Costello

High Pointe {164}
240 W Highpointe St #61, Tea, SD 57064
Phone(605)215-2120 Fax: (605) 213-0252, highpointe@costelloco.com

Date: _____

Dear _____

I am super excited for you to join our community here! Please see below some guidelines on filling out the application:

If employed, please see below for paystubs on when you are paid to what I would need:
Weekly: last 9
Bi-Weekly: last 5
Semi-monthly or monthly: last 4
1st paystub of the year

I will also need a copy of your driver's license, birth certificates and social security card to go along with your screening background. At move in I will also need copies of the minor's ssn card and birth certificates – can make copies in the office if needed.

I will also need a cashier's check or money order for the application fee – once I get this I will assign the home to you
$45.00 Application fee per adult.

Race/Ethnic form: one needs to be filled out for each person in the household – adults can sign for minors

Child Support/Alimony Questionnaire: one needs to be filled out per dependent child

PLEASE DO NOT write "NA" – if you have something that no information is required, please just leave it blank. Also, if you mess up, strike one line thru it (DON'T SCRIBBLE) and initial by it. Compliance is very picky on these items when we send in for approval.

Please let me know if you have any questions. I'm super happy you will be joining our community!

Sincerely,

Stacey Jerred
Site Manager

605-215-2120

"This Institution is an Equal Opportunity Provider"

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 _____ Community Billed High Pointe (164)

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: _____

Revised 7/12/18 *"This Institution is an Equal Opportunity Provider"*

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- ☐ Online
- ☐ Outreach Group
- ☐ Other: _____

Revised 7/12/18 *"This Institution is an Equal Opportunity Provider"*

Costello
PROPERTY MANAGEMENT

Application for Rental

Revision Date: 6/2/2020

Management Use Only HHID #: _____

Application Received: _____
Date Time

Pre-Application Rec'd: _____
Date Time

Return to:

_____

_____

_____

TTY: 711

This is a Non-Smoking Community!

APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL

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

Applicant Name _____
Current Address _____
City, State ZIP _____
Home/Cell Phone Number(_____)_____
Work Phone Number (_____)_____
Email Address _____
Current Marital Status: Single_____ Married_____
Divorced_____ Separated_____ Widowed_____

Co-Applicant Name _____
Current Address _____
City, State ZIP _____
Home/Cell Phone Number(_____)_____
Work Phone Number (_____)_____
Email Address _____
Current Marital Status: Single_____ Married_____
Divorced_____ Separated_____ Widowed_____

DISCLOSURE REGARDING TEXTING:

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

Applicant's Signature: _____ Co-Applicant's Signature: _____

DID ANYONE ASSIST YOU IN COMPLETING THE APPLICATION PACKET? ☐ Yes ☐ No

If Yes, who: _____ Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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

5. Has anyone in the household ever been involved in any of the following crimes: violence, firearms violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults or stalking? ❑ Yes ❑ No

6. Is anyone in the household listed above currently involved in, have ever been charged with or convicted of a misdemeanor or felony? (excluding misdemeanor traffic violations)? ❑ Yes ❑ No

7. Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact? ❑ Yes ❑ No

If Yes to any of these, please explain (if more room is needed, please continue on back)._____

8. Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state? ❑ Yes ❑ No

If Yes, please list each State you have lived in: _____

9. Does anyone in the household have a Companion/Assistance/Service Animal? List animal(s): _____ ❑ Yes ❑ No

10. Does anyone in the household have a pet? If yes, list pet(s): _____ ❑ Yes ❑ No

11. Is any member of the household disabled and have special housing needs (i.e. wheelchair accessible unit, flashing fire alarm, etc)? ❑ Yes ❑ No

RESIDENTIAL HISTORY

(List consecutively)

Applicant	Co-Applicant
Current Residence_____	Current Residence_____
Landlord/Realtor Phone # (____)____-____	Landlord/Realtor Phone # (____)____-____
Address_____	Address_____
Present monthly rent/mortgage $____	Present monthly rent/mortgage $____
Dates of Occupancy____	Dates of Occupancy____
❑ Rent ❑ Own ❑ NA	❑ Rent ❑ Own ❑ NA
Previous Residence____	Previous Residence____
Landlord/Realtor Phone # (____)____-____	Landlord/Realtor Phone # (____)____-____
Address_____	Address_____
Monthly rent/mortgage $____	Monthly rent/mortgage $____
Dates of Occupancy____	Dates of Occupancy____
❑ Rent ❑ Own ❑ NA	❑ Rent ❑ Own ❑ NA

12. Do you have equity in real estate? If yes, what is the address? _____ ❑ Yes ❑ No

13. Are you being evicted? If yes why?_____ ❑ Yes ❑ No

14. Have you ever been evicted? If yes, When_____ Where_____ ❑ Yes ❑ No

Why_____

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

If yes, Which Kind: _____

From Who: _____

ESTIMATED HOUSEHOLD INCOME

Applicant	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: _____

Costello

Return to: High Pointe {164}
240 W Highpointe St #61, Tea, SD 57064
Phone(605)215-2120 Fax: (605) 213-0252

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

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

Revision Date: 4/18/2022

ASSET INFORMATION

All information should be calculated on an Annual Basis.

8. Do any household members hold any assets jointly with someone not in the household? ❑ Yes ❑ No

   If "Yes", explain: _____

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

   If "Yes", explain: _____

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

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

Checking	❑ Yes	❑ No	Retirement (IRA / 401(k) / Keogh)*	❑ Yes	❑ No
Savings	❑ Yes	❑ No	Certificates of Deposit (CD's)*	❑ Yes	❑ No
Reloadable Card (SS, TANF, Child Support, etc)*	❑ Yes	❑ No	Whole Life Insurance (not Term)*	❑ Yes	❑ No
Money Market*	❑ Yes	❑ No	Annuities*	❑ Yes	❑ No
Savings Bonds*	❑ Yes	❑ No	Internet-based Assets (Venmo, PayPal, etc)*	❑ Yes	❑ No
Stocks / Bonds / Mutual Funds*	❑ Yes	❑ No	Other Asset Accounts*	❑ Yes	❑ No
Trusts*	❑ Yes	❑ No			

***Note to Manager: If 3rd party verification cannot be gathered, these accounts may need to be verified with the appropriate account statements**

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

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

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

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

    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.

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

Revision Date: 4/18/2022

INCOME INFORMATION

All information should be calculated on an Annual Basis.

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

Employment	❑ Yes ❑ No	Student Financial Assistance (Family, Loans, Grants, Work Study, etc)	❑ Yes ❑ No
Self-Employment	❑ Yes ❑ No	Tribal Income	❑ Yes ❑ No
Mgr Note: Prior 3 year's 1040s also required AND		Welfare Assistance (Food stamps, etc.)	❑ Yes ❑ No
Schedule C (Business), E (Rental) or F (Farm)		Social Security or SSI	❑ Yes ❑ No
Armed Forces Pay	❑ Yes ❑ No	Rental Income	❑ Yes ❑ No
Unemployment Compensation	❑ Yes ❑ No	Veteran's Benefits	❑ Yes ❑ No
Severance Pay	❑ Yes ❑ No	Pension, Annuity &/or Retirement Account Payments	❑ Yes ❑ No
Workman Compensation	❑ Yes ❑ No	Disability Benefits (Other than SSI)	❑ Yes ❑ No
Child Support – Monitored	❑ Yes ❑ No	Death Benefits &/or Life Insurance Payments	❑ Yes ❑ No
Child Support – Non-Monitored	❑ Yes ❑ No	Alimony	❑ Yes ❑ No
TANF	❑ Yes ❑ No	Other: _____	❑ Yes ❑ 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 or my/our knowledge and belief. I/We consent to the release of information in order to quality 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 _____

Revision Date: 4/18/2022

SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY

HOME Tenant Questionnaire

Revision Date: 2/17/2015

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:**
   - ☐ White
   - ☐ Asian & White
   - ☐ Asian
   - ☐ American Indian/Alaskan Native
   - ☐ American Indian/ Alaskan Native & Black African American
   - ☐ American Indian/Alaskan Native & White
   - ☐ Black/African American
   - ☐ Black/African American & White
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ 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 — Monthly $ _____

   CURRENT UTILITY ALLOWANCE — Monthly $_____

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

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

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

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)

_____

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 For 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.

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

	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 ☐ Full-Time Student ☐ Handicap/Disabled Family Member ☐ 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 HEAD

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

Costello

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

Costello

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.

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

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Member Signature | Printed Name | Date

_____
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_____
Member Signature | Printed Name | Date

Costello

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   _____
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Member Signature | Printed Name | Date

_____
Member Signature | Printed Name | Date

_____
Member Signature | Printed Name | Date

Costello

Child Support/Alimony Questionnaire

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

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Minor's Name: _____

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_____
Member Signature | Printed Name | Date

_____
Member Signature | Printed Name | Date

_____
Member 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 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 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 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	

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_____ _____

Signature **Date**

Race and Ethnic Data Reporting Form **(for Tax Credit/HOME properties)**

Name of Property _____ Name of Household Member _____

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American Indian or Alaska Native	
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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** _____

Costello

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*

(Revised July 2018) "This Institution is an Equal Opportunity Provider"

Costello

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 _____
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_____

Signature *Printed Name/Title* *Date*

(Revised July 2018) "This Institution is an Equal Opportunity Provider"

Costello

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*
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ 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**

29565

Verification of Deposit

Housing Assistance Agencies

WELLS FARGO

For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-844-879-0412
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

HIGH POINTE TH
Company Name

MANAGER
Attention

100 W HIGHPOINTE ST
Street Address

TEA
City

SD
State

57604
Zip

Requester Email (optional)

605 - 215 - 2120
Requester Phone Number

605 - 213 - 0252
Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

___ - __ - ____
Customer One Social Security Number

Account Number(s) (Required)

__ / __ / 20__
Month Day Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder _____ Date _____

Signature of Account Holder _____ 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: High Pointe (164)** 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 COURTS AND POST OFFICES
LAW ENFORCEMENT AGENCIES
CREDIT PROVIDERS & BUREAUS
PUBLIC HOUSING AGENCIES
SOCIAL SECURITY ADMINISTRATION
MEDICAL & CHILD CARE PROVIDERS
SUPPORT & ALIMONY PROVIDERS
PAST & PRESENT EMPLOYERS
RETIREMENT SYSTEMS
STATE UNEMPLOYMENT AGENCIES
UTILITY COMPANIES
VETERANS ADMINISTRATION
BANKS & OTHER FINANCIAL INSTITUTIONS
SCHOOLS AND COLLEGES
WELFARE AGENCIES
LANDLORDS

A **__45.00__ 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

_____ **Stacey L. Jerred** Manager _____
Authorized Representative of Costello Property Management (Print Name and Title) Date

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

AUTHORIZATION FOR RELEASE OF INFORMATION

ALL adult household members must sign a separate form.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: High Pointe {164}** 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 COURTS AND POST OFFICES
LAW ENFORCEMENT AGENCIES
CREDIT PROVIDERS & BUREAUS
PUBLIC HOUSING AGENCIES
SOCIAL SECURITY ADMINISTRATION
MEDICAL & CHILD CARE PROVIDERS
SUPPORT & ALIMONY PROVIDERS
PAST & PRESENT EMPLOYERS
RETIREMENT SYSTEMS
STATE UNEMPLOYMENT AGENCIES
UTILITY COMPANIES
VETERANS ADMINISTRATION
BANKS & OTHER FINANCIAL INSTITUTIONS
SCHOOLS AND COLLEGES
WELFARE AGENCIES
LANDLORDS

A **__45.00__ 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	**Stacey L. Jerred** Manager (Print Name and Title)	Date

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