



**Parkwood {125}**

PO Box 106, Vermillion, SD 57069

Phone: 605-929-5895 Fax: 605-624-0059, parkwood@costelloco.com



Dear Applicant,

Thank you for your interest in Parkwood {125}! Rent includes water, sewer, garbage, snow removal, lawn care, playground, picnic areas, 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
<b>1 BEDROOM</b>	647	\$0-\$857	\$ 300	\$ 52	Vermillion
<b>2 BEDROOM</b>	750	\$0-\$930	\$ 300	\$ 65	Vermillion

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
50% Limit	\$36,300	\$41,500	\$46,650	\$51,850	\$56,000
60% Limit	\$43,560	\$49,800	\$55,980	\$62,220	\$67,200

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.

**Occupancy Standards:**

	Minimum	Maximum
1 Bedroom	1	3
2 Bedroom	2	5

(May 2020)

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

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

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

- An 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).
- 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*, *Child Support/Alimony Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet).
- A copy of a driver's license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member's social security card.

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!

Parkwood {125}  
PO Box 106  
Vermillion, SD 57069  
Phone: 605-929-5895 Fax: 605-624-0059  
parkwood@costelloco.com

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

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

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

Property Name: Parkwood Apartments  
Address: PO Box 106  
Address: Vermillion, SD 57069  
Phone Fax Email: 605.929.5895 / 605.624.0059/ parkwood@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 Rural Development (RD) 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

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

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

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

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

- Photo IDs for all adult household members.
- Information on household characteristics: name, age, disability status (only to establish eligibility for a specific property for the elderly/disabled or for certain deductions when determining rent), need for an accessible unit, and race/ethnicity information.
- Household contact information.
- Sources and estimates of household's anticipated annual income and assets
- Screening information
- Whether the applicant or any household member is subject to any state's lifetime sex offender registration
- List of states where the applicant and all members of the household have resided
- Disclosure of SSN's for all members of the household.

1. Applications will be accepted once completed in full and properly signed per unit size and type in chronological time and date order. Households that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same time-and-date order) after preliminary eligibility determination.
2. Applications will be prioritized based on income level category - very-low (50%AMI) first, then low (80% AMI) then moderate-income (80% AMI + \$5,500). Within each income category, applications will be prioritized by date a completed application was received.
3. The waiting list will be updated a minimum of once every six months. Applicant households who have not informed the property that they want to remain on this list may be removed.



4. Applicants will be moved to the bottom of the waiting list if their application is approved but the applicant is unable or unwilling to accept one of the available units.
5. Applicants will be deactivated from the waiting list if:
  - a. They do not inform the manager of their desire to stay on the list at least once every 6 months.
  - b. They accept a unit at another community.
  - c. Their application is denied for any reason.
  - d. The property manager is no longer able to contact the applicant by phone or mail.
  - e. They inform manager by phone, in person or by mail that they no longer need a unit.
  - f. The applicant is offered and rejects a unit three times at the community.

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

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

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

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

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

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



within 7 years of application; and may be denied if the conviction, or exit from incarceration, occurred more than 7 years before application. The limit for persons with a felony arson conviction is 15 years.

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

**6) Nonviolent felony and misdemeanor 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.
  - e. Must not have endangered the health and safety of any other residents, the landlord or any of his agents.
  - f. Must not have interfered with the rights and quiet enjoyment of the other residents.
  - g. If any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years, the application will be denied.
- C. If a household is applying for a unit that does not have rental assistance, they must demonstrate the ability to pay rent. Applicants must have monthly gross income no less than two and one half times (2 ½ X) the monthly rental amount.

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

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

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

### Occupancy Standards

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

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

### Unit Transfer Policies

1. Current tenants requesting a unit transfer must have just cause. No transfer will be made without management's approval and consideration of the community's financial status. Households will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity, infractions and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.
2. Current resident households requesting a unit transfer for the following reasons will be given preference for a unit over those on the waiting list to move into the property. The order of granting multiple transfer requests outstanding at the same time will be on a priority basis based on urgency of need, then time of request.
  1. A unit transfer for a medical reason certified by a doctor, a need for an accessible unit or to accommodate a person with a disability.
  2. A victim of violence that seeks an emergency transfer **within a property** under the *Violence Against Women Act* (VAWA) to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will not need to reapply or be subject to rescreening.
  3. A victim of violence that seeks an emergency transfer **from another property managed by Costello Property Management** under the *Violence Against Women Act* (VAWA) to avoid imminent danger of repeated violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply but will not be subject to re-screening as long as they are in good standing at their current residence.
  4. A victim of violence that seeks an emergency transfer **from another property not managed by Costello Property Management** under the *Violence Against Women Act* (VAWA) to avoid imminent danger of repeated



violence or when the violence was sexual assault within 90 days of the request. The resident will need to re-apply and will be subject to re-screening as are other applicants.

5. A required unit transfer due to household size or changes in household composition. When an owner determines that a transfer is required, the household must move within 30 days after notification that a unit of the required size is available within the property or may remain in their current unit and pay the approved market rent.

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

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

## Opening and Closing the Waiting List

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

## Eligibility for Students

### RD Student Eligibility

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

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

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

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

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

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

- A. Be of legal contract age under state law, AND
- B. Have established a separate residence (NOT dormitory housing) from parents for at least a year OR meet the U.S. Department of Education definition of an Independent student, AND



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

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

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

### LIHTC Student Eligibility

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

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

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

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

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

### The Violence Against Women Act

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

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



# Parkwood {125} 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **TO APPLY, YOU WILL NEED TO TURN IN ALL OF THE FOLLOWING:**

- An application fee of \$45.00 for each person 18 years of age or over (must be check or money order – NO CASH; this is non-refundable).
- The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate *Screening Reports Sheet, Child Support/Alimony Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet).
- A copy of a driver's license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member's social security card.

***Please note that the average time needed for us to process an application after all required information is provided to the office is 14-21 business days.***

## **GENERAL INSTRUCTIONS**

- Use a pen.
- Do not use 'white out' to cover mistakes.
- Initial ALL ITEMS that are corrected in any way...overwritten or crossed out and rewritten.
- All YES / NO questions that DO NOT apply to you, must be answered **NO**.
- All documents must be complete.
- Any areas or questions left unanswered will be returned to you for completion.
- Be sure that any checkmarks or X's are **INSIDE THE BOXES**. Any marks that fall on the line of the box or outside the box **WILL BE RETURNED** for confirmation.
- If you have ANY questions about the documents, please call 605-929-5895 for assistance.

## **VERIFICATION OF INFORMATION**

You are an applicant to a property that participates in a federally assisted housing program. We are required by government regulations to verify household composition, income, and assets as they relate to occupancy and income eligibility. Your information is considered confidential and will be used only to determine eligibility for federally assisted housing.

## **PACKET CONTENTS**

### **Bundle 1**

#### Screening Reports

Complete top portion. Portion in box is for Office use only.

#### Application for Rental

#### Compliance Questionnaire

#### Race and Ethnic Data

Select answers in each of the three areas

#### Child Support Questionnaire

If this form does not apply to you, you must still complete it as a record for file.

If no children will be in the household, write NA at: *Minor's Name* \_\_\_\_\_

Under item 4, initial the appropriate statement that applies to you.

#### Student Status Questionnaire – Tax Credit

If this form does not apply to you, you must still complete it as a record for file.

#### Student Status Questionnaire – HOME

If this form does not apply to you, you must still complete it as a record for file.

If not a student, mark "no" to the first question and skip all other questions

#### Authorization for Release of Information

Sign, print name, and date

**Bundle 2**

**Non-Employment Certification**

Select an applicable statement from Area A and Area B. Sign, print name, date.

**Documentation of Income**

If you receive Social Security or Supplemental Security Income, you must provide a copy of **all the pages of your annual award letter**. The letter must be dated within 90 days of your application date.

1099 forms are not acceptable.

If employed, provide the appropriate number of pay stubs noted in the chart.

**Social Security Verification Instructions**

These are online instructions to print a copy of your Social Security award letter.

The 800 number provides an automated service for receiving a letter. When prompted, confirm that you want Proof of Income.

**Wells Fargo VOD**

If you bank at Wells Fargo, complete the bottom portion of the form; sign and date.

**Certification of Marital Status**

If you are separated, but not divorced, complete this document.

**Bundle 3**

**Resident Selection Policy / Tenant Selection Plan**



**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

Parkwood {125}  
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	

**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**

**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

\_\_\_\_\_  
Parkwood {125}  
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: _____



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

Return to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TTY: 711

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



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

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

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

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

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

- 5. Has anyone in the household ever been involved in any of the following crimes: violence, firearms violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults or stalking?  Yes  No
- 6. Is anyone in the household listed above currently involved in, have ever been charged with or convicted of a misdemeanor or felony? (excluding misdemeanor traffic violations)?  Yes  No
- 7. Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact?  Yes  No  
 If Yes to #5, #6, #7 - 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
- 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 wish to request housing accommodations (i.e. wheelchair accessible unit, flashing fire alarm, etc)?  Yes  No

**RESIDENTIAL HISTORY**  
(List consecutively)

Applicant	Co-Applicant
Landlord/ Property Name _____	Landlord / Property Name _____
Landlord/Realtor Phone # (____) _____ - _____	Landlord/Realtor Phone # (____) _____ - _____
Applicant Address _____	Applicant Address _____
Present monthly rent/mortgage \$ _____	Present monthly rent/mortgage \$ _____
Dates of Occupancy(mm/dd/yyyy) _____	Dates of Occupancy (mm/dd/yyyy) _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> NA
Landlord Property/Name _____	Landlord Property/Name _____
Landlord/Realtor Phone # (____) _____ - _____	Landlord/Realtor Phone # (____) _____ - _____
Applicant Address _____	Applicant Address _____
Present monthly rent/mortgage \$ _____	Present monthly rent/mortgage \$ _____
Dates of Occupancy(mm/dd/yyyy) _____	Dates of Occupancy (mm/dd/yyyy) _____
<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 in the last 5 years? 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 \_\_\_\_\_

Job Start Date (mm/dd/yyyy) \_\_\_\_\_

Job Start Date (mm/dd/yyyy) \_\_\_\_\_

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, 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: \_\_\_\_\_



## HOTMA Compliance Questionnaire

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

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

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

1. Will this unit be the PRIMARY RESIDENCE for the Head and Co-Head of Household?  Yes  No
2. Are any household members separated, but not divorced? If yes, who? \_\_\_\_\_  Yes  No
3. 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: \_\_\_\_\_
4. Are any of the members of your household temporarily absent? (For example: in the military or away at college)  Yes  No  
 Who: \_\_\_\_\_ Explain: \_\_\_\_\_
5. 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? \_\_\_\_\_
6. Are any members of your household Foster Children or Foster Adults? If Yes, Who? \_\_\_\_\_  Yes  No
7. Do you receive funding from Medicaid or State/Federal Agency that enables a disabled family member to live with you?  Yes  No
8. Will your household be receiving a Section 8 Voucher, Housing Choice Voucher, or Project-Based Voucher?  Yes  No

### ASSET INFORMATION

**Necessary Personal Property Examples (these and like items should not be listed on the next page)**

cars (for personal or work), furniture, carpet, linens, kitchenware, common appliances, radio, television, DVD player, gaming system, clothing, toys, books, wedding/engagement rings, jewelry used in religious/cultural celebration and ceremonies, religious and cultural items, medical equipment and supplies, musical instruments used by the family, personal computers, phones, tablets, tools of trade, educational materials and exercise equipment, equipment to accommodate persons with disabilities

9. Do any household members hold any assets jointly with someone not in the household?  Yes  No  
 If "Yes", explain: \_\_\_\_\_
10. Are any of the below assets part of an IRS recognized retirement account? If yes, which one(s) \_\_\_\_\_  Yes  No

# HTC | ASSET SELF - CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

*(Complete only one form per household; include assets of children.)*

Write something in for each asset box below for (A) Cash Value and (B) Annual Income. If something is not applicable write "N/A" or "-."

For the following asset types, include the current Cash Value of each asset held by any family member and the actual income that the asset earns. \*Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.\*

<b>Household Name:</b> _____					
<b>PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).			
Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	
<b>PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT</b>					
Have you received a federal tax return or refundable federal tax credit in the last 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of return/credit:				\$ _____	
<b>PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have Non-necessary Personal Property (NNPP)			
Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	\$ _____	N/AP	Cryptocurrency	\$ _____	\$ _____
Pre-paid Debit Card (including Govt. Benefits)	\$ _____	N/AP	Money Market/ CD	\$ _____	\$ _____
Checking/Savings	\$ _____	\$ _____	Annuities	\$ _____	\$ _____
Checking/Savings	\$ _____	\$ _____	Brokerage Account	\$ _____	\$ _____
Savings	\$ _____	\$ _____	Stocks/Bonds	\$ _____	\$ _____
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$ _____	\$ _____	Other: _____	\$ _____	\$ _____
Whole Life Insurance	\$ _____	\$ _____	Other: _____	\$ _____	\$ _____
<b>Non-Account Based</b>					
Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business					
<b>Description</b>				<b>(A) Cash Value *</b>	
				\$ _____	
				\$ _____	
				\$ _____	
				\$ _____	
<b>PART IV. REAL PROPERTY</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have Real Property			
<b>Description of Property</b>			<b>(C) Cash Value*</b>		<b>(D) Income</b>
			\$ _____		\$ _____
			\$ _____		\$ _____

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.

Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date
-------------------------------	------	-------------------------------	------

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1601 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 uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).





**Necessary Personal Property Examples - (these and like items should not be listed)**

cars (for personal or work), furniture, carpet, linens, kitchenware, common appliances, radio, television, DVD player, gaming system, clothing, toys, books, wedding/engagement rings, jewelry used in religious/cultural celebration and ceremonies, religious and cultural items, medical equipment and supplies, musical instruments used by the family, personal computers, phones, tablets, tools of trade, educational materials and exercise equipment, equipment to accommodate persons with disabilities

**Non-Necessary Personal Property Examples - (these and like items should be listed below)**

recreational/antique vehicle, watercraft, camper, motor homes, travel trailers, UTV's, expensive jewelry (without family/religious/cultural significance), collectables, coins, stamps, gems, precious metals, valuable artwork, equipment/machinery not used for a business, anything held as an investment, any asset listed below under questions #2

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

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

- |   |  |   |  |
|---|--|---|--|
| Checking  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cryptocurrency / Bitcoin                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificates of Deposit (CD's)*             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reloadable Card (SS, TANF, Child Support, etc)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Whole Life Insurance (not Term)*            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Market*                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities*                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Bonds*                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Internet-based Assets (Venmo, PayPal, etc)* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stocks / Bonds / Mutual Funds*                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Asset Accounts*                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trusts*   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cash on Hand (or at home/safe deposit)      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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

3. Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments? If "Yes", is it for sale?  Yes  No Rented?  Yes  No Sold?  Yes  No

4. Do any household members hold any non-necessary personal property as an investment?  Yes  No

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

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

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

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

**INCOME INFORMATION - All information should be calculated on an Annual Basis.**

11. Does anyone in the household receive or expect to receive regular payments from any of the following?

- |  |  |  |  |
|--|--|--|--|
| Employment   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Student Financial Assistance (Family, Loans, Grants, Work Study, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Self-Employment  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tribal Income  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Provide most current 1040 AND Schedule C, E, or F</i> |  | Welfare Assistance (Food stamps, etc.)                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Armed Forces Pay   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 |
| Alimony  | <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 | Social Security or SSI   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TANF   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Online Casino, Draft Kings, etc.                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  | Other: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please note that the following income sources are considered "nonrecurring" and do not need to be reported. Please report all other income

- Temporary U.S. Census Bureau employment (Decennial Census or American Community Survey) lasting no longer than 180 days
- Federal or State stimulus or recovery payments.
- Gifts for holidays, birthdays, or other significant life events or milestones (e.g., wedding gifts, baby showers, anniversaries).
- Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization.
- Lump-sum additions to family assets, including lump sum lottery or other contest winnings. (Note: list these in the asset section of this questionnaire.)

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

<i>Household Member's Full Name</i>	<i>Type of Income (see #11 for examples)</i>	<i>Source of Income (Business Name, Phone #, and Contact Person)</i>	<i>Annual Amount</i>

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

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

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

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

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

15. Are any of the above listed incomes ending this coming year, and will not repeat? If yes, which? \_\_\_\_\_  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 and date below.**

Applicant _____	Date _____
Co-Applicant _____	Date _____
Co-Applicant _____	Date _____

**EXPENSE INFORMATION**

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

Does anyone in the household pay childcare for another member of the household who is under age 13? (E-01)  Yes  No

*Please list all requested information relating to childcare below:*

<i>Household Member Paying the Childcare Expense</i>	<i>This Expense allows the Household Member to attend:</i>	<i>Where is the Expense Paid? Name and Phone Number of Contact Person</i>	<i>Annual Amount Paid</i>
	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Other		
	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Other		
	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Other		
	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Other		

**This section is only for households whose Head or Co-Head of Household  
is Elderly, Disabled, or Have Household Disability Expenses**

Does anyone in the household make payments for any of the following?

Medical Insurance (E-03) <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medical Expenses (E-06) <input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription Expenses (E-06) <input type="checkbox"/> Yes <input type="checkbox"/> No	Care Attendant Expenses (E-06) <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<i>Household Member's Full Name</i>	<i>Type of Expense (for example, Insurance, Pharmacy)</i>	<i>Source of Expense (for example, Insurance Agency, Pharmacy) Name and Phone Number of Contact Person</i>	<i>Annual Amount</i>

**HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE**

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

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

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

Head of Household/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_



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

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

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

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

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

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

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

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

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

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

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_

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

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

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

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

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_

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

Signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_ Date \_\_\_\_\_



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

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

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

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

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

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

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

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

\*I am a dependent of the household.  Yes  No

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

\*I am married. Date Married: \_\_\_\_\_  Yes  No

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

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

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

\*I am a graduate or professional student.  Yes  No

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

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

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_

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

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

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

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

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ City, St, ZIP \_\_\_\_\_

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

Signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_ Date \_\_\_\_\_



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

Please list ALL household members below.

Household Member's Full Name	Graduated within the calendar year?	Part-Time?	Full-Time?	Name of School
	<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	<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	<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? (provide contact information for case worker)  Yes  No
  - Are any Students part of a JPTA program or similar 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
Co-Tenant/Applicant Signature	Printed Name	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: Parkwood (125)** 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 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 (Print Name and Title) Manager \_\_\_\_\_ Date \_\_\_\_\_

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

**Race and Ethnic Data  
Reporting Form**

(for RD properties)

Parkwood {125}		1125 Madison St., Apt.101
<b>Name of Property</b>	<b>Project No.</b>	Vermillion, SD 57069
Parkwood LLP/Costello Property Mgmt		<b>Address of Property</b>
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>

RD / ITC

*The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to finish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.*

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

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

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

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

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**Race and Ethnic Data  
Reporting Form**

(for RD properties)

Parkwood {125}		1125 Madison St., Apt.101
<b>Name of Property</b>	<b>Project No.</b>	Vermillion, SD 57069
Parkwood LLP/Costello Property Mgmt		<b>Address of Property</b>
<b>Name of Owner/Managing Agent</b>		RD/TC
		<b>Type of Assistance or Program Title:</b>

*The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to finish it, we are required to note the race and ethnicity of applicants on the basis of visual observation or surname.*

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

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

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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

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

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

**A. Check applicable statement:**

1. I am not employed and do not anticipate becoming employed within the next twelve (12) months.
2. I am not presently employed, and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months.
3. I am not presently employed but am aware of an employment start date of \_\_\_\_\_.  
Employer's Name: \_\_\_\_\_

**B. Check applicable statement:**

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

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

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

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

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

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

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

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

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

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

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

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



NON-EMPLOYMENT CERTIFICATION



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

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

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

A. Check applicable statement:

- 1. I am not employed and do not anticipate becoming employed within the next twelve (12) months.
- 2. I am not presently employed, and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months.
- 3. I am not presently employed but am aware of an employment start date of \_\_\_\_\_.  
Employer's Name: \_\_\_\_\_

B. Check applicable statement:

- I have been employed in the last year. If yes, complete the Employment information below:  
My last employers name & address was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Last date of employment was: \_\_\_\_\_
- I have not been employed for at least a year.

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

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

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

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

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

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

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

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



# Verification of Deposit Housing Assistance Agencies

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

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

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

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

## SECTION 1: REQUESTER INFORMATION

P a r k w o o d   A p a r t m e n t s

Company Name

P r o p e r t y   M a n a g e r

Attention

1 1 2 5   M a d i s o n   S t .

Street Address

V e r m i l l i o n   S D   5 7 0 6 9

City

State

Zip

p a r k w o o d @ c o s t e l l o c o . c o m

Requester Email (optional)

6 0 5 - 9 2 9 - 5 8 9 5

Requester Phone Number

6 0 5 - 6 2 4 - 0 0 5 9

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Customer One Social Security Number

Account Number(s) (Required)

Account Number(s) (Required)

Month / Day / 20 Year

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



# ZERO INCOME OR GIFT INCOME CERTIFICATION

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that all information listed below is true.

Please answer the following questions, and complete each line.

If something doesn't apply -- then put "N/A"

	Monthly Cost	Source of Payment
Cost of food?	\$ _____	_____
Cost of supplies such as: Paper products, cleaning supplies, personal care items, etc.?	\$ _____	_____
Cost of clothing: Cost of purchasing clothes?	\$ _____	_____
Cost of laundering clothes?	\$ _____	_____
Do you pay child support?	\$ _____	_____
Does your child(ren) go to daycare?	\$ _____	_____
Do you own an automobile? Cost of insurance?	\$ _____	_____
Cost of gasoline?	\$ _____	_____
Do you have loan/credit card payments?	\$ _____	_____
Cost of telephone/cellphone?	\$ _____	_____
Cost of cable/satellite TV and/or internet?	\$ _____	_____

## ZERO INCOME OR GIFT INCOME CERTIFICATION

	Monthly Cost	Source of Payment
Cost of utilities?	\$ _____	_____
Cost of smoking?	\$ _____	_____
Pet/service/companion animal costs such as:		
Food and supplies?	\$ _____	_____
Vet bills?	\$ _____	_____
Cost of medical expenses?	\$ _____	_____
Cost of post-high school tuition?	\$ _____	_____
Cost of rent?	\$ _____	_____
Have you applied for public assistance:		
If yes, what is the monthly amount, source,	\$ _____	_____
& what is the effective date benefits will begin?	_____	

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

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

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

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date



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