



West Creek Woods Apartments

1700 S. St. Michael's Circle, Sioux Falls SD 57106

PH: 605-951-8993 FX: 605-362-5261 westcreekwoods@costelloco.com



Hello, Applicant!

Thank you for your interest in our senior apartment community for residents aged 55+. It is a Tax Credit / HOME property.

Rent includes water, sewer, trash removal, gas, electricity, snow removal, lawn care, 24-hour maintenance, and property manager.

- * 12-month Lease is required * Student restrictions apply * Smoke-free & non-pet property *
- * All apartments are 1-Bedroom * Security Deposit \$300 *

Building amenities include:

- Elevator
- Laundry Facilities on each floor, coin-operated
- Restricted Entry
- Main floor Community Rooms with dining tables/seating, kitchen, tv room
- Common Rooms on each floor

Apartment amenities include:

- Open layout 1-bedroom apartment
- Kitchen with full-sized appliances, including dishwasher
- Pantry
- Mini blinds
- Cable-ready wiring
- Air conditioner with remote
- Deadbolt locks
- 180-degree door viewer
- Wheelchair access

You are applying for a federally funded property. We participate in the federal Tax Credit Program and HOME Program – we provide apartments to applicants whose income is at or below federally-determined limits. The combined, gross income for all household members must be within the limits shown here.

If you receive Section 8 Housing assistance / a Housing voucher, please inform the property manager.



"This Institution is an Equal Opportunity Provider"





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West Creek Woods	Gross Income for 1 Person	Gross Income for 2 People	Gross Income for 3 People
HOME Program Unit \$690 Rent	No more than \$33,600 annually Minimum \$1380 monthly	No more than \$38,400 annually Minimum \$1380 monthly	No more than \$43,200 annually Minimum \$1380 monthly
Tax Credit Program Unit \$716 Rent	No more than \$43,080 annually Minimum \$1432 monthly	No more than \$49,200 annually Minimum \$1432 monthly	No more than \$55,380 annually Minimum \$1432 monthly

Income Limits effective 05/15/2023 – Amounts Updated Annually

Costello Companies requires a criminal and credit background check for all adults 18+.

Applicants must supply the following:

A completed application. Each person aged 18+ must sign all pages that require a signature and complete a Screening Report, Child Support Questionnaire, Student Status Questionnaire, and an Authorization to Release Information. Incomplete information will delay the application process.

A non-refundable application fee of \$45 for each person aged 18+, payable with a Money Order or Cashier’s Check only -- no cash, no personal checks.

A copy of a driver’s license or state issued / federally issued photo ID for each person aged 18+.

A copy of each household member’s social security card or birth certificate.

Contact me if you have any questions.
Thank you!

Julie Romanowski
605.951.8993

January 2023

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.)

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 www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request a form. You may also write a letter containing the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director – Office of Adjudication, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410, or by fax to 202-690-7442, or by email to program.intake@usda.gov.



“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: Bergeland {101}** 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 \$45 APPLICATION FEE FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3rd party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

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

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

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

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

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

SIGNATURES

Adult Household Member	(Print Name)	Date
Authorized Representative of Costello Property Management	<u>Manager</u> (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.



Application for Rental

Revision Date: 6/2/2020

Return to:

TTY: 711

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

This is a Non-Smoking Community!



APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL

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

Applicant Name _____

Co-Applicant Name _____

Current Address _____

Current Address _____

City, State ZIP _____

City, State ZIP _____

Home/Cell Phone Number(_____) _____

Home/Cell Phone Number(_____) _____

Work Phone Number (_____) _____

Work Phone Number (_____) _____

Email Address _____

Email Address _____

Current Marital Status: Single _____ Married _____

Current Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Widowed _____

Divorced _____ Separated _____ Widowed _____

DISCLOSURE REGARDING TEXTING:

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

Applicant's Signature: _____

Co-Applicant's Signature: _____

DID ANYONE ASSIST YOU IN COMPLETING THE APPLICATION PACKET?

Yes No

If Yes, who: _____

Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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

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

RESIDENTIAL HISTORY
(List consecutively)

Applicant

Co-Applicant

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

12. Do you have equity in real estate? If yes, what is the address? _____ Yes No
13. Are you being evicted? If yes why? _____ Yes No
14. Have you ever been evicted? If yes, When _____ Where _____ Yes No
Why _____
15. Are you or any member of your household currently receiving Rental Assistance? Yes No
If yes, Which Kind: _____
From Who: _____

ESTIMATED HOUSEHOLD INCOME

Applicant

Co-Applicant

Employer Name _____

Employer Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Rate per Hour _____ Hours per Week _____

Rate per Hour _____ Hours per Week _____

Annual Income _____

Annual Income _____

How long employed at this job _____

How long employed at this job _____

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

If Yes, please list here:

Household Member’s Name: _____

Household Member’s Name: _____

Type of Income: _____

Type of Income: _____

Source of Income: _____

Source of Income: _____

Annual Amount: \$ _____

Annual Amount: \$ _____

EMERGENCY CONTACT

Name _____ Home Telephone Number (_____) _____

Mailing Address _____ Work Telephone Number(_____) _____

City, State ZIP _____ Relationship _____

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

SIGNATURE AND CONSENT

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

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

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <http://www.ascr.usda.gov/complaintfilingcust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider.”



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

Applicant’s Signature: _____

Date: _____

Co-Applicant’s Signature: _____

Date: _____

Co-Applicant’s Signature: _____

Date: _____



Compliance Questionnaire

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

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

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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

ASSET INFORMATION

All information should be calculated on an Annual Basis.

8. Do any household members hold any assets jointly with someone not in the household? Yes No
 If "Yes", explain: _____
9. In the last 24 months, has any household member given away or disposed of any assets for less than Fair Market Value? Yes No
 If "Yes", explain: _____
10. Is the total value of all assets for your household less than \$5,000? Yes No
11. Does anyone in the household have any of the following assets?
- | | | | |
|--|--|--|--|
| Checking | <input type="checkbox"/> Yes <input type="checkbox"/> No | Retirement (IRA / 401(k) / Keogh)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificates of Deposit (CD's)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reloadable Card (SS, TANF, Child Support, etc.)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Whole Life Insurance (not Term)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Market* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Bonds* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Internet-based Assets (Venmo, PayPal, etc.)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stocks / Bonds / Mutual Funds* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Asset Accounts* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trusts* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

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

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

12. Do you have cash on hand, at home, or in a safe deposit box? If "Yes", value: _____ Yes No
13. Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments? Yes No
 If "Yes", is it for sale? Yes No Rented? Yes No Sold? Yes No
14. Do any household members hold any personal property as an investment (for example: coin collection or antique cars held for business resale)? (Do not consider necessary personal items such as family cars, jewelry, or furniture.) Yes No

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

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

INCOME INFORMATION

All information should be calculated on an Annual Basis.

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

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

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

<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 _____

Project Name: West Creek Woods Apts. Initial Certification: X
 Unit No.: _____ Bedroom Size: 1 Annual Recertification: _____

Applicant Name: _____

Address: _____
Street, Box No. City State Zip

1. List all occupants of the unit

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

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

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

4. Race - Head of Household:

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

Hispanic Head of Household: Yes No

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

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

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

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

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

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

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

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

Family Member	Source & Type of Income	Annual Income

If additional space is needed attach a separate sheet.

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

Family Member	Financial Institution	Account Number	Type	Balance

If additional space is needed attach a separate sheet.

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

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

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

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

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

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

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

Signature of Head of Household: _____ Date: _____

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



**HOME Program
Eligibility Release Form**

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

WEST CREEK WOODS APARTMENTS

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

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

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

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

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

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

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

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

I acknowledge that:

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

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

X

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

X

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

X

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

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

West Creek Woods Apartments

Name of Property

Name of Household Member

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

_____ I do not wish to furnish this information.

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

Signature

Date



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



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

Table with columns: (A) Cash Value*, (B) Interest Rate, (A*B) Annual Income, Source. Rows include Savings Account, Checking Account, Cash on Hand, Reloadable Card, Stocks, Bonds, Money Market Funds, IRA Accounts, Life Insurance Policies, etc.

*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



Student Status Questionnaire
Tax Credit Properties



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

Please list ALL household members below.

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

1) Are ALL members of the household currently full-time students? Yes No
(Children in kindergarten through twelfth grades are ALSO considered full-time students.)

2) Will ALL members of the household be full-time students at any point in the next 12 months? Yes No

3) Will ALL members of the household be/have been full-time students any 5 months of this calendar year? Yes No

- 4) If #1 or #2 or #3 were answered “ Yes”, please answer the following:
- Are any Students minors and are they tax dependents of their parents/legal guardians? (provide prior year’s tax return) Yes No
 - Are any adult household members married and entitled to file a joint tax return? (provide prior year’s tax return or marriage certificate) Yes No
 - Are any Students receiving TANF (AFDC)? (provide contact information for case worker) Yes No
 - Are any Students part of a JPTA program? (provide contact information for supervisor) Yes No
 - Are any Students formerly part of a Foster Care Program? (provide contact information for case worker) Yes No

A full-time student household may qualify if one of the questions in 4) are checked “yes” and verified.

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

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



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

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

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

Name of Institute: _____

Name of Advisor or Counselor: _____

Telephone: _____ Email Address: _____

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

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

*I am a dependent of the household. Yes No

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

*I am married. Date Married: _____ Yes No

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

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

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

*I am a graduate or professional student. Yes No

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

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

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

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

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

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

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

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

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

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

Signature _____ Printed Name/Title _____ Date _____



NON-EMPLOYMENT CERTIFICATION



NAME: _____

DOB: _____

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

A. Check applicable statement:

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

B. Check applicable statement:

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

My last employers name & address was: _____

Last date of employment was: _____

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

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

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

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

Date: _____

Signature: _____

Printed Name: _____

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

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

Documentation of Income

SOCIAL SECURITY

If you receive Social Security benefits, provide a copy of **ALL PAGES** of your letter that states the amount/s received for the current year.

We do not accept the 1099 form...it must be the **Proof of Income letter**.

Be sure that the letter is dated within 6 months of your application date.

When writing this information in the application documents use the **GROSS amount – the amount BEFORE any deductions**.

If you need to request a copy of your letter from the Social Security Administration, you can create an account with SSA online OR call **1-800-772-1213**. When calling the 800 number, you will go through an automated series of questions. When asked, say you want **PROOF OF INCOME**.

EMPLOYMENT

If you are employed, please provide copies of your most recent pay stubs **AND** the first pay stub of the year that shows Gross Pay and Year-to-Date Pay as the same number.

Please use this chart to for the number of pay stubs to provide.

<i><u>If you are paid:</u></i>	<i><u>Please provide:</u></i>	
<i>Every week</i>	<i>9 pay stubs</i>	<i>10 total, including the first one of the year</i>
<i>Every two weeks</i>	<i>5 pay stubs</i>	<i>6 total, including the first one of the year</i>
<i>Two times per month</i>	<i>4 pay stubs</i>	<i>5 total, including the first one of the year</i>
<i>One time per month</i>	<i>4 pay stubs</i>	<i>5 total, including the first one of the year</i>

How can I get a Social Security benefit verification letter?

The benefit verification letter, sometimes called a "budget letter," a "benefits letter," a "proof of income letter," or a "proof of award letter," serves as proof that you either:

- Get Social Security benefits, Supplemental Security Income (SSI), or Medicare.
- Have never received benefits or SSI.
- Have applied for benefits.

You can request one online by using your personal *my_Social Security* account, which will allow you to immediately view, print, and save a copy of the letter. You can call us to request one at **1-800-772-1213 (TTY 1-800-325-0778)**, Monday through Friday from 8:00 a.m. to 7:00 p.m. local time.

Use our automated phone assistance

Available 24 hours a day, 7 days a week in English and Spanish

Call +1 800-772-1213

When you hear "How can I help you today?" say "proof of income."

Call TTY +1 800-325-0778 if you're deaf or hard of hearing.

If you receive benefits or have a pending application, you can request that we mail you a benefit verification letter. We will mail your benefit verification letter within 10 business days to the address we have on file. Be sure to confirm or update your mailing address in your personal *my_Social Security* account. If you get SSI, you will need to contact us to update the address.

You cannot get a benefit verification letter online for another person, such as a spouse or child, unless they are a beneficiary for whom you are an active representative payee.

For more information go to the [Get your Social Security Benefit Verification Letter online](#) page.



NAME: _____

DOB: _____

The stated individual has applied for or is currently living in our Federally Assisted Housing Program. We are required by government regulations to verify all income, assets, and/or expenses for this person. All information gathered is confidential and will only be used in determining eligibility for Federally Assisted Housing. The applicant/resident is not required to sign this request if it is not clear who will be providing or receiving the information.

By signing below, I authorize the below stated Individual/Department to provide this information and return it to the person indicated.

Date of 1st Request: _____
Date of 2nd Request: _____
Date of 3rd Request: _____

Applicant / Resident _____ Date _____

Manager _____ Date _____

This form should be completed by:
VERIFICATION
Department of Social Services
811 E 10th St, Sioux Falls, SD 57103
PH 605-367-5444 FX 605-367-5614

This form should be returned to:
West Creek Woods Apartments
1700 S. St. Michael's Circle, Sioux Falls, SD 57106
C/O
CPM Central
PH 605-900-6245 FX 605-582-3081

Is the household receiving food stamps / SNAP benefits from your agency? Yes No

Complete below for any additional benefits.

Gross Benefits _____ Deductions (specify) _____

- Unemployment Benefits
- Worker's Compensation Benefits
- Disability Benefits
- Public Assistance Benefits
- TANF (aka AFDC)
- Veteran's Administration Benefits
- Other (_____)

Name of Adult(s)

Name of Child(ren)

Benefit Payments Made: () Weekly () Monthly () Yearly

Date Benefit Began: _____

Date Benefit Ends: _____

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.

"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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C.408 (a) (6), (7) and (8).

Signature

Printed Name/Title/Phone Number

Date



29565

Verification of Deposit Housing Assistance Agencies



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

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

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

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

SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Account Number(s) (Required)

Customer One Social Security Number

Month

Day

Year

CUSTOMER AUTHORIZATION

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

Signature of Account Holder

Date

Signature of Account Holder

Date



Request for Verification of Account

Instructions: **For faster processing, please complete this form on your computer before printing and obtaining applicant's signature.**
 Requesting party: Complete items 2 through 7. Have applicant(s) complete item 8. Fax directly to depository named in item 1.
 Depository: Please complete items 9 through 15 and return DIRECTLY to requesting party named in item 2.

Part I - Request

1. To First Interstate Bank Fax: 406-237-2931	2. From (Name and address of requesting party)
---	--

I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other interested party.

3. Signature of Requestor	4. Title Property Manager	5. Return Fax Number
---------------------------	------------------------------	----------------------

6. Information to be Verified

Type of Account	Account in Name of	Account Number	Balance
Checking			
Savings			
Checking			
Savings			

7. Name and Address of Applicant(s) First / Last Name	8. Signature of Applicant(s)	Date
Address		
City	State	Zip

To Be Completed by Depository

Part II - Verification of Depository

9. Average Balance

Type of Account	Account Number	Current Balance/Interest Rate	Average Balance	Date Opened

10. Loans Outstanding to Applicant(s)

Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Mthly/Qtrly)		Secured By	No. of Late Payments
				\$	Per		
				\$	Per		
				\$	Per		
				\$	Per		

11. Certificates of Deposit

Account No.	Date Opened	Opening Balance	Current Balance	Interest Rate	Maturity Date	Withdrawal Penalty

Part III - Authorized Signature

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

12. Signature of Depository Representative	13. Title (Please print or type) Verifications	14. Phone Number 406-237-2921	15. Date
--	---	----------------------------------	----------

Property Name: West Creek Woods Apartments
Address: 1700 S. St. Michael's Circle
Address: Sioux Falls, SD 57106
Phone / Fax / Email: 605.951.8993 / 605.362.5261 / westcreekwoods@costelloco.com

Project Eligibility Requirements

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

Project Specific Requirements - This housing community is funded by the Low-Income Housing Tax Credit (LIHTC) and HOME Funds programs and is for elderly households.

1. The head or co-head of each household must be at least 55 years of age to reside in this community.
2. The apartment unit must be the sole residence of all adult household members.
3. All household members who are 18 years of age or older are required to sign consent and verification forms.
4. All information reported by the household is subject to verification.
5. Applicants must agree to pay the rent required by the program under which they will receive assistance.
6. Household members are not required to disclose gender.
7. 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 a Social Security Number (SSN) for all household members aged 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 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

HUD establishes and publishes income limits, annually, based on household size for each county in the United States and based on the median income of the geographic area. New households must be at or below these limits, as is 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 to establish the need for a reasonable accommodation), 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. 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 the waiting list, may be removed.
3. 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.
4. Applicants will be deactivated from the waiting list if:
 - a. They do not inform the manager of their desire to stay on the list at least once every 6 months.
 - b. They accept a unit at another community.
 - c. Their application is denied for any reason.
 - d. The property manager is no longer able to contact the applicant by phone or mail.
 - e. They inform the manager by phone, in person or by mail that they no longer need a unit.
 - f. The applicant is offered and rejects a unit three times at the community.

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

Applicant Screening Criteria - Criminal and Drug-related History -- 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. These checks help the owner 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 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 in the unit.
- e. Must not have endangered the health and safety of any other residents, the landlord, or any of his agents.
- f. Must not have interfered with the rights and quiet enjoyment of the other residents.
- g. If any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years, the application will be denied.

C. If a household is applying for a unit that does not have rental assistance, they must demonstrate the ability to pay rent, Applicants must have monthly gross income no less than two times (2x) 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.

A larger unit size may be assigned upon request if the household needs a larger unit as a reasonable accommodation for a household member who has a disability.

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.
 - a. 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.
 - b. 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.
 - c. 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.
 - d. 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 reapply and will be subject to re-screening as are other applicants.
 - e. A required unit transfer due to household size or changes in household composition. When an owner determines that a transfer is required, the household must move within 30 days after notification that a unit of the required size is available within the property or may remain in their current unit and pay the approved market rent.



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

1. Non-Discrimination Policies

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

2. 504 Compliance

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

3. FHA Compliance

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

4. Limited English Proficiency

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

Opening and Closing the Waiting List

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

Eligibility for Students

HOME Student Eligibility

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

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

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

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

1. Be 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: is a parent)



- A graduate or professional student
- A "vulnerable youth", including:
 - o An orphan or ward of the State or in foster care at any point since age 13.
 - o An unaccompanied homeless child or youth who is self-supporting as defined by 1) the McKinney-Vento Act, 2) the Runaway and Homeless Youth Act or 3) a financial aid administrator.
 - o 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 HUO-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:

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 / children in the unit, the adult is not a tax dependent of any third party, and the minor child / 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. A household member receives welfare assistance in the form of Temporary Assistance to Needy Families (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 available not only to women, but also 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 a household feels their application is denied based on factors related to the household member being a victim, they may inform the manager 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 Certification* form, 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 consider their rights under VAWA and inform the applicant if they qualify based on their appeal. If a request is not received within the 14, the property 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.