

**South Briar Briar {138}**

500 - 15th Street South, Brookings, SD 57006

Phone:(605) 692-9551 Fax:(605)408-8811, southbriar@costelloco.com



Dear Applicant,

Thank you for your interest in South Briar {138}! Rent includes water, sewer, garbage, snow removal, lawn care, dishwasher, microwave, playground, picnic areas, coin operated washer and dryer, 24 hour emergency maintenance and on-site management.

**\* 12-month Lease is required \* Student restrictions apply \* SMOKE FREE & non-pet property \***

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
2 BEDROOM	875	\$698-\$730	\$ 450	\$ 55	Brookings
3 BEDROOM	1020	\$761-\$781	\$ 450	\$ 65	Brookings

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

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

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

	1 Person	2 People	3 People	4 People	5 People	6 People
50% Limit	\$35,700	\$40,800	\$45,900	\$51,000	\$55,100	\$59,200
60% Limit	\$42,840	\$48,960	\$55,080	\$61,200	\$66,120	\$71,040

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

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

- The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate *Screening Reports Sheet, Declaration of Section 214 (Citizenship) Status* for each household member, *Child Support/Alimony Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet).
- A copy of a driver's license or state-issued photo ID for each person 18 years of age or over.

(May 2020)

*"This Institution is an Equal Opportunity Provider."*

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

- 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 an application is 14-21 business days.*

Thank you!

**Amanda Van Dam**

South Briar {118}

500 - 15th Street South

Brookings, SD 57006

Phone:(605) 692-9551 Fax:(605)408-8811

southbriar@costelloco.com

***"This Institution is an Equal Opportunity Provider"***

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





## Tenant Selection Plan for LIHTC/HOME funded properties (non-senior)

Property Name: Green and South Briar  
Address: 500 15<sup>th</sup> Street South  
Address: Brookings, SD 57006  
Phone: 605.692.9551 Fax: 605.692.4983 Email: southbriar@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 houses persons of all ages.

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

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

### Income Limits

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

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

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

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

- 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 this 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 and Sex Offender Checks**

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

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

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

- 1) **Expunged or sealed convictions** will not be used in determining eligibility.
- 2) **Arrest or charge that was resolved** without conviction will not be used. Although admission will not be denied solely based on an arrest, an arrest may be the basis for further inquiry and a decision can be made on the conduct and other supporting information such as police reports detailing the circumstances of the arrest, witness statements and other relevant documentation. Arrests and open cases may also be used to determine that a pattern of behavior evidenced by past convictions continues.
- 3) Any applicant unlawfully obtaining government assistance or committing fraud will be denied.
- 4) **Violent crimes against persons**
  - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 20 years of application. Persons with felony convictions for murder, attempted murder and terrorism may be denied for up to 50 years.
  - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 10 years of application. Persons with convictions for misdemeanor murder or attempted murder may be denied for up to 25 years. Persons with convictions for misdemeanor terrorism may be denied for up to 50 years.
- 5) **Crimes against property**
  - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes against property, the application will be denied if the conviction, or exit from incarceration, occurred within 7 years of application; and may be denied if the conviction, or exit from incarceration, occurred more than 7 years before application. The limit for persons with a felony arson conviction is 15 years.



- b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes against property, the application may be denied if the conviction, or exit from incarceration, occurred within 5 years of application. The limit for persons with a misdemeanor arson conviction is 10 years.
- 6) **Nonviolent felony and misdemeanor offenses**
  - 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 to reside in the unit.



## Tenant Selection Plan for LIHTC/HOME funded properties (non-senior)

- e. Must not have endangered the health and safety of any other residents, the landlord or any of his agents.
  - f. Must not have interfered with the rights and quiet enjoyment of the other residents.
  - g. If any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years, the application will be denied.
- C. If a household is applying for a unit that does not have rental assistance, they must demonstrate the ability to pay rent. Applicants must have monthly gross income no less than two and one half times ( $2 \frac{1}{2} \times$ ) 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.
  1. A unit transfer for a medical reason certified by a doctor, a need for an accessible unit or to accommodate a person with a disability.
  2. A victim of violence that seeks an emergency transfer **within a property** under the *Violence Against Women Act (VAWA)* to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will not need to re-apply or be subject to rescreening.
  3. A victim of violence that seeks an emergency transfer from **another property managed by Costello Property Management** under the *Violence Against Women Act (VAWA)* to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply but will not be subject to re-screening as long as they are in good standing at their current residence.
  4. A victim of violence that seeks an emergency transfer from **another property not managed by Costello Property Management** under the *Violence Against Women Act (VAWA)* to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply and will be subject to re-screening as are other applicants.
  5. A required unit transfer due to household size or changes in household composition. When an owner determines that a transfer is required, the household must move within 30 days after notification that a unit of the required size is available within the property or may remain in their current unit and pay the approved market rent.

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

#### 1. Non-Discrimination Policies

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





### 2. 504 Compliance

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

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

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

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





## Tenant Selection Plan for LIHTC/HOME funded properties (non-senior)

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

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

### **LIHTC Student Eligibility**

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

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

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

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

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

### **The Violence Against Women Act**

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

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







## Application for Rental

Revision Date: 6/2/2020

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

Return to:  
South Briar Apts.  
500 15<sup>th</sup> St South  
Brookings SD 57006  
TTY: 711

**This is a Non-Smoking Community!**



**APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL**

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

Applicant Name \_\_\_\_\_

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 _____	Current Residence _____
Landlord/Realtor Phone # (____) _____ - _____	Landlord/Realtor Phone # (____) _____ - _____
Address _____	Address _____
Present monthly rent/mortgage \$ _____	Present monthly rent/mortgage \$ _____
Dates of Occupancy _____	Dates of Occupancy _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA
Previous Residence _____	Previous Residence _____
Landlord/Realtor Phone # (____) _____ - _____	Landlord/Realtor Phone # (____) _____ - _____
Address _____	Address _____
Monthly rent/mortgage \$ _____	Monthly rent/mortgage \$ _____
Dates of Occupancy _____	Dates of Occupancy _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	<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, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider."*



**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.***

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

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



ASSET INFORMATION

All information should be calculated on an Annual Basis.

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

If "Yes", explain:

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

If "Yes", explain:

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

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

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

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

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

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

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

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

If "Yes", is it for sale? Yes No Rented? Yes No Sold? Yes No

14. Do any household members hold any personal property as an investment (for example: coin collection or antique cars held for business resale)? (Do not consider necessary personal items such as family cars, jewelry, or furniture.) Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

**HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE**

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

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

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

Applicant _____	Date _____
Co-Applicant _____	Date _____
Other Adult Household Member _____	Date _____
Other Adult Household Member _____	Date _____



Project Name: \_\_\_\_\_ Initial Certification: \_\_\_\_\_

Unit No.: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Annual Recertification: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street, Box No. City State Zip

**1. List all occupants of the unit**

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

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

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

**4. Race - Head of Household:**

- |   |   |
|---|---|
| <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**

Monthly \$ \_\_\_\_\_

**CURRENT UTILITY ALLOWANCE**

Monthly \$ \_\_\_\_\_

**7. Do you currently receive rental assistance?**

If yes, are you receiving: Section 8 Certificate  
Section 8 Voucher  
Other

Yes ☐ No ☐

☐ Amount Per Month:  
\$ \_\_\_\_\_  
☐

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

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Is any member of your household employed, full-time, part-time, or seasonally?  | <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)

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

*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.**

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

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

I acknowledge that:

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

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

X

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

X

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

X

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





**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	_____ South Briar {138} Community Billed		

For Office Use: Complete from State ID		No Photo
Birthdate	Soc. Sec #	
_____ Legal Last Name		Verified By
_____ Legal First Name	_____ Middle Full Name	

<b>Referred By: (please check one)</b>	
<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: _____





# 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: South Briar** 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:

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

A 45.00 APPLICATION FEE FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3<sup>rd</sup> party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

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

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

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

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

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

## SIGNATURES

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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





# South Briar 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.

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Applicant Signature

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Date

---

Applicant Signature

---

Date

---

Applicant Signature

---

Date

*"This Institution is an Equal Opportunity Provider"*



## 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



**Race and Ethnic Data  
Reporting Form**

(for Tax Credit/HOME properties)

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
Name of Household Member

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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
Co-Tenant/Applicant Signature	Printed Name	Date





Student Status Questionnaire  
HUD, HOME & USDA Properties



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

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

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

Name of Institute: \_\_\_\_\_

Name of Advisor or Counselor: \_\_\_\_\_

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

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

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| *I am a dependent of the household.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *I am an orphan or ward of the court.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *I am married. Date Married: _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *I have dependent child(ren). Name(s) _____                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *I am 24 years old or older. Birthday: _____                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *I am a veteran of the U.S. Armed Forces with honorable release or discharge. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *I am a graduate or professional student.                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *I have been independent of my parents or guardians for at least 1 year.      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

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

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

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

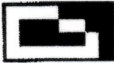
**WARNING** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Date \_\_\_\_\_

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



29565

# Verification of Deposit Housing Assistance Agencies

**WELLS  
FARGO**

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

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

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

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

## SECTION 1: REQUESTER INFORMATION

G R E E N & S O U T H B R I A R

Company Name

M A N A G E R

Attention

5 0 0 1 5 T H S T . S

Street Address

B R O O K I N G S

City

S D 5 7 0 0 5

State

Zip

g r e e n b r i a r @ c o s t e l l o c o . c o m

Requester Email (optional)

6 0 5 - 6 9 2 - 9 5 5 1

Requester Phone Number

6 0 5 - 6 9 2 - 4 9 8 3

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Account Number(s) (Required)

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