**Bristol Court {183}**
4813 E 54th Street #Office, Sioux Falls, SD 57110
Phone:(605) 659-0411 Fax:(605)371-1167, bristolcourt@costelloco.com

Dear Applicant,
Thank you for your interest in Bristol Court {183}! Rent includes water, sewer, garbage, snow removal, lawn care, washer and dryer, dishwasher, playground, picnic area, community room, 24 hour emergency maintenance and on-site management.

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

Bristol Court Apartments consists of 18 four bedroom apartments, 20 three bedroom apartments and 22 two bedroom apartments that include a single-stall garage.

| | Square Foot | Rent Range | Deposit | Average Utilities | School Districts |
|---|---|---|---|---|---|
| **2 BEDROOM** | 1023-1225 | $737- $1045 | $400 | $123 | John Harris-Elementary (No buses) |
| **3 BEDROOM** | 1313-1384 | $ 1035 -$1232 | $450 | $142 | Patrick Middle School (Buses) |
| **4 BEDROOM** | 1496-1575 | $1116-$1326 | $500 | $160 | Washington-High School (Buses) |

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

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

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

| | 1 Person | 2 People | 3 People | 4 People | 5 People | 6 People | 7 People | 8 People |
|---|---|---|---|---|---|---|---|---|
| 40% TC | 31,440 | 35,920 | 40,400 | 44,480 | 48,480 | 52,080 | 55,680 | 59,280 |
| 50% HOME | 39,300 | 44,900 | 50,500 | 56,100 | 60,600 | 65,100 | 69,600 | 74,100 |
| 50% TC | 39,300 | 44,900 | 50,500 | 56,100 | 60,600 | 65,100 | 69,600 | 74,100 |
| 60% TC | 41,160 | 53,880 | 60,600 | 67,320 | 72,720 | 78,120 | 83,520 | 88,920 |

**GROSS ANNUAL INCOME LIMITS ARE SUBJECT TO CHANGE WITH LIMITED NOTICE**

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 |
|---|---|---|
| 2 Bedroom | 2 | 5 |
| 3 Bedroom | 2 | 7 |
| 4 Bedroom | 3 | 9 |

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

- An application fee is $45 for each person 18 years of age or over (must be 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* 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. Birth records for dependents may also be required.
- A copy of each household member's social security card.
- Income verification: Copy of previous 6-9 paystubs including the first paystub of the calendar year and any Award letters for income received. If self-employed, 3 years' worth of income taxes may be required.
- Asset Verification: Statements may be required to verify some asset accounts.

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!

**Bristol Court Apartments**
4813 E 54th Street #Office
Sioux Falls, SD 57110
Phone: (605) 659-0411 Fax: (605) 371-1167
bristolcourt@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.)

# CRIME FREE MULTI-HOUSING PROGRAM

"Keeping Illegal Activity Out of Rental Property"

Designed as a partnership between law enforcement, managers and tenants to help tenants, managers and owners in keeping drug and criminal activity out of rental property.

The program is based on a national program that originated in Mesa, Arizona in 1992 and currently is an international program. The program has shown a national average of 50%-60% reduction in crime and/or police calls for those properties actively working the program.

The program is designed to help rental property managers, with the assistance of tenants, deal with potential and current renters who may be involved in criminal activities within the rental property.

By using the Crime Free Lease Addendum and the following standards, managers are able to prevent potential criminal behavior from moving onto the property. This creates a safer place for the resident to call home.

Even though no program can guarantee that there will never be any criminal activity on a property, the Crime Free Multi-Housing program has shown that it can help make a property safer and better for the tenants.

If you have any questions about the program or the minimum standards, you are encouraged to speak with the manager or contact:

***Crime Free Multi-Housing Minimum Standards***

1. South Dakota criminal backgrounds checks on all applicants.
2. No registered sex offenders allowed to reside on property.
3. No person with a felony drug conviction in the last 5 years allowed to reside on property. An exception may be made for those participating in or having graduated from a South Dakota Drug Court Program. Only programs sanctioned by the South Dakota Unified Judicial System following the National Drug Court Model will be considered for this exception.
4. No person with a felony assaultive behavior conviction in the last 5 years allowed to reside on property.
5. Apartment doors will be equipped with 180-degree eye-viewers, deadbolt with 1" throw and strike place installed with 2 ½ to 3" screws.
6. Apartment sliding doors and windows will have 2 locks.
7. Owners/Managers will have completed a Crime Free Multi-Housing Manager Seminar.
8. Apartment buildings will have adequate lighting as determined by the Police Department.

# Bristol Court {183}
# is a NON-SMOKING PROPERTY

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

---

| | |
|---|---|
| Applicant Signature | Date |
| Applicant Signature | Date |
| Applicant Signature | Date |

*"This Institution is an Equal Opportunity Provider"*

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**

_____ Bristol Court {183}_____
**Monthly Income** **Community Billed**

**For Office Use: Complete from State ID**

No Photo

_____ _____ _____
Birthdate Soc. Sec # Verified By

_____
Legal Last Name

_____ _____
Legal First Name Middle Full Name

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

☐ Apartments.com ☐ Costello Website
☐ Drive By ☐ Local Newspaper
☐ Other ☐ Previous Resident
☐ Current Resident ☐ Renter's Guide
☐ Friend/Family ☐ Online
☐ Outreach Group ☐ Other:_____

# Application for Rental

Revision Date: January 2026

**Return to:**

_____

_____

_____

**TTY: 711**

**Management Use Only** HHID #: _____

Application Received: _____

Date Time

Pre-Application Rec'd: _____

Date Time

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

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

Bedroom Size Requested: One Bedroom _____Two Bedroom _____Three Bedroom_____ Four Bedroom_____

Applicant Name _____

Current Address _____

City, State ZIP _____

Home/Cell Phone Number(_____)_____

Work Phone Number (_____)_____

Email Address _____

Current Marital Status: Single_____ Married_____

Divorced_____ Separated_____ Widowed_____

Co-Applicant Name_____

Current Address _____

City, State ZIP_____

Home/Cell Phone Number(_____)_____

Work Phone Number (_____)_____

Email Address _____

Current Marital Status: Single_____ Married_____

Divorced_____ Separated_____ Widowed_____

## DISCLOSURE REGARDING TEXTING:

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

Applicant's Signature: _____ Co-Applicant's Signature: _____

## DID ANYONE ASSIST YOU IN COMPLETING THE APPLICATION PACKET? ❑ Yes ❑ No

If Yes, who: _____ Relationship to Applicant: _____

## HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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)_____ |
| ❑ Rent ❑ Own ❑ NA | ❑ Rent ❑ Own ❑ 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)_____ |
| ❑ Rent ❑ Own ❑ NA | ❑ Rent ❑ Own ❑ 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. Is any member of your household <u>currently</u> receiving rental assistance? ❑ Yes ❑ No

a. Is the rental assistance provided by a Public Housing Authority ❑ Yes ❑ No

b. Type of rental assistance received (e.g. cash, voucher, check) : _____

c. Name of organization or agency providing the rental assistance : _____

**** If #15 sub a. is yes – <u>do not</u> complete the HOTMA Compliance Questionnaire or HOME Questionnaire ****

## 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.**

EQUAL HOUSING OPPORTUNITY

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

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

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Costello

**Return to: Hunters Gate {165}**
500 Spruce Street #49, Harrisburg, SD 57032
605-951-8820 Fax:605-213-1310

# 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.*

| **Household Name:** | | | |
|---|---|---|---|

## PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

| ☐ Yes ☐ 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: | |

## PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

| Have you received a federal tax return or refundable federal tax credit in the last 12 months? | ☐ Yes ☐ No |
|---|---|
| **Amount of return/credit:** | $ |

## PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

☐ **Yes** ☐ **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: _____ | $ | $ |

**Non-Account Based**

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

| Description | (A) Cash Value * |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |

## PART IV. REAL PROPERTY

☐ **Yes** ☐ **No** I have Real Property

| Description of Property | (C) Cash Value* | (D) 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.

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

**PENALTIES FOR MISUSING THIS CONTENT:** 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 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).

**Asset Self-Certification (2024)**

## 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 | ❑ Yes ❑ No | Student Financial Assistance (Family, Loans, Grants, Work Study, etc) | ❑ Yes ❑ No |
| Self-Employment | ❑ Yes ❑ No | Tribal Income | ❑ Yes ❑ No |
| *Provide most current 1040 AND Schedule C, E, or F* | | Welfare Assistance (Food stamps, etc.) | ❑ Yes ❑ No |
| Armed Forces Pay | ❑ Yes ❑ No | Rental Income | ❑ Yes ❑ No |
| Unemployment Compensation | ❑ Yes ❑ No | Veteran's Benefits | ❑ Yes ❑ No |
| Severance Pay | ❑ Yes ❑ No | Pension, Annuity, or Retirement Account Payments | ❑ Yes ❑ No |
| Alimony | ❑ Yes ❑ No | Disability Benefits (Other than SSI) | ❑ Yes ❑ No |
| Child Support – Monitored | ❑ Yes ❑ No | Death Benefits &/or Life Insurance Payments | ❑ Yes ❑ No |
| Child Support – Non-Monitored | ❑ Yes ❑ No | Social Security or SSI | ❑ Yes ❑ No |
| TANF | ❑ Yes ❑ No | Online Casino, Draft Kings, etc. | ❑ Yes ❑ No |
| | | Other: _____ | ❑ Yes ❑ 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.***

| *Household Member's Full Name* | *Type of Income (see #11 for examples)* | *Source of Income (Business Name, Phone #, and Contact Person)* | *Annual Amount* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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 or my/our knowledge and belief. I/We consent to the release of information in order to quality 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 _____

**Race and Ethnic Data Reporting Form** **(for Tax Credit/HOME properties)**

**Name of Property** **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**

Costello

**Student Status Questionnaire**
Tax Credit Properties

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

Please list ALL household members below.

| *Household Member's Full Name* | *Graduated within the calendar year?* | *Part-Time?* | *Full-Time?* | *Name of School* |
|---|---|---|---|---|
| | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No | |
| | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No | |
| | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No | |
| | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No | |
| | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No | |
| | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ 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**

Costello

**Student Status Questionnaire**
HUD, HOME & USDA Properties

EQUAL HOUSING OPPORTUNITY

**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*

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

# AUTHORIZATION FOR RELEASE OF INFORMATION

**ALL adult household members must sign a separate form.**

**CONSENT**: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Hunters Gate {165}** 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 COURTS AND POST OFFICES** | **SOCIAL SECURITY ADMINISTRATION** | **STATE UNEMPLOYMENT AGENCIES** | **SCHOOLS AND COLLEGES** |
| | **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 _____ APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3rd party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

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

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

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

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

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

**SIGNATURES**

_____ _____ _____
Adult Household Member (Print Name) Date

_____ Manager _____
Authorized Representative of Costello Property Management (Print Name and Title) Date

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

SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY

# *HOME Tenant Questionnaire*

Revision Date: 2/17/2015

Project Name: _____ Initial Certification: _____

Unit No.:_____ Bedroom Size: _____ Annual Recertification:_____

Applicant Name: _____

Address:_____

Street, Box No. City State Zip

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

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

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

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

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

☐ White
☐ Asian & White
☐ Asian
☐ American Indian/Alaskan Native
☐ American Indian/ Alaskan Native & Black African American
☐ American Indian/Alaskan Native & White
☐ Black/African American
☐ Black/African American & White
☐ Native Hawaiian/Pacific Islander
☐ Other Multi-Racial

**Hispanic Head of Household:** Yes ☐ No ☐

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

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

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

CURRENT RENT

Monthly $ _____

CURRENT UTILITY ALLOWANCE

Monthly $_____

**7. Do you currently receive rental assistance?** Yes ☐ No ☐

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

Amount Per Month:
$_____

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

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

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

| Family Member | Source & Type of Income | Annual Income |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

If additional space is needed attach a separate sheet.

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

| Family Member | Financial Institution | Account Number | Type | Balance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If additional space is needed attach a separate sheet.

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

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

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

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

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

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

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

Signature of Head of Household:_____ Date:_____

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

EQUAL HOUSING OPPORTUNITY

# *HOME Program*
# *Eligibility Release Form*

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

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

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

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

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

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

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

| | Verification Required | Initials |
|---|---|---|
| **Income (all sources)** | | |
| **Assets (all sources)** | | |
| **Child Care Expense** | | |
| **Handicap Assistance Expense (if applicable)** | | |
| **Medical Expense (if applicable)** | | |
| **Other (list)** _____ _____ | | |
| **Dependent Deduction** ☐ **Full-Time Student** ☐ **Handicap/Disabled Family Member** ☐ **Minor Children** | | |

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

**I acknowledge that:**

**(1) A photocopy of this form is as valid as the original.**

**(2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).**

**(3) I have the right to copy information from this file and to request correction of information I believe inaccurate.**

**(4) All adult household members will sign this form and cooperate with the owner in this process.**

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

x

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

x

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

x

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