



MAIL
TO
➔

P.O. Box 216 • 112 W. Main St.
Irene, SD 57037-0216

Phone: 605-263-3941
Fax: 605-263-3191

Smoke free
complex.

APPLICATION FOR OCCUPANCY

No Pets

PROJECT NAME: SOUTH PARK

Date: _____

Unit Size Needed: _____

Please complete the application thoroughly. Any incomplete applications will be returned. Please print.
When your application is received and there is an apartment available, your application will be reviewed and you will be contacted. If there are no apartments available your application will be placed on an Active Waiting List. When a vacancy occurs and your name comes up on the waiting list your application will be reviewed and you will be contacted at that time.

HOUSEHOLD COMPOSITION AND RESIDENCE HISTORY

HEAD OF HOUSEHOLD (HH) Full Legal Name

SPOUSE OR CO-APPLICANT Full Legal Name

Head of household (HH) Full Legal Name: _____

Spouse/CO-applicant Full Legal Name: _____

Address: _____

Address: _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Social Security #: _____

Social Security #: _____

Birthdate: _____

Birthdate: _____

Home Telephone: _____

Home Telephone: _____

Cell Phone Number: _____

Cell Phone Number: _____

E-Mail _____

E-Mail _____

Work Telephone: _____

Work Telephone: _____

RESIDENCE OR RENTAL HISTORY

Please enter the information requested for your current address and the most recent prior address. Be sure to write complete addresses. Include places where you were not listed on the lease and places where you lived under a different name.

Present Address: _____

Present Address: _____

Dates living there: _____

Dates living there: _____

Landlord's Name: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Address: _____

Landlord's Phone Number: _____

Landlord's Phone Number: _____

Amount of rent at your present address? \$ _____

Amount of rent at your present address? \$ _____

Previous Address: _____

Previous Address: _____

Dates living there: _____

Dates living there: _____

Landlord's Name: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Address: _____

HOUSEHOLD COMPOSITION: PLEASE PRINT

List all persons, including you, who will reside in the apartment.

Name: First and Last Name	Relationship:	Sex:	Birthdate:	Occupation: If student, name of School	Social Security Number: Required for all Household Members
HH)					
2)					
3)					
4)					
5)					
6)					
7)					

Will any of the above household members live anywhere except the apartment? Yes () No ().

Are there any other persons who will live in the apartment on a less than full-time basis? Yes () No (). If either question is answered yes, please explain: _____

EMPLOYMENT INCOME

Head of Household:

Employer Name	Address	Phone No.	Rate per Hour	Hours Per Week	Annual Income
_____	_____	_____	_____	_____	_____

How long have you been employed at this job? _____ Date you started this job _____?

Co-Applicant:

Employer Name	Address	Phone No.	Rate per Hour	Hours Per Week	Annual Income
_____	_____	_____	_____	_____	_____

How long have you been employed at this job? _____ Date you started this job _____?

OTHER INCOME

Source	Yes	No	Annual Amount (Applicant)	Annual Amount (Co-Applicant)
Social Security				
Supplemental Social Security				
Welfare				
Child Support/Alimony				
Unemployment Benefits				
Disability Benefits				
Workman's Compensation				
Pensions				
Net Income from Business				
Bank Interest				
Income from Assets				
Contributions from friends of family				
Other				

ASSETS

List assets for all household members.

Asset	Head of Household \$ Amount	Co-Applicant \$ Amount	Financial Institution Name & Address
Cash on Hand			
Checking Accounts			
Saving Accounts			
Money Market Certificates/CD's			
IRA's			
Pensions or 401-K's			
Revocable Trusts			
Stocks			
Bonds (any type)			
Life Insurance (cash value)			
Other			
Other			

List Real Estate Owned by any member of the household.

Description of Real Estate	Value	Debt
	\$	\$
	\$	\$

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/dispoused \$ _____ Amount sold/dispoused for \$ _____

Date of transaction _____

DEDUCTIONS

Dependent Deduction: Enter the names of all household members other than head or spouse who are:

- Under the age of 18: _____
- 18 or older and full time students: _____
- 18 or older and disabled or handicapped: _____

Childcare Expenses: For children 12 and younger: \$ _____ per week.

Do you receive childcare assistance through the state? Yes () No ()

List names of children for whom care is provided: _____

Name and address of childcare provider: _____

Handicapped Care/Expenses: List amounts you pay for care or apparatus on behalf of a handicapped/disabled family member to permit an adult family member to work: \$ _____. If such amounts are claimed, list the name of the handicapped/disabled family member on whose behalf they are claimed: _____. If an adult member can work because of care or apparatus list amount of income earned: \$ _____.

For Elderly or Disabled Household Only: Complete only if Head of Household or spouse is 62 or older, disabled or handicapped. Out of pocket medical expenses this household pays that are not reimbursed by medical insurance or other sources can be deducted from Gross Income. Deductions could be for clinic, hospital, prescriptions, insurance and Medicare premiums.

Estimated Annual Medical expense \$ _____. These expenses will be verified.

QUESTIONS FOR ALL APPLICANTS

- Does any member of your household receive regular cash contributions from agencies or from individuals not living with you? () Yes () No
- Does any member of your household receive income from assets, including interest, dividends, stocks or bonds? () Yes () No
- Does any member of your household receive money from school-aid, scholarship, or educational grant? () Yes () No
- Have you sold or given away any real property or other assets in the past two years? () Yes () No
- Has any place where you, your spouse, or co-applicant were living been destroyed or damaged by fire or other causes? If yes, explain: _____ () Yes () No

- Have you, your spouse, or your co-applicant ever applied for a government-subsidized apartment before this? If yes, when and where? _____ () Yes () No

- Have you or any member of your household been involved in criminal activity that poses a threat to the health, safety or welfare of others? If yes, explain: _____ () Yes () No
- Have you, spouse or co-applicant ever been evicted or otherwise removed from rental housing? If yes, explain: _____ () Yes () No
- Has any household member been arrested or convicted of a crime? If yes, explain: _____ () Yes () No

- Are you or any member of your household listed as a registered sex offender in any state? If yes, what state? _____ () Yes () No
- Have you, your spouse, or co-applicant ever been evicted from a federally assisted property for drug-related criminal activity? If yes, explain: _____ () Yes () No

- List **all** the states in which you have lived: _____

- Is any member of the household a Military Veteran? If yes, who: _____ () Yes () No

NOTE: Answering the following questions is optional, however, without this information we may not be able to determine your eligibility for a particular apartment or calculate your rent with correct deductions:

- Do you or any member of your family/household require a handicapped accessible apartment? () Yes () No
- To determine eligibility we need to know if you are elderly (62 or older), disabled or handicapped. () Yes () No

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing.

Race of Head of Household. Check one: () White () Black or African American () Native American/Alaskan Native () Asian () Native Hawaiian/Other Pacific Islander

Ethnicity of Head of Household: () Hispanic or Latino () Not Hispanic or Latino

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement. **WARNING: Willful false statements or misrepresentation are a criminal offense under section 1001 of Title 18 of the U.S. Code.**

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We understand if we do not hear from Skogen Company immediately, our application will be placed on an Active Waiting list and we will be contacted if a vacancy occurs and our name comes up on the waiting list. We also understand that if after six (6) months, we have not heard from Skogen Company and we want to remain on the Active Waiting List, we will contact Skogen Company to confirm our continued interest in remaining on the Active Waiting List for an apartment. If we do not contact Skogen Company six (6) months after the application was made, we understand that our application will be removed from the Active Waiting List.

If this application is for a household of more than one, we consider ourselves a stable household, and all of our income is available for its needs.

I (We) authorize Skogen Company to:

- Obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 US C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I (We) also authorize Skogen Company to obtain present and previous landlord references. Any information given shall be held in strict confidence.
- Obtain Criminal Background information on the adult household members. This information will be used to determine eligibility of the household for admission to the complex and this information shall be held strictly confidential.

Date

Signature of Head of Household

Date

Signature of Spouse or CO-Applicant

Date

Signature of CO-Applicant

IMPORTANT NOTICE: In accordance with the Fair Housing Act, Skogen Company will not discriminate against any person in the provision of housing because of race, color, religion, sex, handicap, familial status or national origin.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

"This institution is an equal opportunity provider and employer."

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