

**Brennan Hill**4700 E 3rd Street Office, Sioux Falls, SD 57110

Phone: (605) 335-8252 Fax: (605) 335-2218, brennanhill@costelloco.com



Dear Applicant,

Thank you for your interest in Brennan Hill! Rent includes water, sewer, garbage removal, snow removal, lawn care, washer and dryer, dishwasher, microwave, playground, picnic areas, storage included with rent, and 24 hour emergency maintenance.

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

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
2 BEDROOM	884	\$934	\$ 450	\$ 113	Sioux Falls School District
3 BEDROOM	1028	\$1,128	\$ 550	\$ 135	Sioux Falls Schools District

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
60% Limit	\$49,860	\$57,000	\$64,140	\$71,220	\$76,920	\$82,620	\$88,320

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	1	5
3 Bedroom	2	7

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 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!

Danette Albers

Brennan Hill {103}

4700 E 3rd Street Office

Sioux Falls, SD 57110

Phone: (605) 335-8252 Fax: (605) 335-2218

brennanhill@costelloco.com

"This Institution is an Equal Opportunity Provider & Employer"

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.)

Return to:
Brennan Hill Townhomes
4700 E 3rd St., Office
Sioux Falls, SD 57110

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/Realtor Phone # (____) _____ - _____ Applicant Address _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy(mm/dd/yyyy) _____ ☐ Rent ☐ Own ☐ NA	Landlord / Property Name _____ Landlord/Realtor Phone # (____) _____ - _____ Applicant Address _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy (mm/dd/yyyy) _____ ☐ Rent ☐ Own ☐ NA
Landlord Property/Name _____ Landlord/Realtor Phone # (____) _____ - _____ Applicant Address _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy(mm/dd/yyyy) _____ ☐ Rent ☐ Own ☐ NA	Landlord Property/Name _____ Landlord/Realtor Phone # (____) _____ - _____ Applicant Address _____ Present monthly rent/mortgage \$ _____ Dates of Occupancy (mm/dd/yyyy) _____ ☐ 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 currently 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 – do not complete the HOTMA Compliance Questionnaire or HOME Questionnaire ****

ESTIMATED HOUSEHOLD INCOME

Applicant

Employer Name _____
Address _____

Phone Number _____
Rate per Hour _____ Hours per Week _____
Annual Income _____
Job Start Date (mm/dd/yyyy) _____

Co-Applicant

Employer Name _____
Address _____

Phone Number _____
Rate per Hour _____ Hours per Week _____
Annual Income _____
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: _____
Type of Income: _____
Source of Income: _____
Annual Amount: \$ _____

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

EMERGENCY CONTACT

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

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

SIGNATURE AND CONSENT

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

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



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



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

- Will this unit be the PRIMARY RESIDENCE for the Head and Co-Head of Household? ☐ Yes ☐ No
- Are any household members separated, but not divorced? If yes, who? ☐ Yes ☐ No
- Are any of the above listed minors in your household in a joint custody arrangement? List all below. ☐ Yes ☐ No
Household Member: _____ Joint custody with: _____
- Are any of the members of your household temporarily absent? (For example: in the military or away at college) ☐ Yes ☐ No
Who: _____ Explain: _____
- Are any members of your household full or part-time students in a post-high school institution of higher learning? ☐ Yes ☐ No
If yes, how will you pay for school? _____
- Are any members of your household Foster Children or Foster Adults? If Yes, Who? ☐ Yes ☐ No
- Do you receive funding from Medicaid or State/Federal Agency that enables a disabled family member to live with you? ☐ Yes ☐ No
- 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

- Do any household members hold any assets jointly with someone not in the household? ☐ Yes ☐ No
If "Yes", explain: _____
- 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 willfully 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 willfully 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 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 _____

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

Please list ALL household members below.

<i>Household Member's Full Name</i>	<i>Graduated within the calendar year?</i>	<i>Part-Time?</i>	<i>Full-Time?</i>	<i>Name of School</i>
	☐ 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 <u>and</u> 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

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

Brennan Hill

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 _____

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

Brennan Hill

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 _____

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

Brennan H:11

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 _____

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

Brennan H. II

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 _____

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

Brennan H.11

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 _____

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

Brennan Hill

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

**Race and Ethnic Data
Reporting Form**

(for Tax Credit/HOME properties)

Brennan Hill

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 _____



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Date

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Brennan Hill {103} 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

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 plate 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.



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

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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

Brennan Hill {103}

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: _____ |





Screening Reports

Screening Reports, Inc.

729 N Route 83 Suite 321

Bensenville, IL 60106

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