



RoseCrest {163}

3316 W Rambler Place #79, Sioux Falls, SD 57108

Phone: (605) 275-7673 Fax: (605) 275-7674, rosecrest@costelloco.com



Dear Applicant,

Thank you for your interest in RoseCrest {163}! Rent includes water, sewer, garbage, snow removal, lawn care, washer and dryer, dishwasher, microwave, playground, picnic areas, community room, 24-hour emergency maintenance, on-site management and \$FREE on-site storage cubbies!

*** 12-month Lease is required * Student restrictions apply * SMOKE FREE * Pet Friendly ***
The ability to apply online is coming soon. Please check with the site directly if this interests you!

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
2 BEDROOM	1000-1008	\$850-910	\$400	\$130	Harrisburg
3 BEDROOM	1190	\$988-1054	\$450	\$157	Harrisburg

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

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

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

	1 Person	2 People	3 People	4 People	5 People	6 People
50% Limit	\$41,550	\$47,500	\$53,450	\$59,350	\$64,100	\$68,850
60% Limit	\$49,860	\$57,000	\$64,140	\$71,220	\$76,920	\$82,620

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	1	7

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

- \$45.00 application fee (payable with check or money order only; no cash) for each person 18+
- Completed application
 - Each person 18+ must sign all pages requiring a signature
 - Each person 18+ must complete a separate Screening Reports sheet
 - Each person 18+ must complete a Release of Information sheet
 - **ALL household members**, regardless of age, must complete an individual race & ethnicity sheet
- Supply copies of identification:
 - Driver's license or state-issued for each person 18+
 - Social security card for **ALL household members**, regardless of age
- Income verifications for the entire household
 - Pay stubs – dependent on frequency
 - SSI/ SSDI award letters (**cannot be over 120 days old**)
 - Self-Employment form
 - Proof of Child Support payments received
 - Gift Income Statements, etc.
- If you have animals you will need to submit any ESA documentation you may have along with current vet records

ADDITIONAL DOCUMENTATION MAY BE NEEDED UPON REVIEW OF YOUR APPLICATION. THIS WILL BE REVIEWED BY A TEAM MEMBER AND WILL BE DISCUSSED WITH YOU AFTER IT HAS BEEN REVIEWED. APPLICATIONS MUST BE FILLED OUT IN FULL OR IT WILL NOT BE REVIEWED.

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!

Rochelle Williams

RoseCrest {163}

3316 W Rambler Place #79

Sioux Falls, SD 57108

Phone: (605) 275-7673 Fax: (605) 275-7674

rosecrest@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, 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.*"



RoseCrest {163} 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



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: Southridge (139) 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
MEDICAL & CHILD CARE PROVIDERS | STATE UNEMPLOYMENT AGENCIES
UTILITY COMPANIES | SCHOOLS AND COLLEGES
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 45.00 APPLICATION FEE FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3rd party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

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

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

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

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

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

SIGNATURES

Adult Household Member

(Print Name)

Date

Authorized Representative of Costello Property Management

(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, AN ADDITIONAL "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



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

Community Billed

Rosecrest {1163}

For Office Use: Complete from State ID

No Photo

Birthdate

Soc. Sec #

Verified By

Legal Last Name

Legal First Name

Middle Full Name

Referred By: (please check one)


<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____



Management Use Only		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 _____
 Current Address _____
 City, State ZIP _____
 Home/Cell Phone Number(_____) _____
 Work Phone Number (_____) _____
 Email Address _____
 Current Marital Status: Single _____ Married _____
 Divorced _____ Separated _____ Widowed _____

Co-Applicant Name _____
 Current Address _____
 City, State ZIP _____
 Home/Cell Phone Number(_____) _____
 Work Phone Number (_____) _____
 Email Address _____
 Current Marital Status: Single _____ Married _____
 Divorced _____ Separated _____ Widowed _____

DISCLOSURE REGARDING TEXTING:

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

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

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

If Yes, who: _____ Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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

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

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 U.S. Dept of Housing and Urban Development, the USDA Rural Development, and/or the Low Income Housing Tax Credit Program. It is the management's aim to ensure that the 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, S 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.
 Household Member: _____ Joint custody with: _____ Yes No
- Are any of the members of your household temporarily absent? (For example: in the military or away at college)
 Who: _____ Explain: _____ Yes No
- Are any members of your household full or part-time students in a post-high school institution of higher learning?
 If yes, how will you pay for school? _____ Yes No
- 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

(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 disclosure of information delivered under the Section 811(b). Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully reproduces, copies, or disseminates any information under false pretenses, operating as 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 of improper use. Penalties provisions for misusing the social security number are contained in the Social Security Act at 208 (6) (4), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).



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 Schedules 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.

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 _____



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
	<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

**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