rights Under VAWA*. A completed *Victims Cert*, police reports, statements from persons who provided victim care or other documentation as listed in the *Notice* may be submitted within 14 business days. The manager will then consider their rights under VAWA and inform if they qualify for overturn of the denial. If a request is not received within the 14 days, the owner is under no further obligation and the denial will be upheld. All information provided will be kept in the strictest confidence and not put on any shared database.

A tenant who is a victim of a VAWA crime may request an emergency transfer when further violence or harm is imminent, or if the tenant was a victim of a sexual assault occurring on the property within 90 days prior to the transfer request. Our Emergency Transfer Plan is available to anyone requesting to see it.



Screening Reports

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

Stonebridge {142}
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)

Apartments.com Costello Website

Drive By Local Newspaper

Other Previous Resident

Current Resident Renter's Guide

Friend/Family Online

Outreach Group Other: _____





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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 Stonebridge {142}
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

This is a Non-Smoking Community!



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

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

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 _____	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	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 _____	Previous Residence _____ Landlord/Realtor Phone # (____) _____ - _____ Address _____
Monthly rent/mortgage \$ _____ Dates of Occupancy _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	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: _____

Household Member's Name: _____

Type of Income: _____

Type of Income: _____

Source of Income: _____

Source of Income: _____

Annual Amount: \$ _____

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, audiotape, 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: _____



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
						Yes No

- Will this unit be the PRIMARY residence for the Head of Household and all Co-Heads of Household? Yes No
- Are any household members separated, but not divorced? If yes, who? _____ Yes No
- Are the minors listed above in your household less than 50% of the time? Yes No
- 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: _____
- Are any of the members of your household temporarily absent? (For example: in the military or away at college) Yes No
 Who: _____ Explain: _____
- 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? _____
- 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.

<i>Owner's Full Name</i>	<i>Type of Account</i>	<i>Financial Institution – Location Name & 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 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.

<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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Student Financial Assistance (Family, Loans, Grants, Work Study, etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Self-Employment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tribal Income | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Mgr Note: Prior 3 year's 1040s also required AND Schedule C (Business), E (Rental) or F (Farm)</i> | | Welfare Assistance (Food stamps, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Armed Forces Pay | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security or SSI | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Income | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Severance Pay | <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran's Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Workman Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension, Annuity &/or Retirement Account Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Monitored | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Benefits (Other than SSI) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Non-Monitored | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits &/or Life Insurance Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TANF | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____

Project Name: _____ Initial Certification: _____

Unit No.: _____ Bedroom Size: _____ Annual Recertification: _____

Applicant Name: _____

Address: _____
Street, Box No. City State Zip

1. List all occupants of the unit

Occupant	Relationship	Social Security Number	Date of Birth	Sex
(a) _____	Head of Household	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) _____	_____	_____	_____	_____
(f) _____	_____	_____	_____	_____

2. Are all members of the household U.S. Citizens? Yes No

3. Is any member of the household a full or part-time student at an institution of higher education? Yes No

4. Race - Head of Household:

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> American Indian/ Alaskan Native & Black African American | <input type="checkbox"/> Other Multi-Racial |

Hispanic Head of Household: Yes No

5. The following question is optional. However, the information supplied may be used to determine any special needs you may have.

Do any family members have a disability? Yes No
 If so, what type of special accommodations may be needed? _____

6. If tenant is already residing in the HOME project, complete this section. Otherwise, go to Question 7.

CURRENT RENT	CURRENT UTILITY ALLOWANCE
Monthly \$ _____	Monthly \$ _____

7. Do you currently receive rental assistance? Yes No
 If yes, are you receiving: Section 8 Certificate Amount Per Month: \$ _____
 Section 8 Voucher
 Other

8. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. Is any member of your household employed, full-time, part-time, or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does any member of your household expect to work for any period during the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does any member of your household work for someone who pays them in cash? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does any member of your household now receive or expect to receive unemployment benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does any member of your household now receive or expect to receive child support? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is any member of your household entitled to child support that he/she is not now receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Does any member of your household now receive or expect to receive alimony payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Is any member of your household entitled to alimony payments that he/she is not now receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Does any member of your household receive or expect to receive welfare assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Does any member of your household receive or expect to receive Social Security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Does any member of your household receive or expect to receive income from a pension or annuity? | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from the rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Is anyone in the household a student at an institute of higher learning and age 18-23? | <input type="checkbox"/> | <input type="checkbox"/> |

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

Family Member	Source & Type of Income	Annual Income

If additional space is needed attach a separate sheet.

9. List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.

Family Member	Financial Institution	Account Number	Type	Balance

If additional space is needed attach a separate sheet.

10. List value of all stocks, bonds, trusts, pension contributions, or other assets:

11. Do you own a home or other real estate? Yes No

12. Did you have any assets in the last two years not listed above? Yes No

a. If yes, did you dispose of any assets for less than fair market value? Yes No
 (This means that the assets were either given away or sold at less than the allotted market value.)

b. What were the assets, the market value at the time of disposition, the amount received, and date you disposed of the assets? _____

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.

RESIDENT'S STATEMENT: I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner/manager to verify all information provided on this application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law and grounds for eviction. I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Head of Household: _____ Date: _____

Signature of Spouse or Co-Tenant: _____ Date: _____



**HOME Program
Eligibility Release Form**

Organization requesting release of information
(PJ name, address, telephone, and date)

Information Covered: Inquiries may be made about
items initialed by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

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.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap/Disabled Family Member <input type="checkbox"/> Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:
Family Member #1

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4



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

*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:

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Case Worker: _____
Phone Number: (_____) _____
Address: _____
***Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

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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

DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child,



DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

- 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**
If you checked this block, you must submit the following documents:

NOTE: If you checked this block and you are 62 years of age or older, you need only to submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents: non-citizens claiming eligible status who is 62 or older:

- a. Verification Consent Form

AND

- b. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph B above are not currently available, complete the Request for Extension block below.

Signature

Date

- Check here if adult signed for a child.



DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child.

3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child.



DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
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1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

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 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
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Signature

Date

Check here if adult signed for a child.

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If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child.



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)

102 8th Avenue SW
Watertown, SD 57201

Stonebridge {142}		
Name of Property	Project No.	Address of Property
Stone Bridge LP/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 form 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)

Stonebridge {142}		102 8th Avenue SW
Name of Property	Project No.	Address of Property
Stone Bridge LP/Costello Property Mgmt		Watertown, SD 57201
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.**

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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.

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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.



**Student Status Questionnaire
Tax Credit Properties**



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

Please list ALL household members below.

Household Member's Full Name	Social Security Number (or Alien Reg Number)	Age	Attending School?	Name of School	Month & Year Started	Month & Year Ended
			<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



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 _____