

Whispering Meadows {176} is a NON-SMOKING PROPERTY



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

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date



Screening Reports

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 **Whispering Meadows (176)**
Community Billed

For Office Use: Complete from State ID		No Photo
Birthdate _____	Soc. Sec # _____	
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: _____





Application for Rental

Revision Date: 6-2-2020

Return to:

TTY: 711

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

This is a Non-Smoking Community!



APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL

Bedroom Size Requested: One Bedroom _____ Two Bedroom _____ Three Bedroom _____ Four Bedroom _____

Applicant Name _____

Co-Applicant Name _____

Current Address _____

Current Address _____

City, State ZIP _____

City, State ZIP _____

Home/Cell Phone Number(_____) _____

Home/Cell Phone Number(_____) _____

Work Phone Number (_____) _____

Work Phone Number (_____) _____

Email Address _____

Email Address _____

Current Marital Status: Single _____ Married _____

Current Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Widowed _____

Divorced _____ Separated _____ Widowed _____

DISCLOSURE REGARDING TEXTING:

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

Applicant's Signature: _____

Co-Applicant's Signature: _____

DID ANYONE ASSIST YOU IN COMPLETING THE APPLICATION PACKET?

Yes No

If Yes, who: _____

Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

- How did you hear about our apartment Community? _____
- What state(s) has each household member lived in: _____
- Do you anticipate adding anyone to your household? If Yes, please explain: _____ Yes No
- Is anyone in the household a current user/abuser of an illegal controlled substance? Yes No

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

RESIDENTIAL HISTORY
(List consecutively)

Applicant

Co-Applicant

Current Residence Landlord/Realtor Phone # (____)____ - Address _____	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 _____
Address _____
Phone Number _____
Rate per Hour _____ Hours per Week _____
Annual Income _____
How long employed at this job _____

Employer Name _____
Address _____
Phone Number _____
Rate per Hour _____ Hours per Week _____
Annual Income _____
How long employed at this job _____

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

If Yes, please list here:

Household Member's Name: _____
Type of Income: _____
Source of Income: _____
Annual Amount: \$ _____

Household Member's Name: _____
Type of Income: _____
Source of Income: _____
Annual Amount: \$ _____

EMERGENCY CONTACT

Name _____ Home Telephone Number (_____) _____
Mailing Address _____ Work Telephone Number(_____) _____
City, State ZIP _____ Relationship _____

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

SIGNATURE AND CONSENT

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

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



"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, 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: _____



Return to: **Whispering Meadows {176}**
 210 3rd St. West, Mobridge, SD 57601
 Office: (605)845-3094 Fax: (605)845-3093



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.

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

- 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 | Retirement (IRA / 401(k) / Keogh)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificates of Deposit (CD's)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reloadable Card (SS, TANF, Child Support, etc)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Whole Life Insurance (not Term)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Market* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Bonds* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Internet-based Assets (Venmo, PayPal, etc)* | <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 |
| Trusts* | <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
 If "Yes", is it for sale? Yes No Rented? Yes No Sold? 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.

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

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

If "Yes" is it being pursued through either a court or agency? Yes No

Which agency is pursuing collections? _____

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

If yes, who: _____

18. Does anyone outside the household pay any regular expenses and/or give you cash or non-cash contributions regularly? Yes No

If yes, who: _____

19. Are any changes in income arranged from any source during the upcoming year? Explain _____ Yes No

HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE

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

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

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

Applicant _____ Date _____

Co-Applicant _____ Date _____

Other Adult Household Member _____ Date _____

Other Adult Household Member _____ Date _____



**Expense Questionnaire
HUD or USDA Properties Only**



EXPENSE INFORMATION

All information should be calculated on an Annual Basis.

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

Please list all requested information relating to childcare below:

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

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

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

Medical Insurance (E-03) Yes No

Other Medical Expenses (E-06) Yes No

Prescription Expenses (E-06) Yes No

Care Attendant Expenses (E-06) Yes No

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

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

HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE

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

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

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

Head of Household/Applicant _____ Date _____
 Other Adult Household Member _____ Date _____
 Other Adult Household Member _____ Date _____
 Other Adult Household Member _____ Date _____



Child Support/Alimony Questionnaire

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



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

Minor's Name: _____

1. Custodial Parent's Name: _____

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

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

4. Initial all areas that apply:

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

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

- e. _____ I have taken the following steps to receive the child support or alimony I am entitled to (if NO steps have been taken, then child support must be counted in full): _____
***Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**
- f. _____ I receive \$ _____ total per month for _____ from
Child Support Enforcement or other Collection Agency
Case Worker: _____
Phone Number: (____) _____
Address: _____

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

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

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

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

Member Signature	Printed Name	Date
Member Signature	Printed Name	Date
Member Signature	Printed Name	Date



Student Status Questionnaire
HUD, HOME & USDA Properties



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

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

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

Name of Institute: _____

Name of Advisor or Counselor: _____

Telephone: _____ Email Address: _____

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

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

*I am a dependent of the household. [] Yes [] No

*I am an orphan or ward of the court. [] Yes [] No

*I am married. Date Married: _____ [] Yes [] No

*I have dependent child(ren). Name(s) _____ [] Yes [] No

*I am 24 years old or older. Birthday: _____ [] Yes [] No

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

*I am a graduate or professional student. [] Yes [] No

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

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

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

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

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

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

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

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

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

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

Signature

Printed Name/Title

Date



**Student Status Questionnaire
Tax Credit Properties**



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

Please list ALL household members below.

Household Member's Full Name	Social Security Number (or Alien Reg Number)	Age	Attending School? <input type="checkbox"/> Yes <input type="checkbox"/> No	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



AUTHORIZATION FOR RELEASE OF INFORMATION



ALL adult household members must sign a separate form.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Whispering Meadows (176)** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

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

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

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

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

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

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

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

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

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

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

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

SIGNATURES

Adult Household Member

(Print Name)

Date

Authorized Representative of Costello Property Management

Manager
(Print Name and Title)

Date



CERTIFICATION OF ASSETS UNDER \$5,000

For households whose combined net assets do not exceed \$5,000

Complete only one form per household: include assets of children



I/We certify that all household assets, including those of children, are all listed below

(A) Cash Value*	(B) Interest Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Interest Rate	(A*B) Annual Income	Source
\$	%	\$	Savings Account	\$	%	\$	401(k) Accounts
\$	%	\$	Checking Account	\$	%	\$	Keogh Accounts
\$	%	\$	Cash on Hand	\$	%	\$	Trust Funds
\$	%	\$	Reloadable Card	\$	%	\$	Certificates of Deposit
\$	%	\$	Stocks	\$	%	\$	Equity in Real Estate
\$	%	\$	Bonds	\$	%	\$	Land Contracts
\$	%	\$	Money Market Funds	\$	%	\$	Capital Investments
\$	%	\$	IRA Accounts	\$	%	\$	Lump Sum Receipts
\$	%	\$	Life Insurance Policies (excluding Term)				
\$	%	\$	Other Retirement/Pension Funds not listed				
\$	%	\$	Personal Property Held as an investment				
\$	%	\$	Safety Deposit Box Items				
\$	%	\$	Internet-based Assets (Venmo, PayPal, etc.):				
\$	%	\$	Other (list):				

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal Property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily use autos, clothing, assets of an active business or special equipment for use by the disabled.

Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only the amounts that are.

I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from those family assets are \$. This amount is included in total gross annual 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."

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

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

Name of Property

Name of Household Member

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	
Gender	Select One
Male	
Female	

_____ I do not wish to furnish this information.

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

Signature

Date

Race and Ethnic Data Reporting Form

(for RD properties)

<u>Whispering Meadows #1761</u>		210 3rd St. West
Name of Property	Project No.	Mobridge, SD 57601
		Address of Property
<u>Whispering Meadows LP/Costello Property Mgmt</u>		
Name of Owner/Managing Agent		Type of Assistance or Program Title:

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to finish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.

Name of Household Member

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	
Gender	Select One
Male	
Female	

_____ I do not wish to furnish this information.

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

Signature

Date

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)

Whispering Meadows [176]

210 3rd St. West
Mobridge, SD 57601

Name of Property

Project No.

Address of Property

Whispering Meadows 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 format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., SW, STOP 9410, Washington, DC 20250-9410 or call toll free (866) 632-9992, (800) 677-8339 (TDD), (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.