



Auburn Apartments

815 E Prescott Street, Tea, SD 57064

Phone: (605) 215-2120 Fax: (605) 213-0252 prescott@costelloco.com



Dear Applicant,

Thank you for your interest in Auburn Apartments. 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**

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
1 BEDROOM	752	\$454-\$995	\$400	\$104	Tea
2 BEDROOM	936-964	\$538-\$1052	\$400	\$123	Tea
3 BEDROOM	1324	\$868-\$1205	\$450	\$142	Tea

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.

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
30% HOME	23,600	26,950	30,300	33,650	36,350	39,050	41,750
30% LIMIT	24,930	28,500	32,070	35,610	38,460	41,310	44,160
40% HOME	31,440	35,920	40,400	44,880	48,480	52,080	55,680
40% LIMIT	33,240	38,000	42,760	47,480	51,280	55,080	58,080
50% HOME	39,300	44,900	50,500	56,100	60,600	65,100	69,600
50% LIMIT	41,550	47,500	53,450	59,350	64,100	68,850	73,600
60% LIMIT	49,860	57,000	64,140	71,220	76,920	86,620	88,320
80% LIMIT	66,480	76,000	85,520	94,960	102,560	110,160	117,760

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.

(May 2020)

"This Institution is an Equal Opportunity Provider."

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

Occupancy Standards:

	Minimum	Maximum
1 Bedroom	1	3
2 Bedroom	1	5
3 Bedroom	2	7

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!

Alyssa Duerksen

Auburn Apartments

815 E Prescott Street

Tea, SD 57064

Phone: (605) 215-2120 Fax: (605) 213-0252

auburn@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.)

Auburn Apartments {663} 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



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
_____	Auburn Apartments {663}		
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)

<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: _____



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.



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 _____

Co-Applicant Name _____

Current Address _____

Current Address _____

City, State ZIP _____

City, State ZIP _____

Home/Cell Phone Number(_____) _____

Home/Cell Phone Number(_____) _____

Work Phone Number (_____) _____

Work Phone Number (_____) _____

Email Address _____

Email Address _____

Current Marital Status: Single _____ Married _____

Current Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Widowed _____

Divorced _____ Separated _____ Widowed _____

DISCLOSURE REGARDING TEXTING:

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

Applicant's Signature: _____

Co-Applicant's Signature: _____

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

If Yes, who: _____

Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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

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

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

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

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

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

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

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

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

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

If yes, who: _____

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

If yes, who: _____

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

15. Are any of the above listed incomes ending this coming year, and will not repeat? If yes, which? _____ Yes No

HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE

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

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

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

Applicant _____ Date _____

Co-Applicant _____ Date _____

Co-Applicant _____ Date _____



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

Project Name: _____ Initial Certification: _____

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

Applicant Name: _____

Address: _____
Street, Box No. City State Zip

1. List all occupants of the unit

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

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

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

4. Race - Head of Household:

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> American Indian/ Alaskan Native & Black African American | <input type="checkbox"/> Other Multi-Racial |

Hispanic Head of Household: Yes No

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

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

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

CURRENT RENT CURRENT UTILITY ALLOWANCE

Monthly \$ _____ Monthly \$ _____

7. Do you currently receive rental assistance?

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

Yes No

Amount Per Month:
 \$ _____

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

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

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

Family Member	Source & Type of Income	Annual Income

If additional space is needed attach a separate sheet.

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

Family Member	Financial Institution	Account Number	Type	Balance

If additional space is needed attach a separate sheet.

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

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

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

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

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

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

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

Signature of Head of Household: _____

Date: _____

Signature of Spouse or Co-Tenant: _____

Date: _____



**HOME Program
Eligibility Release Form**

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

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

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

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

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

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

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

	Verification Required	Initials
Income (all sources)		
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

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

X

X

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

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

X



Student Status Questionnaire
HUD, HOME & USDA Properties



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

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

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

Name of Institute: _____

Name of Advisor or Counselor: _____

Telephone: _____ Email Address: _____

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

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

- *I am a dependent of the household. [] 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 _____