



Westport {216}

2616 Westside Plaza Drive, Norfolk, NE 68701  
Office: (402) 379-8553 Fax: (402) 379-9287, westport@costelloco.com



Dear Applicant,

Thank you for your interest in Westport {216}! Westport Apartments provides safe, clean and affordable housing for the elderly and disabled. Rent includes water, sewer, electric, garbage, snow removal, lawn care, laundry facilities on each floor, community room, controlled access, 24-hour emergency maintenance and on-site management.

\* 12-month Lease is required \* Student restrictions apply \*

	Rent Range	Deposit
1 BEDROOM	\$0-\$777	\$677
2 BEDROOM	\$0-\$926	\$826

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

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

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

	1 Person	2 People	3 People
*Low HOME	28,150	32,150	36,150
Very Low	28,150	32,150	36,150
Low	45,000	51,400	57,850
Moderate	50,500	56,900	63,350

\*Low HOME income levels apply only to certain unit that have been set aside and identified as Low HOME units.

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

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

- An application fee of \$32.00 for each person 18 years of age or over (must be check or money order – NO CASH; this is non-refundable).
- The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate *Screening Reports Sheet, Declaration of Section 214 (Citizenship) Status* for each household member [Note to manager – HUD properties only], *Child Support/Alimony Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet).
- A copy of a driver’s license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member’s social security card.

(July 2022)

“This Institution is an Equal Opportunity Provider.”

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

Thank you!

**Mary Schwedhelm**

Westport {216}

2616 Westside Plaza Drive

Norfolk, NE 68701

Office: (402) 379-8553 Fax: (402) 379-9287

westport@costelloco.com

***“This Institution is an Equal Opportunity Provider”***

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

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



Date \_\_\_\_\_  
Time \_\_\_\_\_

APPLICATION FOR  
RURAL DEVELOPMENT 515 PROGRAM  
OR TAX CREDIT PROGRAM AT  
WESTPORT APARTMENTS

Landlord \_\_\_\_\_  
Credit Check/Criminal History \_\_\_\_\_

Return to:

AN APPLICATION FEE OF \$ 30.00 IS REQUIRED TO ACCOMPANY  
THIS APPLICATION PER ADULT HOUSEHOLD MEMBER (18 OR OLDER)

TDD# 1-800-833-7352

Applications are placed in order of date and time received.  
\*White-out is not acceptable – Please Print

**Applicant**

**Co-Applciant**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

Drivers License Number & State \_\_\_\_\_

Drivers License Number & State \_\_\_\_\_

Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Have you ever used another name? (Y/N) \_\_\_\_\_ If so, please indicate Name \_\_\_\_\_

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

Handicap Unit : Wheelchair \_\_\_\_\_ Visual/Hearing \_\_\_\_\_

**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 texts will only be used to communicate with me about an apartment I have applied for or leased from Costello.

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

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

Provide the following information for all persons who will be members of the household (Including yourself and co-applciant). Who will live with you at least 50% of the time during the next 12 months.

Member's Full Name	Relation to Head	Date of Birth	Age	Gender M/F	Social Security Number	Student (Y/N)	Who Claims this person as a dependent
	HEAD						

Do all of the above household members reside in the household 100% of the time? Yes  No

If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_

Does anyone live with you now who is not listed above? Yes  No

Does anyone plan to live with you in the future who is not listed above? Yes  No  If yes, who: \_\_\_\_\_

Have any of the household members been students in the past 12 months? Yes  No  (need not be consecutive)

If yes: When \_\_\_\_\_ Where \_\_\_\_\_

Are any of the household members current students or planning on becoming a student in the next 12 months? Yes  No

If yes: When \_\_\_\_\_ Where \_\_\_\_\_

If any of the applicants are students, have the applicants filed a joint tax return for Federal Income Tax purposes? Yes  No

Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance? Yes  No

If yes, has that person(s) successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program. Name of Program \_\_\_\_\_ (Provide a copy of certification of completion) Yes  No

Have you or any member of your household been convicted of a felony? Yes  No

If Yes, please explain \_\_\_\_\_

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, please explain \_\_\_\_\_

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 and explain the reason for the registration requirement \_\_\_\_\_

Are you Applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older or disabled as defined by Rural Development? Yes  No

If Yes, do you realize you will be eligible for a \$400 and medical deduction? Yes  No  Please realize that your eligibility must be verified.

Do you have a Guardian or a Conservator? Yes  No  Name: \_\_\_\_\_

Do you own any pets? Yes  No  If Yes, describe \_\_\_\_\_

**RENTAL HISTORY**

list 3 years of consecutive landlord history  
attach additional sheets if necessary

Applicant

Co-Applicant

Current Landlord \_\_\_\_\_  
Landlord Phone Number \_\_\_\_\_  
Rental Address \_\_\_\_\_

Current Landlord \_\_\_\_\_  
Landlord Phone Number \_\_\_\_\_  
Rental Address \_\_\_\_\_

How long have you rented here \_\_\_\_\_  
Present monthly rent \_\_\_\_\_  
Date of Occupancy \_\_\_\_\_

How long have you rented here \_\_\_\_\_  
Present monthly rent \_\_\_\_\_  
Date of Occupancy \_\_\_\_\_

Previous Landlord \_\_\_\_\_  
Landlord Phone Number \_\_\_\_\_  
Rental Address \_\_\_\_\_

Previous Landlord \_\_\_\_\_  
Landlord Phone Number \_\_\_\_\_  
Rental Address \_\_\_\_\_

How long did you rent here \_\_\_\_\_  
Monthly rent \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_

How long did you rent here \_\_\_\_\_  
Monthly rent \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_

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

Have you ever been evicted? Yes  No   
If yes When \_\_\_\_\_ Where \_\_\_\_\_ Why \_\_\_\_\_

Have you ever received housing assistance from the Department of Housing and Urban Development (HUD), USDA Rural Development or a Local Housing Authority? Yes  No  If yes, When \_\_\_\_\_ Where \_\_\_\_\_

## ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

Applicant

Co-Applicant

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

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

### Other Income

Source	Monthly Amount - Applicant	Monthly Amount Co-Applicant	Annual Amount (Applicant)	Annual Amount (Co-Applicant)	Where Source is Located-County
Social Security					
SSI					
Public Ass(TANF/AFDC)					
Child Support					
Alimony					
Unemployment Benefits					
Disability Benefits					
Pensions					
Veterans Benefits					
Student Income (Grants, Scholarships, etc)					
Any Regular Contributions Monetary or not					
Bank Interest					
Income from Assets					
Other Income					
<b>Total Gross Annual Income</b>					

### Assets

List assets for all household members

Cash on Hand: \$ \_\_\_\_\_

Internet-based Assets (Venmo, PayPal, etc.): \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_

Reloadable Card (SS, TANF, Child Support, etc.): \$ \_\_\_\_\_

Checking Account: Avg 6 months Balance \$ \_\_\_\_\_

Savings Account: Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Money Market Account: Amount \$ \_\_\_\_\_

Annuity Accounts: Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Certificates/CDs: Amount \$ \_\_\_\_\_

IRA Accounts: Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Financial Institution \_\_\_\_\_

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Revocable Trusts: Amount \$ \_\_\_\_\_  
Account # \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_

Bonds (stocks, securities, etc): Amount \$ \_\_\_\_\_  
Account # \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_

Do you or any household member own any Real Estate? Yes  No  If Yes:

Address \_\_\_\_\_ Market Value \_\_\_\_\_

Debt Owned \_\_\_\_\_

Amount of Annual Insurance Premium \$ \_\_\_\_\_ Amount of Most Recent Tax Bill \$ \_\_\_\_\_

Have you Sold/Disposed of Any Property or Other Assets in the Last 2 Years? Yes  No  If Yes:

Type \_\_\_\_\_ Market Value When Sold/Disposed of \$ \_\_\_\_\_

Amount Sold/Disposed of for \$ \_\_\_\_\_ Date of Transaction \_\_\_\_\_

Whole Life Insurance Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_

Cash Value of Life Insurance Policy \$ \_\_\_\_\_

### MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Child Care: complete **ONLY** for children 12 and younger paid for by the applicant

Provider Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\$ \_\_\_\_\_ per week How many weeks per year \_\_\_\_\_

Projected Medical Expenses for 12-month period (complete this part **ONLY** if Head of Household or Co-Tenant is 62 or older, or disabled)

Medicare Premiums \$ \_\_\_\_\_

Medical (Health) Insurance Coverage \$ \_\_\_\_\_ Name & Address of Insurance Company \_\_\_\_\_

Physician Name & Address \_\_\_\_\_

Pharmacy Name & Address \_\_\_\_\_

Medical Bills or outstanding costs you are making Monthly Payments for: \_\_\_\_\_

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables disabled applicants or others in the household to work. Complete **ONLY** if Disabled Expenses allow someone in the household to work.

List Type of Expenses, Weekly Amount, Paid to whom:

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

List any cars, trucks or other vehicles owned by you. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_

## References

Please provide the name, address, and the telephone number of two personal references (credit, educational, professional, non family or friends)

Applicant

Co-Applicant

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signature and Consent

I/We hereby certify that the housing that I/We am applying for will be my/our permanent residence and I/We will not maintain a separate subsidized rental unit in a different location. I/We understand that I/We must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on Rural Development, Section 8 or Tax Credit income limits and by the properties selection criteria. I/We certify that the statements contained in this application are true and complete to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We do hereby authorize release of any information contained herewith to determine my/our eligibility for this housing. I/We do hereby authorize representatives of the property to contact any agencies, police departments, offices, groups or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our application for housing. 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 further acknowledge that any material false statement or misrepresentation in this Application shall constitute the basis for termination of the Lease Agreement, which shall require the Applicant(s) to immediately vacate the apartment unit without the right to cure.

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

**USDA RURAL DEVELOPMENT IN NEBRASKA HAS AN AGREEMENT WITH THE DEPARTMENT OF LABOR TO PROVIDE WAGE MATCHING INFORMATION FOR THE PURPOSE OF DETECTION OF FRAUDULENT STATEMENTS REGARDING INCOME.**

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

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

Race: (Optional – See below)

- White  Black/African American  Native Hawaiian/Pacific Islander  
 Asian  American Indian/Alaskan native

Ethnic Group: (Optional – See below)

- Hispanic or Latino  Non-Hispanic or Latino  Male  Female

The information solicited on this application regarding sex and race (ethnic group) is requested by the apartment owner in order to assure the Federal Government, acting through USDA Rural Development, that the Federal laws prohibiting discrimination against resident applicants on the basis of race, color, national origin, sex, age, or disability are complied with. 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 furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

*"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](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider."*



## Compliance Questionnaire

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

***All questions that do not apply to your household must be marked***  Yes  No

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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



**ASSET INFORMATION**

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

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

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

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

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

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

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

- |                                                 |                                                          |                                             |                                                          |
|-------------------------------------------------|----------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
| Checking                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 3<sup>rd</sup> party verification cannot be gathered, these accounts may need to be verified with the appropriate account statements

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

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

12. Do you have cash on hand, at home, or in a safe deposit box? If "Yes", value: \_\_\_\_\_  Yes  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<br/>Schedule C (Business), E (Rental) or F (Farm)</i> |                                                          | Welfare Assistance (Food stamps, etc.)                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Armed Forces Pay                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security or SSI                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Compensation                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Income                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Severance Pay                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran's Benefits                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Workman Compensation                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension, Annuity &/or Retirement Account Payments                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Monitored                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Benefits (Other than SSI)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support – Non-Monitored                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits &/or Life Insurance Payments                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TANF                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                           |                                                          | Other: _____                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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

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

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

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

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

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

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

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

**HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE**

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

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

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

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_  
 Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_



**Expense 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 \_\_\_\_\_

NON-EMPLOYMENT CERTIFICATION



NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

A. Check applicable statement:

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

B. Check applicable statement:

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

My last employers name & address was: \_\_\_\_\_

\_\_\_\_\_

Last date of employment was: \_\_\_\_\_

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

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

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

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

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

Signature: \_\_\_\_\_

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

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

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



"This Institution is an Equal Opportunity Provider"





# 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



# INCOME CERTIFICATION

\* All individuals 18 years of age and over must sign this form.

## Sources of Income/Explanation of Income      Annual Amount

	Resident	Co-Resident/18 or Over Household Member
Social Security _____/month X 12 months	\$ _____	\$ _____
SSI Benefits _____/month X 12 months	_____	_____
Employment _____/hour X _____/(hrs/wk) X 52	_____	_____
Employment _____/hour X _____/(hrs/wk) X 52	_____	_____
Employment _____ per month X 12 months	_____	_____
Employment _____ bi monthly X 24 periods	_____	_____
Employment _____ bi weekly X 26 periods	_____	_____
Employment _____ bonuses and tips	_____	_____
Name and address of all employers:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Pension _____/month X 12 months	_____	_____
Pension _____/month X 12 months	_____	_____
Child Support _____/month X 12 months	_____	_____
Alimony _____/month X 12 months	_____	_____
Unemployment Benefits _____/week X 52 weeks	_____	_____
Disability Benefits _____/week X 52 weeks	_____	_____
Disability Benefits _____/month X 12 months	_____	_____
Welfare Benefits _____/month X 12 months	_____	_____
Military Pay _____/month X 12 months	_____	_____
Gift Income _____/month X 12 months	_____	_____
Bank/Interest (Savings)	_____	_____
Bank/Interest (IRA, Money Markets, etc.)	_____	_____
Bank/Interest (Checking)	_____	_____
Income from Assets (Stocks, Bonds, Trusts)	_____	_____
Income from Assets (Real Estate)	_____	_____
Other Income _____	_____	_____
Total Income	\$ _____	\$ _____

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.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Co-Resident/18 or Over Household Member

\_\_\_\_\_  
Date

**Note:** Rural Development in Nebraska has 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."



"This Institution is an Equal Opportunity Provider and Employer"





# Child Support/Alimony Questionnaire

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



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

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

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

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

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

4. Initial **all** areas that apply:

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

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

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

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

- f. \_\_\_\_\_ I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from

Child Support Enforcement or other Collection Agency

Case Worker: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

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



STUDENT STATUS CERTIFICATION

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_
Building Address: \_\_\_\_\_

Check A, B, or C, as applicable (note that "student" includes those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. Household contains at least one occupant who is not a student and has not been/will not be a student for five or more months out of the current and/or upcoming calendar year...
B. Household contains all students, but is qualified because the following occupant(s) is/are a PART TIME student(s)...
C. Household contains all FULL TIME students for five or more months out of the current and/or upcoming calendar year...
1. Are the students married and entitled to file a joint tax return?
2. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual...
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), formally known as Aid to Families with Dependant Children (AFDC)...
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act...
5. Does the household consist of at least one student who was previously under foster care?

Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If question 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

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

All household members age 18 or older must sign and date.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant/Co-Resident \_\_\_\_\_ Date \_\_\_\_\_



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STUDENT OCCUPANCY ELIGIBILITY AND RA ELIGIBILITY

\* All individuals 18 years of age and over must sign this form.

Public Law 109-115 effective November 30, 2005 placed restrictions on housing assistance that can be provided to some students of higher education. Please answer the following questions so that we may determine if you are a qualifying student under the law.

Applicant/Resident Name \_\_\_\_\_
Address, City, State, ZIP \_\_\_\_\_
Telephone Number ( ) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Please provide name and phone number of institute: \_\_\_\_\_

To determine eligibility for occupancy

- I am 24 years old or older. Birthday \_\_\_\_\_ [ ] Yes [ ] No
I have dependent child(ren). Name(s) \_\_\_\_\_ [ ] Yes [ ] No
My child(ren) reside(s) 50% of the time or more in my household [ ] Yes [ ] No
I am disabled [ ] Yes [ ] No
I am an orphan or ward of the court (provide documentation) [ ] Yes [ ] No
I am legally married. Date Married: \_\_\_\_\_ [ ] Yes [ ] No
I am a veteran (provide documentation) [ ] Yes [ ] No
I am a graduate or professional student [ ] Yes [ ] No

If the answer is yes to one or more of the above, the student may qualify for occupancy and RA. You may continue with the form.

If the answer is no to all of the above, then the student must meet all of the following:

The student can demonstrate his or her independence from parents:

- 1) Must be of legal contract age (18) [ ] Yes [ ] No
2) Has established a household separate from parents or guardians for at least one year [ ] Yes [ ] No
3) Is not claimed as a dependent by parents or legal guardians pursuant to IRS Regulations [ ] Yes [ ] No
a) The parents must provide signed certification of no financial support
b) Review and verify previous address information OR verify that student meets U.S. Dept of Ed definition of Independent student
c) Review prior year income tax returns to verify student was not claimed (not needed if item b below met)

OR (Both the student and the student's parents must meet the income eligibility requirements in order for the student to be eligible.)

- a. The student's parents or guardian, individually or jointly, are income eligible for assistance or receiving assistance under Section 8 of the United States Housing Act of 1937. AND [ ] Yes [ ] No
b. The student is income eligible (including signed certification from parents or guardian as proof of amount of support provided) [ ] Yes [ ] No



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STUDENT OCCUPANCY ELIGIBILITY AND RA ELIGIBILITY

\* All individuals 18 years of age and over must sign this form.

INCOME CALCULATION FOR QUALIFYING APPLICANT/RESIDENT HOUSEHOLD

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

Note to Manager: all financial assistance is to be verified, amounts in excess of tuition are to be counted as income for the student (except \*those with dependent children or over the age of 24 or those living with parent or guardian in subsidies housing).

I am receiving financial assistance (scholarships, grants, 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) All financial assistance must be verified. Amounts in excess of tuition are to be counted as income for qualifying students (please provide copy of financial aid award letter)

Name Address Telephone City, St, ZIP

Calculation of Total Income from Financial Assistance:

Total \$

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

Calculation of Total Assistance from Other Sources:

Total \$

Parent/Guardian Annual Income:

Name Address Telephone City, St, ZIP

Calculation of Total Income from Parent(s)/Guardian(s):

Total \$

Total income for Qualified Student from All Sources: Total\$

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.

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.

Applicant/Resident Signature Date



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DISPOSAL OF ASSETS CERTIFICATION

I have not disposed of any assets in the last two years (24 months) from the effective date of my certification.

I, \_\_\_\_\_, hereby certify that during the last two years (24 months) from the effective date of my resident certification, that I have disposed of the following asset(s) as identified below: (i.e., real estate, financial gifts, etc.)

Table with 5 columns: Asset Description, Date of Disposal, \*Market Value, \*\*Cash Value, Actual Amount Received. The table contains 5 empty rows for data entry.

If you state an actual amount received, where is the money now? \_\_\_\_\_

\*Market Value is the price that an interested, but not desperate, buyer would be willing to pay and that an interested, but not desperate, seller would be willing to accept on the open market.

\*\*Cash value is the Market Value of the asset less reasonable costs incurred to sell or convert that asset to cash. Reasonable costs include:

- ✓ Penalties for withdrawing funds before maturity;
✓ Broker or legal fees for the sale or conversion of assets;
✓ Settlement costs for real estate transactions;
✓ Any outstanding debt on the asset.

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.

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."

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Exempt Income Certification

The following income is not included in your household's annual income but must be certified by you whether or not you are receiving it:

- 1) Food Stamps \$ \_\_\_\_\_ monthly amount receiving. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) Child(ren) income that are under the age of 18 years of age. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) Payments for the care of foster children or foster adults. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4) Amounts received for training programs and stipends. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5) Lump-sum payments such as inheritances, insurance payments under health and accident insurance. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 6) Amounts received under training programs funded by HUD. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7) Amounts for a person with a disability that are disregards for a limited time because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS). \_\_\_\_\_ Yes \_\_\_\_\_ No
- 8) Amounts for a person other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred to allow participation in a specific program. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 9) Amounts received under a resident service stipend. Stipend not to exceed \$200 per month. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 10) Incremental earnings for participation in qualifying State or local employment training programs. Program must have clearly defined goals and objectives and are only excluded while participating in the employment training program. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 11) Temporary, nonrecurring or sporadic income. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 12) Adoption assistance payments in excess of \$480 per adopted child. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 13) Lump sum payments from social security. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 14) State or local refunds or rebates for taxes paid. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 15) State agency money received for a developmental disability and is living at home to offset the cost of services and equipment to keep the family member at home. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
 Applicant/Resident Signature                      Date                      Applicant/Co-Resident/18 or Over Household Member     Date

WARNING: SECTION 1001 OF TITLE 18, UNITED STATE CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICITON OF ANY DEPARTMENT OR AGENCY OF THE UNTIED 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"



"This Institution is an Equal Opportunity Provider"





# 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: Westport {216} 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 30.00 APPLICATION FEE FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3<sup>rd</sup> party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

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

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

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

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

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

## SIGNATURES

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

**Race and Ethnic Data  
Reporting Form**

(for RD properties)

Westport Name of Property	Project No.	2616 Westside Plaza Drive Norfolk, NE 68701 Address of Property
Westport LP/Costello Property Mgmt Name of Owner/Managing Agent	RHS Section 515	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	
<b>Ethnic Categories</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories</b>	<b>One or More</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
<b>Gender</b>	<b>Select One</b>
Male	
Female	

\_\_\_\_\_ I do not wish to furnish this information.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Screening Reports, Inc.**  
**729 N Route 83 Suite 321**  
**Bensenville, IL 60106**  
**Toll-Free Phone (866) 389-4042**  
**Toll-Free Fax (866) 389-4043**

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

_____	_____	_____	_____
Applicant Signature	Social Security #	Birthday	Today's Date
_____	_____	_____	
Legal First Name (please print)	Legal Full Middle Name (print)	Legal Last Name (please print)	
_____	_____	_____	_____
Physical Street Address (no PO Box accepted)	City	State	Zip Code
_____	_____		
Monthly Income	Westport Community Billed		

For Office Use: Complete from State ID

No  
Photo

_____	_____	_____
Birthdate	Soc. Sec #	Verified By
_____		
Legal Last Name		
_____	_____	
Legal First Name	Middle Full Name	

**Referred By: (please check one)**

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





Westport  
2616 Westside Plaza Drive, Norfolk, NE 68701  
Office: (402) 379-8553 Fax: (402) 379-9287



## USDA Wage Match Notification Notice to Applicants / Residents

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal Programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your "Tenant Certification" (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency, and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any questions, please contact the owner or management agent servicing your housing development. All household members 18 years of age or older must sign.

_____	_____
Borrower or Manager Signature	Date
_____	_____
Applicant/Resident Signature	Date
_____	_____
Applicant/Resident Signature	Date
_____	_____
Applicant/Resident Signature	Date

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

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



Westport Apartments  
2616 Westside Plaza Drive  
Norfolk, NE 68701  
Phone: (402) 379-8553 Fax: (402) 379-9287

### Project Eligibility Requirements

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

**Project Specific Requirements** – This housing community is funded by Rural Development (RD) and is for elderly and disabled households. The head or co-head of each household must be at least 62 years of age or disabled for the household to reside in this community.

1. The apartment unit must be the sole residence of all adult household members.
2. All household members who are 18 years of age or older are required to sign consent and verification forms.
3. All information reported by the household is subject to verification.
4. Applicants must agree to pay the rent required by the program under which they will receive assistance.
5. Household members are not required to disclose gender.
6. No one may be added to the lease, or move into the unit without prior approval. The new household member will be subject to the same background screening criteria as a new move-in.

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

### Income Limits

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

### Procedures for Accepting Applications and Selecting from Waiting List

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

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

- Photo IDs for all adult household members.
  - Information on household characteristics: name, age, disability status (only to establish eligibility for a specific property for the elderly/disabled or for certain deductions when determining rent), need for an accessible unit, and race/ethnicity information.
  - Household contact information.
  - Sources and estimates of household's anticipated annual income and assets
  - Screening Information
  - Whether the applicant or any household member is subject to any state's lifetime sex offender registration
  - List of states where the applicant and all members of the household have resided
  - Disclosure of SSN's for all members of the household.
1. Applications will be accepted once completed in full and properly signed per unit size and type in chronological time and date order. Households that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same time-and-date order) after preliminary eligibility determination.



2. Applications will be prioritized based on income level category - very-low (50%AMI) first, then low (80% AMI) then moderate-income (80% AMI + \$5,500). Within each income category, applications will be prioritized by date a completed application was received.
3. The waiting list will be updated a minimum of once every six months. Applicant households who have not informed the property that they want to remain on this list may be removed.
4. Applicants will be moved to the bottom of the waiting list if their application is approved but the applicant is unable or unwilling to accept one of the available units.
5. Applicants will be deactivated from the waiting list if:
  - a. They do not inform the manager of their desire to stay on the list at least once every 6 months.
  - b. They accept a unit at another community.
  - c. Their application is denied for any reason.
  - d. The property manager is no longer able to contact the applicant by phone or mail.
  - e. They inform manager by phone, in person or by mail that they no longer need a unit.
  - f. The applicant is offered and rejects a unit three times at the community.

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

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

All applicants age 18 or older and dependents turning 18 years of age after initial tenancy will be screened for residency. Screening criteria will be applied consistently to all applicants. However, consideration may be made when negative history directly relates to a disability and such history is likely not to be repeated if reasonable accommodations can be made. Victims of violence whose negative history directly relates to the violence may also have certain rights (see *Violence Against Women Act* section below).

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

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

- 1) Expunged or sealed convictions will not be used in determining eligibility.
- 2) Arrest or charge that was resolved without conviction will not be used. Although admission will not be denied solely based on an arrest, an arrest may be the basis for further inquiry and a decision can be made on the conduct and other supporting information such as police reports detailing the circumstances of the arrest, witness statements and other relevant documentation. Arrests and open cases may also be used to determine that a pattern of behavior evidenced by past convictions continues.
- 3) Any applicant unlawfully obtaining government assistance or committing fraud will be denied.
- 4) Violent crimes against persons
  - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 20 years of application. Persons with felony convictions for murder, attempted murder and terrorism may be denied for up to 50 years.
  - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied

if the conviction, or exit from incarceration, occurred within 10 years of application. Persons with convictions for misdemeanor murder or attempted murder may be denied for up to 25 years. Persons with convictions for misdemeanor terrorism may be denied for up to 50 years.

- 5) **Crimes against property**
    - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes against property, the application will be denied if the conviction, or exit from incarceration, occurred within 7 years of application; and may be denied if the conviction, or exit from incarceration, occurred more than 7 years before application. The limit for persons with a felony arson conviction is 15 years.
    - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes against property, the application may be denied if the conviction, or exit from incarceration, occurred within 5 years of application. The limit for persons with a misdemeanor arson conviction is 10 years.
  - 6) **Nonviolent felony and misdemeanor offences**
    - a. If a member of an applicant household has been convicted of a nonviolent felony offense that is not a crime against a person or property, the application may be denied if the crime, if repeated, would impact the safety of the residents or the integrity of the programs funding the property (such as fraud). Such convictions will generally not result in denial after 7 years for felonies and 5 years for misdemeanors.
    - b. Some criminal convictions (felony or misdemeanor) that do not involve violent crimes against others or property and that, if repeated, are not likely to impact the safety of the residents or the integrity of the programs funding the property, provide no basis for application denial.
  - 7) **Drug-related**
    - a. All applicants who are currently engaging in illegal drug use will be denied.
    - b. All applicants who have been convicted of distribution or manufacture of illegal drugs will be denied.
    - c. All applicants may be denied for which the landlord determines that there is reasonable cause to believe that a household member's alcohol abuse or pattern of alcohol abuse (or illegal use of drugs or pattern of illegal use of drugs) may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
    - d. Any household member that has been evicted from federally-assisted housing for drug-related criminal activity for 5 years from the date of eviction may be denied. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (for example the household member no longer resides with the applicant household) the owner may, but is not required to, admit the household.
    - e. Exceptions to the criminal standards relating to past illegal drug use (but not distribution or manufacture) may be made for those participating in or having graduated from a state Drug Court Program. Only programs sanctioned by the state's Unified Judicial System following the National Drug Court Model will be considered for this exception.
- B. All applicant household members will be checked against the Dru Sjodin National Sex Offender Database for lifetime sex offenders in all states that they have lived. If found on registry, applicant will be denied.

#### **Applicant Screening Criteria – Credit and Other Screening Criteria**

- A. **Credit reports** will be done on all applicants 18 years of age and older.
- 1) Applicants without credit history will not be denied.
  - 2) A positive credit history is desired.
  - 3) Applicants with the following negative credit history may be denied;
    - a) Undischarged bankruptcies within 24 months
    - b) Outstanding landlord debt evident within 60 months
    - c) Collections within 24 months
    - d) Legal items, such as judgements, within 24 months
    - e) Outstanding tax liens within 24 months
    - f) Evictions filed within 60 months



- g) If they are included on management exclusion list for negative history with other Costello properties.
  - h) Passing bad checks
  - i) Address(es) provided on application could not be verified.
- B. Rental History**
- 1) Lack of rental history is not grounds for rejection; however personal references will be required.
  - 2) Applicants with previous rental history must have references as a good resident, including but not limited to the following:
    - a. Favorable rent history (rent was paid on time).
    - b. Have no material non-compliance violations of the rental agreement.
    - c. Kept the unit clean and in good condition.
    - d. Must not have allowed unauthorized residents to reside in the unit.
    - e. Must not have endangered the health and safety of any other residents, the landlord or any of his agents.
    - f. Must not have interfered with the rights and quiet enjoyment of the other residents.
    - g. If any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years, the application will be denied.
- C.** If a household is applying for a unit that does not have rental assistance, they must demonstrate the ability to pay rent. Applicants must have monthly gross income no less than two and one half times (2 ½ X) the monthly rental amount.

**Procedures for Rejecting Ineligible Applicants** – If an applicant is denied admission to the property they will receive a written notice stating the reason(s) for the rejection. The notice will also inform how the applicant can obtain the background checks that were used to make the decision. The applicant has the right to respond in writing to dispute the rejection within 14 days of the notice.

Management reserves the right to reject any application in which applicant delays the processing of an application or delays their move in date for more than 10 days.

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

### Occupancy Standards

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

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

### Unit Transfer Policies

- 1. Current tenants requesting a unit transfer must have just cause. No transfer will be made without management's approval and consideration of the community's financial status. Households will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity, infractions and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.
- 2. Current resident households requesting a unit transfer for the following reasons will be given preference for a unit over those on the waiting list to move into the property. The order of granting multiple transfer requests outstanding at the same time will be on a priority basis based on urgency of need, then time of request.
  - 1. A unit transfer for a medical reason certified by a doctor, a need for an accessible unit or to accommodate a person with a disability.



2. A victim of violence that seeks an emergency transfer **within a property** under the *Violence Against Women Act (VAWA)* to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will not need to reapply or be subject to rescreening.
3. A victim of violence that seeks an emergency transfer from **another property managed by Costello Property Management** under the *Violence Against Women Act (VAWA)* to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply but will not be subject to re-screening as long as they are in good standing at their current residence.
4. A victim of violence that seeks an emergency transfer from **another property not managed by Costello Property Management** under the *Violence Against Women Act (VAWA)* to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply and will be subject to re-screening as are other applicants.
5. A required unit transfer due to household size or changes in household composition. When an owner determines that a transfer is required, the household must move within 30 days after notification that a unit of the required size is available within the property or may remain in their current unit and pay the approved market rent.

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

1. **Non-Discrimination Policies**  
The owner and management company does not discriminate based upon race, color, religion, creed, national origin, sex, age, disability or familial status.
2. **504 Compliance**  
The landlord complies with Section 504 of the Rehabilitation Act, which prohibits discrimination in all HUD subsidized or assisted housing programs solely based on disability and that physical accessibility is provided for persons with disabilities. Questions relating to Section 504 and accessibility for individuals with disabilities can be directed to Costello Property Management's *504 Coordinator, Scott Michael Dunn*, by phone at (605)336-9131. If an applicant feels that they have been discriminated against, contact Rural Development's South Dakota public affairs office at (605) 352-1100.
3. **FHA Compliance**  
The Fair Housing Act (FHA) prohibits discrimination in the sale, rental or financing of housing based on race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination based on age and state law prohibits discrimination based on creed. If an applicant has a question regarding Fair Housing or feel that they have been discriminated against, contact the statewide Fair Housing ombudsman, Paul Flogstad, at (877) 832-0161.
4. **Limited English Proficiency**  
Executive Order 13166, *Improving Access to Services for Persons with Limited English Proficiency (LEP)* requires government agencies and owners to take affirmative steps to communicate with persons who need services or information in a language other than English. We take all reasonable steps to ensure meaningful access to the information and services we provide for persons with LEP. This may include interpreter services and/or written materials translated into other languages

### **Opening and Closing the Waiting List**

1. The waiting list will be closed for one or more unit sizes when the average wait is one year or more. Potential applicants will be advised if the waiting list is closed and additional applications will not be accepted. Notice of this action will be published in the local newspaper.
2. When the waiting list is re-opened and applications will be accepted again, notice will be published in the local newspaper.

### **Eligibility for Students**

#### **RD Student Eligibility**

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

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

- A veteran
- Married



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

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

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

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

- A. Be of legal contract age under state law, AND
- B. Have established a separate residence (NOT dormitory housing) from parents for at least a year OR meet the U.S. Department of Education definition of an independent student, AND
  - NOTE: in addition to the above criteria, an "independent student" includes one who is any one of the following:
    - A veteran
    - Has a legal dependent (example: a parent)
    - A graduate or professional student
    - A "vulnerable youth", including:
      - An orphan or ward of the State or in foster care at any point since age 13.
      - An unaccompanied homeless child or youth who is self-supporting as defined by 1) the McKinney-Vento Act, 2) Runaway and Homeless Youth Act or 3) a financial aid administrator.
      - An emancipated minor or was one before they became an adult.
- C. Not be claimed on their parent's tax return, AND
- D. Have documentation from their parents establishing if they do or do not receive financial assistance from the parents (except for "vulnerable youths").

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

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

#### LIHTC Student Eligibility

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

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

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

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

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

#### The Violence Against Women Act

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. If a household otherwise qualifies for occupancy, they cannot be denied admission or



denied assistance solely based on the fact any member is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

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



## 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.	

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