



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

Phone: 605-263-3941
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APPLICATION FOR OCCUPANCY
PROJECT NAME: PORTE CENTRE

Smoke
free

No Pets

Size of Unit Requested: 2 BR

*PLEASE COMPLETE ALL BLANKS OF THIS APPLICATION.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

I. APPLICANT INFORMATION AND RESIDENCE HISTORY

Applicant	Co-Applicant (if applicable)
Name: _____	Name: _____
Current Address: _____	Current Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Phone: Home _____	Phone: Home _____
Work _____	Work _____
Email address: _____	Email address: _____
How long have you resided at this address? _____	How long have you resided at this address? _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone No: _____	Landlord's Phone No: _____
Previous Address: _____	Previous Address: _____
How long did you resided at this address? _____	How long did you resided at this address? _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone No: _____	Landlord's Phone No: _____

II. HOUSEHOLD MEMBER INFORMATION

A. Provide the following information for all persons who will be members of the household.

Name	Social Security #	Gender	Date Of Birth	Age	Full-Time Student (Y/N)

B. Does anyone else claim the Tenant or Co-Tenant as a dependent on their Income Tax Return? YES _____ NO _____

III. SPECIAL HOUSING ACCOMMODATIONS

A. Households where the tenant, co-tenant, or household member requires special accommodations due to a disability may qualify for a unit with special design features for accessibility, and/or an adjustment to income when calculating their rent payment.

- Do you or members of your household qualify for a unit with special design features? Yes No
- Are there any special housing requirements necessary? Yes No If Yes, please explain _____

- Do you request the adjustment to income? Yes No

B. The Tenant Selection Policy grants a priority to those tenant applicants that are a holder of a "Letter of Priority Entitlement" issued by the USDA Rural Development, and those households displaced due to housing being rendered uninhabitable.

- Do you hold a "Letter of Priority Entitlement"? Yes No
- Are you currently living in a housing unit that has been determined to be uninhabitable? Yes No
If Yes, please explain:

IV. ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

A. Employment Income

Applicant:

Employer Name	Address	Phone Number	Rate Per Hour	Hours per Week	Annual Income
_____	_____	_____	_____	_____	_____

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

Co-Applicant

Employer Name	Address	Phone Number	Rate Per Hour	Hours per Week	Annual Income
_____	_____	_____	_____	_____	_____

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

B. Other Income

Source	Explanation	Annual Amount (Applicant)	Annual Amount (Co-Applicant)
Social Security			
Supplemental Social Security			
Welfare (ADC)			
Child Support/Alimony			
Unemployment Benefits			
Disability Benefits Pensions			
401-K annual income			
Bank Interest Income from Assets			
Other			
TOTAL			

Does the Tenant or Co-Tenant regularly receive gifts of money, food, clothing, utilities, etc. from any source? YES NO
IF YES complete and attach Guide 335 "Statement of Gifts Received by the Family".

NO INCOME — If you claim to have no income, complete and attach Guide 339d "Certification of Zero Income".

C. Deductible Family Expenses

Expense	Annual Amount
Child Care – If you have child care, complete and attach Guide 337a "Verification of Child Care Expense"	\$
Projected Medical Expenses for 12 month period (Elderly & Handicapped Only) Complete and attach Guide 352 "Medical Expense Projections"	\$
Handicap care or apparatus expenses	\$

V. ASSETS

A. List assets for all household members.

Asset	\$ Amount	\$ Amount	Financial Institution Name & Address
Cash on hand			
Checking Accounts	_____	_____	_____
Savings Accounts	_____	_____	_____
Money Market Certificates/CD's	_____	_____	_____
IRA's			
Pensions or 401-K's			
Revocable Trusts			
Stocks	_____	_____	_____
Bonds (any type)	_____	_____	_____
Life ins.(cash value)	_____	_____	_____
Other			

B. List Real Estate Owned by any member of the household.

Description of Real Estate	Value	Debt
	\$	
	\$	

C. List all assets disposed offer less than FAIR MARKET VALUE during the two years preceding the effective date of this certification or re-certification.

Item	Date Disposed of	Fair Market Value	Sales Price	Fair Market Value – Sales Price
		\$	\$	\$
		\$	\$	\$

VII. CREDIT REFERENCES

Lending Institution	Address	Account #

VII. OTHER INFORMATION

A. Have you ever received housing assistance from the Department of Housing and Urban Development or USDA Rural Development?

Yes No

- If Yes, has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with re-certification procedures? Yes No

B. Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance?

Yes No

- If Yes, has that person(s) successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?

Yes No

C. Have you or any members of the household been convicted of a felony? Yes No

If Yes, please explain circumstances: _____

D. How did you learn about the apartments?

Newspaper Radio Drive-by Resident Referral Other _____

VIII. EMERGENCY CONTACT(s):

In case of an emergency the Tenant or Co-Tenants desire that the following persons be contacted if possible:

Name: _____ Telephone Number: _____

Address: _____

Name: _____ Telephone Number: _____

Address: _____

IX. SIGNATURE AND CONSENT

I certify that the housing that I am applying for will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location. I declare that the statements contained in this application are true and complete to the best of my knowledge. I hereby authorize release of any information contained herewith to determine my eligibility for this housing. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE. **NOTE: USDA RURAL DEVELOPMENT (FORMERLY FmHA) IN NEBRASKA HAS AN AGREEMENT WITH THE DEPARTMENT OF LABOR TO PROVIDE WAGE MATCHING INFORMATION FOR THE PURPOSE OF DETECTION OF FRAUDULENT STATEMENTS REGARDING INCOME.**

Applicant's Signature: _____ Date: _____

CO-Applicant's Signature: _____ Date: _____

Race: (Optional) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Ethnicity: (Optional) Hispanic or Latino Not Hispanic or Latino

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascrusda.gov/complaint_filing_cost.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.
