Costello

Green Briar
500 - 15th Street South, Brookings, SD 57006
Phone:(605) 692-9551 Fax:(605)408-8811, greenbriar@costelloco.com

Dear Applicant,

Thank you for your interest in Green Briar! Rent includes water, sewer, garbage, gas, snow removal, lawn care, washer and dryer, dishwasher, playground, picnic areas, community room, 24-hour emergency maintenance and on-site management.

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

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
1 BEDROOM	600	$844	$ 450	$ 50	Brookings
2 BEDROOM	875	$949	$ 450	$ 70	Brookings
3 BEDROOM	1,020	$1,195	$ 450	$ 85	Brookings

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	37,700	45,350	51,000	56,650	61,200	65,750
60% Limit	47,640	54,420	61,200	67,980	73,440	78,900

Costello Companies requires a criminal and credit background check for each adult over 18. You must provide a state or federal issued ID for each adult, as well as social security cards. The address(es) provided on your application will be compared to your credit report; if there is a discrepancy, additional documentation may be needed to verify your identity.

Occupancy Standards:

	Minimum	Maximum
1 Bedroom	1	3
2 Bedroom	2	5

3 Bedroom	3	7

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

- An application fee ...is not applicable.
- 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*, *Declaration of Section 214 (Citizenship) Status* for each household member, *Child Support/Alimony Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet).
- A copy of a driver's license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member's social security card.
- A copy of each non-US Citizen's INS document(s).

If you have any questions about the information requested, please call or email me and I will be happy to assist you! *The average time needed to process an application is 14-21 business days.*

Thank you!

Christina Ramos
Green Briar {118}
500 - 15th Street South
Brookings, SD 57006
Phone:(605) 692-9551 Fax:(605)408-8811
greenbriar@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.)

Screening Reports

Screening Reports, Inc.
729 N Route 83 Suite 321
Bensenville, IL 60106
Toll-Free Phone (866) 389-4042
Toll-Free Fax (866) 389-4043

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature(s) below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

Applicant Signature _____ Social Security # _____ Birthday _____ Today's Date _____

Legal First Name (please print) _____ Legal Full Middle Name (print) _____ Legal Last Name (please print) _____

Physical Street Address (no PO Box accepted) _____ City _____ State _____ Zip Code _____

Monthly Income _____ Community Billed Green Briar {118}

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: _____

"This Institution is an Equal Opportunity Provider"

Screening Reports

Screening Reports, Inc.
729 N Route 83 Suite 321
Bensenville, IL 60106
Toll-Free Phone (866) 389-4042
Toll-Free Fax (866) 389-4043

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature(s) below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

Applicant Signature _____ Social Security # _____ Birthday _____ Today's Date _____

Legal First Name (please print) _____ Legal Full Middle Name (print) _____ Legal Last Name (please print) _____

Physical Street Address (no PO Box accepted) _____ City _____ State _____ Zip Code _____

Monthly Income _____ Community Billed Green Briar {118}

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: _____

"This Institution is an Equal Opportunity Provider"

Costello
PROPERTY MANAGEMENT

Application for Rental

Revision Date: 6/2/2020

Return to:

_____

_____

_____

TTY: 711

Management Use Only HHID #: _____

Application Received: _____
Date Time

Pre-Application Rec'd: _____
Date Time

This is a Non-Smoking Community!



APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL

Bedroom Size Requested: One Bedroom _____ Two Bedroom _____ Three Bedroom _____ Four Bedroom _____

Applicant Name _____
Current Address _____
City, State ZIP _____
Home/Cell Phone Number(_____)_____
Work Phone Number (_____)_____
Email Address _____
Current Marital Status: Single_____ Married_____
Divorced_____ Separated_____ Widowed_____

Co-Applicant Name _____
Current Address _____
City, State ZIP _____
Home/Cell Phone Number(_____)_____
Work Phone Number (_____)_____
Email Address _____
Current Marital Status: Single_____ Married_____
Divorced_____ Separated_____ Widowed_____

DISCLOSURE REGARDING TEXTING:

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

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

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

If Yes, who: _____ Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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

5. Has anyone in the household ever been involved in any of the following crimes: violence, firearms violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults or stalking? ❑ Yes ❑ No

6. Is anyone in the household listed above currently involved in, have ever been charged with or convicted of a misdemeanor or felony? (excluding misdemeanor traffic violations)? ❑ Yes ❑ No

7. Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact? ❑ Yes ❑ No

   If Yes to any of these, 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

   If Yes, please list each State you have lived in: _____

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 have special housing needs (i.e. wheelchair accessible unit, flashing fire alarm, etc)? ❑ Yes ❑ No

RESIDENTIAL HISTORY

(List consecutively)

Applicant	Co-Applicant
Current Residence_____	Current Residence_____
Landlord/Realtor Phone # (____)_____-_____	Landlord/Realtor Phone # (____)_____-_____
Address_____	Address_____
Present monthly rent/mortgage $_____	Present monthly rent/mortgage $_____
Dates of Occupancy_____	Dates of Occupancy_____
❑ Rent ❑ Own ❑ NA	❑ Rent ❑ Own ❑ NA
Previous Residence_____	Previous Residence_____
Landlord/Realtor Phone # (____)_____-_____	Landlord/Realtor Phone # (____)_____-_____
Address_____	Address_____
Monthly rent/mortgage $_____	Monthly rent/mortgage $_____
Dates of Occupancy_____	Dates of Occupancy_____
❑ Rent ❑ Own ❑ NA	❑ Rent ❑ Own ❑ NA

12. Do you have equity in real estate? If yes, what is the address? _____ ❑ Yes ❑ No

13. Are you being evicted? If yes why?_____ ❑ Yes ❑ No

14. Have you ever been evicted? If yes, When_____ Where_____ ❑ Yes ❑ No

    Why_____

    _____

15. Are you or any member of your household currently receiving Rental Assistance? ❑ Yes ❑ No

    If yes, Which Kind: _____

    From Who: _____

ESTIMATED HOUSEHOLD INCOME

Applicant	Co-Applicant
Employer Name_____	Employer Name_____
Address_____	Address_____
_____	_____
Phone Number_____	Phone Number_____
Rate per Hour_____ Hours per Week_____	Rate per Hour_____ Hours per Week_____
Annual Income_____	Annual Income_____
How long employed at this job_____	How long employed at this job_____

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, workman compensation, child support, TANF, student financial assistance, tribal income, social security, rental income, veteran's benefits, pensions, disability benefits, death benefits, life insurance payments, alimony/spousal support, etc.)? ❑ Yes ❑ No

If Yes, please list here:	
Household Member's Name: _____	Household Member's Name: _____
Type of Income: _____	Type of Income: _____
Source of Income: _____	Source of Income: _____
Annual Amount: $_____	Annual Amount: $_____

EMERGENCY CONTACT

Name _____ Home Telephone Number (_____)_____

Mailing Address_____ Work Telephone Number(_____)_____

City, State ZIP _____ Relationship_____

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

SIGNATURE AND CONSENT

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

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

""In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov.This institution is an equal opportunity provider."

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

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Costello

Return to: Green Briar {118}
500 - 15th Street South, Brookings, SD 57006
Phone:(605) 692-9551 Fax:(605)408-8811

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
						Yes No
						Yes No

1. Will this unit be the PRIMARY residence for the Head of Household and all Co-Heads of Household? ❑ Yes ❑ No
2. Are any household members separated, but not divorced? If yes, who? _____ ❑ Yes ❑ No
3. Are the minors listed above in your household less than 50% of the time? ❑ Yes ❑ No
4. 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: _____
5. Are any of the members of your household temporarily absent? (For example: in the military or away at college) ❑ Yes ❑ No
   Who: _____ Explain: _____
6. 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? _____
7. Will your household be receiving a Section 8 Voucher or Certificate? ❑ Yes ❑ No

ASSET INFORMATION

All information should be calculated on an Annual Basis.

8. Do any household members hold any assets jointly with someone not in the household? ❑ Yes ❑ No

   If "Yes", explain: _____

9. In the last 24 months, has any household member given away or disposed of any assets for less than Fair Market Value? ❑ Yes ❑ No

   If "Yes", explain: _____

10. Is the total value of all assets for your household less than $5,000? ❑ Yes ❑ No

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

Checking	❑ Yes ❑ No	Retirement (IRA / 401(k) / Keogh)*	❑ Yes ❑ No
Savings	❑ Yes ❑ No	Certificates of Deposit (CD's)*	❑ Yes ❑ No
Reloadable Card (SS, TANF, Child Support, etc)*	❑ Yes ❑ No	Whole Life Insurance (not Term)*	❑ Yes ❑ No
Money Market*	❑ Yes ❑ No	Annuities*	❑ Yes ❑ No
Savings Bonds*	❑ Yes ❑ No	Internet-based Assets (Venmo, PayPal, etc)*	❑ Yes ❑ No
Stocks / Bonds / Mutual Funds*	❑ Yes ❑ No	Other Asset Accounts*	❑ Yes ❑ No
Trusts*	❑ Yes ❑ No		

***Note to Manager: If 3rd party verification cannot be gathered, these accounts may need to be verified with the appropriate account statements**

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

Owner's Full Name	*Type of Account*	*Financial Institution – Location* ***Name & Phone Number of Contact Person***	*Value*

12. Do you have cash on hand, at home, or in a safe deposit box? If "Yes", value: _____ ❑ Yes ❑ No

13. Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments? ❑ Yes ❑ No

    If "Yes", is it for sale? ❑ Yes ❑ No Rented? ❑ Yes ❑ No Sold? ❑ Yes ❑ No

14. Do any household members hold any personal property as an investment (for example: coin collection or antique cars held for business resale)? (Do not consider necessary personal items such as family cars, jewelry, or furniture.) ❑ Yes ❑ No

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

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

INCOME INFORMATION

All information should be calculated on an Annual Basis.

15. Does anyone in the household 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
Mgr Note: *Prior 3 year's 1040s also required AND*		Welfare Assistance (Food stamps, etc.)	❑ Yes ❑ No
Schedule C (Business), E (Rental) or F (Farm)		Social Security or SSI	❑ 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
Workman Compensation	❑ 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	Alimony	❑ Yes ❑ No
TANF	❑ Yes ❑ No	Other: _____	❑ Yes ❑ No

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

Household Member's Full Name	*Type of Income (for example, employment, TANF, child support)*	*Source of Income (for example, employer, Social Services, Office of Child Support Enforcement)* ***Name and Phone Number of Contact Person***	*Annual Amount*

16. Are any members of the household not receiving the full amount of child support or alimony that has been court ordered? ❑ Yes ❑ No

    If "Yes" is it being pursued through either a court or agency? ❑ Yes ❑ No

    Which agency is pursuing collections? _____

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

    If yes, who: _____

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

    If yes, who: _____

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

HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE

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

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

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

Applicant _____ Date _____

Co-Applicant _____ Date _____

Other Adult Household Member _____ Date _____

Other Adult Household Member _____ Date _____

Costello

Expense Questionnaire
HUD or USDA Properties Only

EXPENSE INFORMATION

All information should be calculated on an Annual Basis.

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

Please list all requested information relating to childcare below:

Household Member Paying the Childcare Expense	*This Expense allows the Household Member to attend:*	*Where is the Expense Paid?* ***Name and Phone Number of Contact Person***	*Annual Amount Paid*
	❑ Work ❑ School		
	❑ Work ❑ School		
	❑ Work ❑ School		
	❑ Work ❑ School		

This section is* only *for households whose Head or Co-Head of Household is Elderly, Disabled or Handicapped.

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

Medical Insurance (E-03) ❑ Yes ❑ No
Prescription Expenses (E-06) ❑ Yes ❑ No
Other Medical Expenses (E-06) ❑ Yes ❑ No
Care Attendant Expenses (E-06) ❑ Yes ❑ No

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

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

HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE

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

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

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

Head of Household/Applicant _____ Date _____

Other Adult Household Member _____ Date _____

Other Adult Household Member _____ Date _____

Other Adult Household Member _____ Date _____

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Green Briar {118}		500 - 15th Street South Brookings, SD 57006
Name of Property	**Project No.**	**Address of Property**
Green Briar, LP/Costello Property Mgmt		
Name of Owner/Managing Agent		**Type of Assistance or Program Title:**
Name of Head of Household		**Name of Household Member**

Date (mm/dd/yyyy): _____

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	

***Definitions of these categories may be found on the reverse side.**

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

Signature _____ **Date** _____

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Green Briar {118}		500 - 15th Street South Brookings, SD 57006
Name of Property	**Project No.**	**Address of Property**
Green Briar, LP/Costello Property Mgmt		
Name of Owner/Managing Agent		**Type of Assistance or Program Title:**
Name of Head of Household		**Name of Household Member**

Date (mm/dd/yyyy): _____

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	

***Definitions of these categories may be found on the reverse side.**

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

Signature _____ **Date** _____

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Costello

Child Support/Alimony Questionnaire

A separate form is needed for EACH minor under the age of 18

*ALL adult members need to initial all items that apply.

Minor's Name: _____

1. Custodial Parent's Name: _____

2. Non-Custodial Parent/Guardian's Name: _____

3. Both biological parents of the above listed child live in the household: ❑ Yes ❑ No

4. Initial **all** areas that apply:

a. _____ _____ _____ I do not receive child support or alimony.

b. _____ I am not currently receiving child support or alimony, but I have just filed for a court order and do not have any preliminary paperwork at this time.

c. _____ I receive child support or alimony that is not court ordered.
(Includes help from child's father or mother for child care, expenses, clothes, groceries etc.).
I receive $_____ total per month for _____ from the
Non-custodial parent/guardian or other person named: _____
Phone Number: (_____) _____
Address: _____

d. ___ I have been court ordered and am entitled to receive child support or alimony, but I am currently not receiving it. Payments are behind or not made on a regular basis (sporadic payments are to be counted as income) because :

_____

_____

e. _____ I am entitled to receive child support or alimony, but I am currently not receiving it. Payments are behind or not made on a regular basis (sporadic payments are to be counted as income) because:

_____

_____

***Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

f. _____ I receive $_____ total per month for _____ from
Child Support Enforcement or other Collection Agency
Case Worker: _____
Phone Number: (_____) _____
Address: _____

***Required: provide print-outs of your court ordered amount AND all payments rec'd in the last 12 months.**

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

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."

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.

Member Signature	Printed Name	Date
Member Signature	Printed Name	Date
Member Signature	Printed Name	Date

Costello

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*

Costello

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*

Costello

Student Status Questionnaire
Tax Credit Properties

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

Please list ALL household members below.

Household Member's Full Name	*Social Security Number (or Alien Reg Number)*	*Age*	*Attending School?*	*Name of School*	*Month & Year Started*	*Month & Year Ended*
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			
			❑ Yes ❑ No			

1) Are ALL members of the household currently full-time students? ❑ Yes ❑ No
(Children in kindergarten through twelfth grades are ALSO considered full-time students.)

2) Will ALL members of the household be full-time students at any point in the next 12 months?
❑ Yes ❑ No

3) Will ALL members of the household be/have been full-time students any 5 months of this calendar year?
❑ Yes ❑ No

4) If #1 or #2 or #3 were answered "☑ Yes", please answer the following:

Are any Students minors and are they tax dependents of their parents/legal guardians? (provide prior year's tax return) ❑ Yes ❑ No

Are any adult household members married and entitled to file a joint tax return? (provide prior year's tax return or marriage certificate) ❑ Yes ❑ No

Are any Students receiving TANF (AFDC)? (provide contact information for case worker) ❑ Yes ❑ No

Are any Students part of a JPTA 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**

DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

☐ Check here if adult signed for a child,

EQUAL HOUSING OPPORTUNITY

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**
If you checked this block, you must submit the following documents:

NOTE: If you checked this block and you are 62 years of age or older, you need only to submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents: non-citizens claiming eligible status who is 62 or older:

a. Verification Consent Form

AND

b. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form 1-94, Arrival-Departure Record annotated with one of the following:
   a. "Admitted as a Refugee Pursuant to Section 207";
   b. "Section 208" or "Asylum";
   c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
   d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
   a. A final court decision granting asylum (but only if no appeal is taken);
   b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
   c. A court decision granting withholding of deportation; or
   d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph B above are not currently available, complete the Request for Extension block below.

_____ _____
Signature Date

☐ Check here if adult signed for a child.

EQUAL HOUSING OPPORTUNITY

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____

Signature Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____

Signature Date

☐ Check here if adult signed for a child.

DECLARATION OF SECTION 214 CITIZEN/NON-CITIZEN STATUS

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

☐ Check here if adult signed for a child,

EQUAL HOUSING OPPORTUNITY

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**
If you checked this block, you must submit the following documents:

NOTE: If you checked this block and you are 62 years of age or older, you need only to submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents: non-citizens claiming eligible status who is 62 or older:

a. Verification Consent Form

AND

b. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form 1-94, Arrival-Departure Record annotated with one of the following:
   a. "Admitted as a Refugee Pursuant to Section 207";
   b. "Section 208" or "Asylum";
   c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
   d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
   a. A final court decision granting asylum (but only if no appeal is taken);
   b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
   c. A court decision granting withholding of deportation; or
   d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph B above are not currently available, complete the Request for Extension block below.

_____ _____
Signature Date

☐ Check here if adult signed for a child.

EQUAL HOUSING OPPORTUNITY

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____ Date _____

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____ Date _____

☐ Check here if adult signed for a child.

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. HUD-9887/A Fact Sheet describing the necessary verifications
2. Form HUD-9887 (to be signed by the Applicant or Tenant)
3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)
4. Relevant Verifications (to be signed by the Applicant or Tenant)

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet
Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2 The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

   Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

   Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and an Owner and Management Agent (O/A) and to a Public Housing Agency (PHA)

U. S. Department of Housing And Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division):	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Green Briar, LP P O Box 2238 Sioux Falls, SD 57101	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): South Dakota Housing

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.
Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section
- 221(d)(3) Below Market Interest Rate`
- Section 236
- HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

(✓) _____ _____
Head of Household — Date

(✓) _____ _____
Spouse — Date

(✓) _____ _____
Other Family Member 18 and over — Date

(✓) _____ _____
Other Family Member 18 and over — Date

Additional Signatures, if needed:

(✓) _____ _____
Other Family Member 18 and over — Date

(✓) _____ _____
Other Family Member 18 and over — Date

(✓) _____ _____
Other Family Member 18 and over — Date

(✓) _____ _____
Other Family Member 18 and over — Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant 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, the Owner, or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U. S. Department of Housing And Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
   a. The HUD-9887/A Fact Sheet.
   b. Form HUD-9887.
   c. Form HUD-9887-A.
   d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).

2. Verbally inform applicants and tenants that
   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
   b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.

3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
   - HUD's requirements concerning the release of information, and
   - Other customer protections.

2. Sign on the last page that:
   - you have read this form, or
   - the Owner or a third party of your choice has explained it to you, and
   - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed.

The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

_____

Name of applicant or Tenant (Print)

(✓) _____ Date: _____

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Costello Property Mgmt

_____

Name of Project Owner or his/her representative

_____

Title

_____ Date:_____

Signature & Date

cc: Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant 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, the O/A, or the PHA responsible for the unauthorized disclosure or improper use.