Costello

Colonial (107)
102 8th Avenue SW, Watertown, SD 57201
Phone: (605) 886-4480 Fax: (605) 882-0018, colonial@costelloco.com

Dear Applicant,

Thank you for your interest in Colonial! Rent includes water, sewer, garbage, heat, electric, snow removal, lawn care, community room, 24-hour emergency maintenance.

Washer and dryer are available on-site.

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

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
1 BEDROOM	514	$0-$741	$250	$0	Watertown School Dist.

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
40% Limit	$27,300	$31,200	$35,100
50% Limit	$43,700	$49,400	$56,150
60% Limit	$49,200	$55,400	$61,650

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

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

- An application fee of $40 for each person 18 years of age or over (must be check or money order – NO CASH; this is non-refundable).
- The completed application each person 18 years of age or over must sign all pages that require a signature, and fill out a separate *Screening Reports Sheet, Child Support Questionnaire* in reference to each minor in the household, and *Authorization to Release of Information* sheet.
- A copy of a driver's license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member's social security card.

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

Thank you!

Colonial
102 8th Avenue SW
Watertown, SD 57201
Phone: (605) 886-4480 Fax: (605) 882-0018
colonial@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.)

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

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

$45 for each person 18 years of age or over (must be check or money order — NO CASH; this is non-refundable).

The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate Screening Reports Sheet, Child Support/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.

If you any questions about the application process, please call or email and I will help you to assist you.

Thank you

Renae Smith

Colonial (107)
102 8th ave sw
Watertown, SD 57201
Phone: (605) 886-4480 Fax (605) 882-0018
colonial@costelloco.com

Costello
PROPERTY MANAGEMENT

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_____ Divorced_____ Separated_____ Widowed_____	Current Marital Status: Single_____ Married_____ Divorced_____ Separated_____ Widowed_____

DISCLOSURE REGARDING TEXTING:

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

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

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

If Yes, who: _____ Relationship to Applicant: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

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

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

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

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

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

If Yes to #5, #6, #7 - please explain (if more room is needed, please continue on back)._____

_____

8. Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state? ☐ Yes ☐ No

9. Does anyone in the household have a Companion/Assistance/Service Animal? List animal(s): _____ ☐ Yes ☐ No

10. Does anyone in the household have a pet? If yes, list pet(s): _____ ☐ Yes ☐ No

11. Is any member of the household disabled and wish to request housing accommodations (i.e. wheelchair accessible unit, flashing fire alarm, etc)? ☐ Yes ☐ No

RESIDENTIAL HISTORY

(List consecutively)

Applicant	Co-Applicant
Landlord/ Property Name_____	Landlord / Property Name_____
Landlord/Realtor Phone # (____)_____-_____	Landlord/Realtor Phone # (____)_____-_____
Applicant Address_____	Applicant Address_____
Present monthly rent/mortgage $_____	Present monthly rent/mortgage $_____
Dates of Occupancy(mm/dd/yyyy)_____	Dates of Occupancy (mm/dd/yyyy)_____
☐ Rent ☐ Own ☐ NA	☐ Rent ☐ Own ☐ NA
Landlord Property/Name_____	Landlord Property/Name_____
Landlord/Realtor Phone # (____)_____-_____	Landlord/Realtor Phone # (____)_____-_____
Applicant Address_____	Applicant Address_____
Present monthly rent/mortgage $_____	Present monthly rent/mortgage $_____
Dates of Occupancy(mm/dd/yyyy)_____	Dates of Occupancy (mm/dd/yyyy)_____
☐ Rent ☐ Own ☐ NA	☐ Rent ☐ Own ☐ NA

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

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

14. Have you ever been evicted in the last 5 years? If yes, When_____ Where_____ ☐ Yes ☐ No

Why_____

_____

15. Is any member of your household <u>currently</u> receiving rental assistance? ☐ Yes ☐ No

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

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

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

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

ESTIMATED HOUSEHOLD INCOME

Applicant	Co-Applicant
Employer Name_____	Employer Name_____
Address_____	Address_____
_____	_____
Phone Number_____	Phone Number_____
Rate per Hour_____ Hours per Week_____	Rate per Hour_____ Hours per Week_____
Annual Income_____	Annual Income_____
Job Start Date (mm/dd/yyyy)_____	Job Start Date (mm/dd/yyyy)_____

16. Does <u>any</u> household member have income or expect to receive income <u>other than what is listed above</u> (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, 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: Colonial
102 8th Ave. SW, Watertown, SD 57201
Phone:(605) 886-4480 Fax:(605)882-0018

HOTMA Compliance Questionnaire

This apartment complex participates in either the HUD Section 8, HOME, RD Section 515 and/or Section 42 LIHC Program. To determine your initial or continued eligibility, you must provide the following information on this form. The information will be kept confidential by the Owner or Managing Agent, except as necessary to prove that you qualify. Read each item carefully and provide the information requested. Making a false statement can result in loss of your rental assistance (if applicable) and/or loss of your housing. If you have any questions, please consult your property manager.

All questions that do not apply to your household must be marked ☐ Yes ☑ No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

This list should include the Head of Household, all current household members and any household members temporarily living away from home. Also, please include any persons who will be added to the household within the next 12 months (Include any unborn children if you wish to have them counted in determining your household size). All dependents listed must be expected to reside in the unit at least 50% of the time during a year.

Household Member's Full Name	*Relationship (To Head of Household)*	*Birth Date*	*Age*	*Gender*	*Social Security Number (or Alien Registration Number)*	*Are You a Student? (circle one)*
	Head of Household					Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

1. Will this unit be the PRIMARY RESIDENCE for the Head and Co-Head of Household? ☐ Yes ☐ No
2. Are any household members separated, but not divorced? If yes, who? _____ ☐ Yes ☐ No
3. Are any of the above listed minors in your household in a joint custody arrangement? List all below. ☐ Yes ☐ No
   Household Member: _____ Joint custody with: _____
4. Are any of the members of your household temporarily absent? (For example: in the military or away at college) ☐ Yes ☐ No
   Who: _____ Explain: _____
5. Are any members of your household full or part-time students in a post-high school institution of higher learning? ☐ Yes ☐ No
   If yes, how will you pay for school? _____
6. Are any members of your household Foster Children or Foster Adults? If Yes, Who? _____ ☐ Yes ☐ No
7. Do you receive funding from Medicaid or State/Federal Agency that enables a disabled family member to live with you? ☐ Yes ☐ No
8. Will your household be receiving a Section 8 Voucher, Housing Choice Voucher, or Project-Based Voucher? ☐ Yes ☐ No

ASSET INFORMATION

Necessary Personal Property Examples (these and like items **should not** be listed on the next page)

cars (for personal or work), furniture, carpet, linens, kitchenware, common appliances, radio, television, DVD player, gaming system, clothing, toys, books, wedding/engagement rings, jewelry used in religious/cultural celebration and ceremonies, religious and cultural items, medical equipment and supplies, musical instruments used by the family, personal computers, phones, tablets, tools of trade, educational materials and exercise equipment, equipment to accommodate persons with disabilities

9. Do any household members hold any assets jointly with someone not in the household? ☐ Yes ☐ No
   If "Yes", explain: _____
10. Are any of the below assets part of an IRS recognized retirement account? If yes, which one(s) _____ ☐ Yes ☐ No

HTC | ASSET SELF - CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

Write something in for each asset box below for (A) Cash Value and (B)Annual Income. If something is not applicable write "N/A" or "-"

For the following asset types, include the current Cash Value of each asset held by any family member and the actual income that the asset earns. *Cash value is ***current*** **market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:			

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

☐ Yes ☐ No — Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).

Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

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

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

☐ Yes ☐ No — I have Non-necessary Personal Property (NNPP)

Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	$	N/AP	Cryptocurrency	$	$
Pre-paid Debit Card (including Govt. Benefits)	$	N/AP	Money Market/ CD	$	$
Checking/Savings	$	$	Annuities	$	$
Checking/Savings	$	$	Brokerage Account	$	$
Savings	$	$	Stocks/Bonds	$	$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	$	$	Other: _____	$	$
Whole Life Insurance	$	$	Other: _____	$	$

Non-Account Based

Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business

Description	(A) Cash Value *
	$
	$
	$
	$

PART IV. REAL PROPERTY

☐ Yes ☐ No — I have Real Property

Description of Property	(C) Cash Value*	(D) Income
	$	$
	$	$

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

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

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

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

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

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

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

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

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

If yes, who: _____

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

If yes, who: _____

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

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

HOUSEHOLD MEMBER'S STATEMENT AND SIGNATURE

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

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

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

Applicant _____ Date _____

Co-Applicant _____ Date _____

Co-Applicant _____ Date _____

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 ❑ Other		
	❑ Work ❑ School ❑ Other		
	❑ Work ❑ School ❑ Other		
	❑ Work ❑ School ❑ Other		

This section is* only *for households whose Head or Co-Head of Household is Elderly, Disabled, or Have Household Disability Expenses

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)

102 8th Ave. SW
Watertown, SD 57201

Name of Property	Project No.	Address of Property
Costello Property Mgmt/Costello Property Mgmt		RHS Section 515

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

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*

AUTHORIZATION FOR RELEASE OF INFORMATION

ALL adult household members must sign a separate form.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Cornell II {109}** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

IDENTITY AND MARITAL STATUS **EMPLOYMENT, INCOME, AND ASSETS** **RESIDENCES & RENTAL ACTIVITY**
CREDIT AND CRIMINAL ACTIVITY **MEDICAL OR CHILD CARE ALLOWANCES**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

TRIBAL, LOCAL, STATE, & FEDERAL COURTS AND POST OFFICES
LAW ENFORCEMENT AGENCIES
CREDIT PROVIDERS & BUREAUS
PUBLIC HOUSING AGENCIES
SOCIAL SECURITY ADMINISTRATION
MEDICAL & CHILD CARE PROVIDERS
SUPPORT & ALIMONY PROVIDERS
PAST & PRESENT EMPLOYERS
RETIREMENT SYSTEMS
STATE UNEMPLOYMENT AGENCIES
UTILITY COMPANIES
VETERANS ADMINISTRATION
BANKS & OTHER FINANCIAL INSTITUTIONS
SCHOOLS AND COLLEGES
WELFARE AGENCIES
LANDLORDS

A _____ **APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3rd party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

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

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

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

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

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

SIGNATURES

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

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