



Estes Apts {606}

301 Bunker Ln, Office:1006 Whiting Dr., Yankton, SD 57078
Office: (605)929-0770 Fax: (605)260-3021, estes@costelloco.com



Dear Applicant,

NOTICE: Estes is no longer an income-based property, applicants must meet income requirements to qualify.

Thank you for your interest in Estes Apts! Rent includes water, sewer, garbage, snow removal, lawn care, laundry facilities, 24-hour emergency maintenance and on-site management.

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

	Square Foot	Rent	Deposit	Average Utilities	School Districts
1 BEDROOM	606	\$638	\$500	\$75	Open Enrollment
2 BEDROOM	912	\$750	\$600	\$94	Open Enrollment

You are applying for housing in a Conventional Market-rate property. Attached you will find an application. Please fill out completely and provide explanation where necessary, incomplete or missing information will delay approval process.

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 and a copy of the social security card. 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:

- The completed application (each person 18 years of age or over must sign all pages that require a signature, fill out a separate Screening Reports sheet & Authorization to Release of Information sheet).
- Application fee of \$45 for each person 18 years of age or over (must be check or money order – NO CASH; this is non-refundable).
- 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.

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 your application is 1-5 business days.*

Thank You Kindly!

Tami Walter

**Costello Property Manager
Estes, Whiting Court, Yankton Heights I and II
Call or Text: 605-929-0770
Fax: 605-689-3015**

(July 2018)

"This Institution is an Equal Opportunity Provider."

F:\INTERNAL\Boston Post\BP documents - updated



Application for Rental

Revision Date: 6/2/2020

Return to:

TTY: 711

This is a Non-Smoking Community!



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

APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL

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

Applicant Name _____

Current Address _____

City, State ZIP _____

Home/Cell Phone Number(_____) _____

Work Phone Number (_____) _____

Email Address _____

Current Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Widowed _____

Co-Applicant Name _____

Current Address _____

City, State ZIP _____

Home/Cell Phone Number(_____) _____

Work Phone Number (_____) _____

Email Address _____

Current Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Widowed _____

DISCLOSURE REGARDING TEXTING:

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

Applicant's Signature: _____

Co-Applicant's Signature: _____

DID ANYONE ASSIST YOU IN COMPLETING THE APPLICATION PACKET?

☐ Yes ☐ No

If Yes, who: _____

Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

- 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

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

Employer Name _____
Address _____

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

Co-Applicant

Employer Name _____
Address _____

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

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

If Yes, please list here:

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

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Type of Income: _____
Source of Income: _____
Annual Amount: \$ _____

EMERGENCY CONTACT

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

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

SIGNATURE AND CONSENT

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

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



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

program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, 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/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider."



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

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____



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: Estes Apts {606}** 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

Tami Walter 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.



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ALL adult household members must sign a separate form.



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LAW ENFORCEMENT AGENCIES	SUPPORT & ALIMONY PROVIDERS	VETERANS ADMINISTRATION	LANDLORDS
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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

Estes Apts {606}

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: _____





Screening Reports

Screening Reports, Inc.

729 N Route 83 Suite 321

Bensenville, IL 60106

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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

Estes Apts {606}

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: _____ |





Estes Apts {606} is a NON-SMOKING PROPERTY



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

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

"This Institution is an Equal Opportunity Provider"

DRUG AGREEMENT

DRUG ACTIVITY RESTRICTIONS

- a. **No Criminal/Unlawful Activity.** The Tenant agrees that the Tenant and members of the household must not engage in or permit:
- (i) Any criminal Activity, including drug-related criminal activity, whether in the unit or elsewhere on or near the premises; or
 - (ii) Any other unlawful activity in the unit or elsewhere on or near the premises.
- b. **Tenant Responsible for Household and Guests.** With respect to unlawful or criminal activity, including drug-related criminal activity, the Tenant acknowledges responsibilities for the action of himself/herself, all individuals listed on the 50059 Owner and Tenant Certification, and guests while said individuals are within the confines of the Tenant's apartment or on the premises.
- c. **Definition.** The Tenant acknowledges that drug-related criminal activity includes but is not limited to:
- (i) Possession, usage, distribution, transportation, sale, manufacture, or storage of illegal drugs and/or drug paraphernalia; or
 - (ii) Conviction of violating any state or federal laws relating to illegal drugs and/or drug paraphernalia.

Tenant Signature

Date

Tenant Signature

Date

Tenant Signature

Date

Tenant Signature

Date

Management Agent

Date: _____

Property: **Estes**