



**Bristol Court Apartments**

4813 E 54th Street #Office, Sioux Falls, SD 57110

Phone: (605) 659-0411 Fax: (605) 371-1167, bristolcourt@costelloco.com

Dear Applicant,

Thank you for your interest in Bristol Court! Rent includes water, sewer, garbage, snow removal, lawn care, washer and dryer, dishwasher, microwave, 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 properties** \*
- \* **Crime Free Housing** \*

**Bristol Court Apartments** consists of 18 four bedroom apartments, 20 three bedroom apartments and 22 two bedroom apartments that include a single-stall garage. (gas + electric per month)

	Square Foot	Rent Range	Deposit	Average Utilities	School Districts
<b>2 BEDROOM</b>	1023-1225	\$499-\$710	\$400	\$106	John Harris-Elementary (No buses) Patrick- Middle School (Buses) Washington-High School (Buses)
<b>3 BEDROOM</b>	1313-1384	\$585-\$835	\$450	\$123	
<b>4 BEDROOM</b>	1496-1575	\$623-\$900	\$500	\$139	

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
30%HOME	\$16,550	\$18,900	\$21,250	\$23,600	\$25,500	-----
40% HOME	\$22,040	\$25,200	\$28,360	\$31,480	\$34,000	\$36,520
50% HOME	\$27,550	\$31,500	\$35,450	\$39,350	\$42,500	\$45,650
50%	\$27,550	\$31,500	\$35,450	\$39,350	\$42,500	\$46,650
60%	\$33,060	\$37,800	\$42,540	\$47,220	\$51,000	\$54,780

**(March 2017) "This Institution is an Equal Opportunity Provider and Employer."**

80%						
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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
2 Bedroom	2	5
3 Bedroom	2	7
4 Bedroom	3	9

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

- An application fee of \$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 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!

Bristol Court Apartments  
 4813 E 54th Street #Office  
 Sioux Falls, SD 57110  
 Phone: (605) 659-0411 Fax: (605) 371-1167  
 bristolcourt@costelloco.com

***“This Institution is an Equal Opportunity Provider & Employer”***

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.)

<b>Management Use Only</b>	HHID #: _____
Application Received: _____	
Date	Time
Pre-Application Rec'd: _____	
Date	Time

**Return to:**  
 Bristol Court  
 4813 E. 54<sup>th</sup> St #Office  
 Sioux Falls, SD 57110

**TTY: 711**

**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 \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License # With State \_\_\_\_\_

Driver's License # With State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Current Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

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

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

How did you hear about our apartment Community? \_\_\_\_\_

What state(s) have you lived in since 18 years of age: \_\_\_\_\_

Do you anticipate adding anyone to your household?  Yes  No

If Yes, please explain: \_\_\_\_\_

Is anyone in the household a current user/abuser of an illegal controlled substance?  Yes  No

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

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

Have you or any member of your household been convicted of any crime involving physical violence to persons

Yes  No

or property at any time, including any form of sexual assault, rape, or sexual contact?

If Yes to any of these, please explain (if more room is needed, please continue on back). \_\_\_\_\_

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 and explain the reason for the registration requirement \_\_\_\_\_

Are any members of your household students in a post-high school institution of higher learning?

Yes  No

Does anyone in the household have a Companion/Assistance/Service Animal? List animal(s): \_\_\_\_\_

Yes  No

Does anyone in the household have a pet? If yes, list pet(s): \_\_\_\_\_

Yes  No

Are all members of the household U.S. citizens or national of the United States?

Yes  No

Are any members a non-citizen with eligible immigration status? (documentation required)

Yes  No

Is any member of the household disabled or 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

Do you have equity in real estate? If yes, what is the address? \_\_\_\_\_  Yes  No

Are you being evicted? If yes why? \_\_\_\_\_  Yes  No

Have you ever been evicted? If yes, When \_\_\_\_\_ Where \_\_\_\_\_  Yes  No  
Why \_\_\_\_\_

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 \_\_\_\_\_

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, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto: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: \_\_\_\_\_



## RESIDENT SELECTION POLICY

### **Project and Program Eligibility Requirements**

- This is a HUD elderly and disabled community. You must be 62 years of age and/or disabled to reside in this community.
- This is a HUD Elderly, Disabled and Tax Credit Community. You must be 62 years of age and/or disabled to reside in this community.
- This is a HUD Section 8 multi-family community.
- This is a HUD/Tax Credit multi-family community.
- This is a HUD Section 236 multi-family community.
- This is a HUD/Tax Credit/ HOME multi-family community.
- This is a Tax Credit multi-family community.
- This is a Tax Credit/HOME and disabled community. You must be at least 55 years of age or disabled to reside in this community.
- This is a Tax Credit/HOME Community. You must be at least be 55 years of age to reside in this community.
- This is a Tax Credit/HOME/Conventional community.
- This is a Tax Credit/HOME community.
- This is a Rural Development/Tax Credit/HOME community.
- This is a RD multi-family community.
- This is a RD/Tax Credit multi-family community.

### ***Items 1 & 2 pertain to all communities & programs***

1. **Citizenship/Immigration Status Requirements (excluding straight Rural Development (RD) properties)**  
Assisted housing is restricted to U.S. citizens or nationals and non-citizens who have eligible immigration status. All family members, regardless of age, must declare their citizenship or immigration status. Non-citizen applicants will be required to submit evidence of eligible immigration status at the time of application. If the evidence needed to support eligible immigration status is temporarily unavailable, the applicant may request an extension. Mixed tenant families may be eligible for prorated assistance. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student.

2. Social Security Number Requirements

Applicants must disclose and provide documentation of Social Security Numbers (SSN) for all family members prior to being moved in. This also applies to foster children and live-in aides. For newborns, the household will be given 90 days to provide the Social Security Card.

The Social Security Number requirements do not apply to:

1. Individuals who do not contend eligible immigration status

When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed.

In these instances, the owner will have each resident's Citizenship Declaration on file – whereby the individual did not contend eligible immigration status – to support exception to the requirements to disclose and provide verification of a Social Security Number.

2. Individuals age 62 or older as of January 31<sup>st</sup>, 2010, whose initial determination of eligibility was begun before January 31, 2010.

The eligibility date is based on the initial effective date of the form HUD – 50059 or from HUD – 50058, whichever is applicable.

Documentation that verifies the applicant's exemption status must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010. The owner/agent must not accept a certification from the applicant stating they qualify for the exemption. This documentation must be retained in the resident file.

The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

3. Student Requirements.

[ ] for RD/HUD

Student eligibility requirements apply to applicants enrolled at an institution of higher education who is 24 years of age or older effective December 31<sup>st</sup> of the current year, unless the applicant (student) who is living with his/her parents, is the one applying for Section 8 assistance.

A. A person with disabilities, as such term is defined in section 3(b) (3) (F) of the United States Housing act of 1937 (42 U.S.C. 1437a (b) (3) (E) that was receiving Section 8 assistance as of November 30, 2005 is exempt from the student eligibility requirements.

B. If the applicant is not claimed as a dependent and meets at least one of the criteria from the following questions, they qualify:

- Have you established a household separate from parents or legal guardians for at least one year prior to application for occupancy?
- Were you an orphan or a ward of the court through the age of 18?
- Are you a veteran of the U.S. Armed Forces?
- Do you have legal dependents other than a spouse?
- Are you a graduate or professional student?
- Are you married?

C. If the applicant does not meet any criteria from the above questions; they must meet eligibility requirements for Section 8 assistance and their parents, individually or jointly, must be income eligible for Section 8 assistance.

**[ X ] Student Requirements for Tax Credits**

The household understands if all members of a household become or are full time students, that the household is ineligible to occupy a unit at this community, even if the household becomes ineligible after the initial certification.

Exceptions to this student rule may be one of the following four exceptions: 1) The household members are married and have filed a joint tax return; 2) The household consists of a single parent with a dependent child (or children), and neither the parent nor the child (or children) is being claimed as a dependent by anyone else; 3) At least one household member gets welfare assistance through Title VI of the Social Security Act; or 4) At least one household member is enrolled in a federal, state, or local job training program.

**[ X ] Student Requirements for HOME**

Refer to property manager for HOME student rule restrictions.

**[ ] Student Requirements for Section 236**

Must pay market rent (Jordan Park and RC Square)

**4. Additional requirements**

1. The apartment unit must be the sole residence of all household members and under no circumstance may any tenant benefit from more than one subsidy.
2. All family members who are 18 years of age or older will be required to sign consent and verification forms. All information reported by the family is subject to verification.
3. Applicants must agree to pay the rent required by the program under which they will receive assistance.
4. Household members may not be required to disclose gender for HUD programs.

**Enterprise Income Verification (EIV) – HUD only**

1. EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

The EIV system provides the owner and or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirements to independently verify your employment and /or income when you recertify for continued rental assistance. Property owners and managers are able to use the EIV system to determine if you:



- Correctly reported your income
- They will also be able to determine if you:
- Used a false social security number
  - Failed to report or under reported the income of a spouse or other household member
  - Receive rental assistance at another property.

Consent required to get information from EIV

When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits. Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

### **EIV – Existing Tenant Report**

During the final eligibility review, there is one report available that provides information about “applicants”. This is the Existing Tenant Report. This report is used during the final eligibility interview. The EIV Existing Tenant Search is to be run on “All Household Members” when offering the unit, and is looking for multiple subsidy issues, at time of move in.

### **Screening for Receipt of Assistance for Applicant or Residents Residing in Another HUD Assisted Unit.**

All Applicants MUST disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD-assisted unit.

HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The owner/agent will use a report called the Existing Tenant Report provided through HUD's Enterprise Income Verification System (EIV) to determine if the applicant or any member of the applicant household is currently receiving HUD assistance.

Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration applies to:

1. Minor children in joint custody arrangements where two or more “custodians” received HUD assistance.
2. Recipients of HUD assistance in another unit who are moving to establish a new household when other family/household members will remain in the original unit

There will be monthly reports produced and reviewed on a monthly basis pertaining to failed verifications, deceased tenants and new hires. Plus, reports will be generated to prepare for annual and interim recertifications. Also once a tenant has been moved in for a few months, a report will be processed to verify that income reported at move-in matches with EIV.

## Violence Against Women Act – (VAWA)

Housing Notice: H 08-07 regarding the Violence Against Women Act – VAWA provides legal protections to victims of domestic violence, dating violence or stalking. These protections prohibit owners/agents from evicting or terminating assistance under a project-based Section 8 program for the victim, if the grounds are in instance of domestic violence, dating violence or stalking.

The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence or stalking (collectively “domestic violence”) from being evicted or terminated from housing assistance based on acts of such violence against them.

If you have been a victim of domestic violence, you or a family member on your behalf, must complete and submit this certification form, or submit the information described below under “Alternate Documentation,” which may be provided in lieu of the certification form, within 14 business days of receiving the written request for this certification form from the owner or management agent. The certification form or alternate documentation must be returned to the person and the address specified in the written request for the certification form. If the requested certification form or the information that may be provided in lieu of the certification form is not received by the 14th business day or any extension of the date provided by the owner or management agent, none of the protections afforded to victims of domestic violence under the Section 8 project-based assistance program will apply. Distribution or issuance of this form does not serve as a written request for certification.

## Income Eligibility Requirements

### HUD Section 8 and/or with HOME

1. HUD establishes and publishes income limits annually based on family size for each county in the United States based on the median income of the geographic area. The income limits for this property may be as follows:

Very low-income limit	50% of median income
Extremely low-income limit	30% of median income

2. Owners must make at least 40 percent of the assisted units that become available each year (project’s’ fiscal year) available for leasing to families whose income do not exceed 30 percent of the area median income (extremely low-income) at the time of admission. If the owner actively marketed at least 40 percent of the annually available units to extremely low-income families but was unable to fill all of the units with families meeting the requirement, the owner is permitted to rent to other eligible families after a reasonable marketing period has expired. The property must maintain records that demonstrate all reasonable steps were taken to fill these units with extremely low-income tenants and must demonstrate that an ongoing effort to meet the 40% requirement is being made.

### HUD Section 236, Rents Supplement

Low-income limit	60% of median income
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### RD

Low-income limit	80% of median income
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### Tax Credit and/or with RD and/or with HOME

Low-income limit	60% of median income
Very low-income limit	50% of median income
Very, Very low income limit	45% of median income

**Occupancy Standards**

**[Check off standards that pertain to your community]**

	<b>UNIT SIZE</b>	<b>MINIMUM OCCUPANTS</b>	<b>MAXIMUM OCCUPANTS</b>
	2 Bedroom	2	5

	<b>UNIT SIZE</b>	<b>MINIMUM OCCUPANTS</b>	<b>MAXIMUM OCCUPANTS</b>
	3 Bedroom	2	6
	3 Bedroom	2	7

	<b>UNIT SIZE</b>	<b>MINIMUM OCCUPANTS</b>	<b>MAXIMUM OCCUPANTS</b>
	4 Bedroom	3	9

\*Disclaimer (Each community has their own occupancy standards)

\* Rolling Hills – After move in, residents can exceed maximum occupancy from eight to nine family members. Any family that exceeds the maximum of nine – their lease contract will not be renewed.

\*For Tax Credit/ HOME Communities- No household will be permitted to add any additional household members during the first 12 months of the lease agreement.

**For HUD properties only:**

1. *A single person cannot occupy a unit with two or more bedrooms unless one of the following applies:*
  - a. A person with a disability who needs the larger unit as a reasonable accommodation.
  - b. A displaced person when no appropriately sized unit is available.
  - c. An elderly person who has a verifiable need for a larger unit.
  - d. A remaining family member of a resident family when no appropriately sized unit is available.
  
2. A smaller unit size may be assigned upon request; only if occupancy of the smaller unit will not cause serious overcrowding and will not conflict with local codes.
  
3. A larger unit size may be assigned upon request if one of the following conditions exists:
  - a. No eligible family in need of the larger unit is available to move into the unit within 60 days. The property has the proper size unit for the family but it is not currently available. The family agrees in writing to move at its own expense when a proper size unit becomes available.
  - b. The family needs a larger unit as a reasonable accommodation for a family member who is a person with a disability.
  
4. If a family, based on the number of members, would qualify for more than one unit size, the owner must allow the family to choose which unit size they prefer.

**Applicant Screening Criteria**

1. All applicants age 18 or older and dependents turning 18 years of age after initial tenancy will be screened for residency. Screening criteria will be applied consistently to all applicants.
2. Credit reports will be done on all applicants 18 years of age and older.
  - a. Applicants without credit history will not be denied.
  - b. A positive credit history is desired.

- c. Applicants with the following negative credit history may be denied;
    - Open judgments
    - Open collections
    - Delinquent accounts related to living expenses
    - More than 3 credit cards or revolving accounts with a negative history in the last 3 years
    - Bankruptcies less than 2 years old
    - Bad checks
    - Delinquent child support
    - Address(es) provided on application could not be verified.
3. Criminal History checks will be run on every head or co-head of the household and all other applicants 18 years of age and older in accordance with Notice H 2002-22.
- a. All applicants with the following felonies may denied
    - Assault or other violent or dangerous behavior
    - Rape, prostitution, or other sexual deviation
  - b. All applicants with misdemeanors or deferred judgments related to the following may be denied
    - Disturbance of neighbors or other noise violations
    - Destruction of property
    - Minor Disturbances
    - Theft and bad checks
    - Criminal trespass
    - Illegal controlled substances
  - c. All applicants who are currently engaging in illegal drug use may be denied.
  - d. All applicants in which the landlord determines that there is reasonable cause to believe that a household member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents may be denied.
  - e. All applicants in which the landlord determines that there is reasonable cause to believe that a household member's abuse or a pattern of alcohol abuse may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents may be denied.
  - f. Any household member that has been evicted from Federally-assisted housing for drug-related criminal activity, for 5 years from the date of eviction may be denied. If the evicted household member who engaged in drug-related criminal activity that has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household) the owner may, but is not required to, admit the household.
  - g. Any member of the applicant's household has been convicted of growing or the manufacturing of any type of drugs on the premises of federally subsidized housing (lifetime) may be denied.
  - h. Any criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, the owner or any employee who is in involved in the housing operations may be denied.
  - i. Any applicant unlawfully obtaining government assistance may be denied.
- 4. All applicants listed on application 18 years or older will be checked against the Sjodin National Sex Offender Database for lifetime sex offenders and, if found on registry, applicant will be denied.**
5. Rental History
- a. Lack of rental history is not grounds for rejection; however personal references may be required.
  - b. Applicants with previous rental history must have references as a good tenant, including but not limited to the following:

- Favorable rent history (rent being paid on time)
  - Have no material non-compliance violations of the rental agreement
  - Kept the unit clean and in good condition.
  - Must not have allowed unauthorized residents to reside in the unit.
  - Must not have endangered the health and safety of any other tenant, the landlord or any of his agents.
  - Must not have interfered with the rights and quiet enjoyment of the other tenants.
  - Pursuant to Notice H2002-22, if any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years the application will be denied.
- Pursuant to Housing Notice: H 08-07 regarding the Violence Against Women Act (VAWA). VAWA provides legal protections to victims of domestic violence, dating violence or stalking. These protections prohibit owners/agents from evicting or terminating assistance under a project-based Section 8 program for the victim, if the grounds are an instance of domestic violence, dating violence or stalking.

6. Applicants must demonstrate the ability to pay rent.

a. For Tax Credit/ HOME/ Conventional Communities ONLY:

- For applicants without a Section 8 Housing Voucher: Applicant(s) must have monthly gross income no less than two and one half times (2 ½ X) the monthly rental amount.
- For applicants with a Section 8 Housing Voucher: Applicant(s) must have monthly gross income no less than two times (2X) the tenant's portion of monthly rental amount.
- For applicants to Market Rate units: Applicant(s) must have monthly gross income no less than two and one half times (2 ½ X) the monthly rental amount.

**Notification of Applicant Rejection**

1. If an applicant is denied admission to the property they will receive a written notice stating the reason(s) for the rejection. The applicant has the right to respond in writing to dispute the rejection within 14 days of the notice.
2. Management reserves the right to reject any application in which applicant delays the processing of an application or delays their move in date for more than 10 days.

**Application and Waiting List Procedure [HUD/Rural Development]**

1. Applications completed in full and properly signed will be accepted according to unit size and type in chronological order. Families that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant's needs is not available, their name will be placed on the waiting list (maintained in the same order) after preliminary eligibility determination. If an extremely low-income applicant is needed to achieve targeting requirements, and the next applicant has income above the extremely low-income limit, that applicant must stay on the waiting list until the property is ready to house an applicant with income above the extremely low-income limit.
2. The waiting list must be updated a minimum of every six months.
3. Applicants will be moved to the bottom of the waiting list if their application is approved but the applicant is unable or unwilling to accept one of the available units.
4. Applicants will be deactivated from the waiting list if:
  - a. They accept a unit at another community
  - b. Their application is denied for any reason (see Tenant Selection)
  - c. Property manager is no longer able to contact the applicant by phone or mail.
  - d. They inform Manager by phone, in person or by mail that they no longer need a unit.
  - e. The applicant is offered and rejects a unit three times at the community.

5. The waiting list will be closed for one or more unit sizes when the average wait is one year or more. Potential applicants will be advised if the waiting list is closed and additional applications will not be accepted. Notice of this action will be published in the local newspaper.
6. When the waiting list is re-opened and applications will be accepted again, notice will be published in the local newspaper.

### **Tenant Requested Unit Transfer Procedure**

1. Current tenants requesting a unit transfer for the following reasons will be given preference over those on the waiting list.
  - a. A required unit transfer due to family size or changes in family composition. When an owner determines that a transfer is required the tenant may remain in their current unit and pay the approved market rent or must move within 30 days after notification that a unit of the required size is available within the property. (If applicable to your property).
  - b. A unit transfer for a medical reason certified by a doctor, have the need for an accessible unit or to accommodate a person with a disability. Owners are obligated to transfer tenants to different units as a reasonable accommodation to a household member's disability. Transfers which are needed as a reasonable accommodation should be made on a priority basis.
  - c. A deeper rent subsidy, if it applies to the property. (Section 236 to Section 8).
2. Current tenants requesting a unit transfer must have just cause. No transfer will be made without the manager's approval and consideration of the community's financial status. Tenants will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity, infractions and inspection of the tenant's current unit must indicate there is not damage to the property or poor housekeeping habits resulting in health or safety hazards.

### **Non-Discrimination**

1. Non-Discrimination Policies
  - a. The landlord agrees not to discriminate based upon race, color, religion, creed, national origin, sex, age, disability or familial status.
2. 504 / FHAA Compliance
  - a. The landlord agrees to comply with Section 504, which prohibits discrimination in all HUD subsidized or assisted housing programs solely on the basis of handicap. The rule covers all persons associated with programs including applicants, tenants, employees, and prospective employees.
3. For All Properties
  - a. The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age and state law prohibits discrimination on the basis of creed. Complaints of discrimination may be forwarded to the following address; Fair Housing Administrator, U.S. Department of Housing & Urban Development, Region VII, Denver, 1670 Broadway Street, Denver, CO 80202-4801.

4. For Rural Development Properties

- a. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age or disability. (Not all prohibited bases apply to all programs)". To file a complaint of discrimination, write USDA, Director, and Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800.795.3272 or 202.720.6382 (TDD).

**( ) LIHTC Program (check if applicable)**

This community falls under Section 42 of the IRS Code as a Low Income Housing Tax Credit (LIHTC) property. As such, each household must qualify under the guidelines pertaining to that program. Requirements that apply to initial qualification primarily include, but are not limited to, applicable income limits and full time student status at the time of application. Any household whose total income is over current applicable income limits will be deemed ineligible. Any household made up entirely of full time students also may not qualify, unless they fall under a program-allowed exemption.

**( X ) HOME Program (In conjunction w/LIHTC Program)**

Application fees will be charged.

I/We \_\_\_\_\_ have read and understand the Resident Selection Policy for one or more of the following communities:

Bristol Court Apartments.

I/We acknowledge we have received a copy of this Resident Selection Policy.

---

Applicant \_\_\_\_\_ Date \_\_\_\_\_

---

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

---

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_



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# 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: Bristol Court** 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:

- |                                     |   |   |
|-------------------------------------|---|---|
| <b>IDENTITY AND MARITAL STATUS</b>  | <b>EMPLOYMENT, INCOME, AND ASSETS</b>   | <b>RESIDENCES &amp; RENTAL ACTIVITY</b> |
| <b>CREDIT AND CRIMINAL ACTIVITY</b> | <b>MEDICAL OR CHILD CARE ALLOWANCES</b> |   |

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:

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

**A 45.00 APPLICATION FEE** FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3<sup>rd</sup> 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](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](mailto: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

\_\_\_\_\_  
Authorized Representative of Costello Property Management

\_\_\_\_\_  
Manager  
(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.





# AUTHORIZATION FOR RELEASE OF INFORMATION



**ALL adult household members must sign a separate form.**

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- IDENTITY AND MARITAL STATUS**                      **EMPLOYMENT, INCOME, AND ASSETS**                      **RESIDENCES & RENTAL ACTIVITY**
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## SIGNATURES

Adult Household Member	(Print Name)	Date
<b>Manager</b>		
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.

# Bristol Court is a NON-SMOKING PROPERTY



By signing this acknowledgment, you are agreeing to all terms and conditions pertaining to maintaining a non-smoking property. This applies to ALL Units, garages and all common areas located on this property.



\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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

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

_____	_____	_____	_____
Applicant Signature	Social Security #	Birthday	Today's Date
_____	_____	_____	
Legal First Name (please print)	Legal Full Middle Name (print)	Legal Last Name (please print)	
_____	_____	_____	_____
Physical Street Address (no PO Box accepted)	City	State	Zip Code
_____	_____		
Monthly Income	Bristol Court Community Billed		

For Office Use: Complete from State ID

No  
Photo

_____	_____	_____
Birthdate	Soc. Sec #	Verified By
_____		
Legal Last Name		
_____	_____	
Legal First Name	Middle Full Name	

**Referred By: (please check one)**

<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____





**Screening Reports, Inc.**  
**729 N Route 83 Suite 321**  
**Bensenville, IL 60106**  
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_____	_____	_____	_____
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	Bristol Court Community Billed		

For Office Use: Complete from State ID

No  
Photo

_____	_____	_____
Birthdate	Soc. Sec #	Verified By
_____		
Legal Last Name		
_____	_____	
Legal First Name	Middle Full Name	

**Referred By: (please check one)**

<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____



# Compliance Questionnaire

*Developed by Costello Compliance, LLC, Effective Date: 1/22/15*

**CERTIFICATION/RE-CERTIFICATION CAN NOT BE PROCESSED UNTIL COMPLETED IN FULL**

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). Please list all household members, except the Head of Household, in order from oldest to youngest. All dependents listed must be expected to reside in the unit at least 50% of the time during a year.*

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

- Will this unit be the PRIMARY residence for the Head of Household and all Co-Heads of Household?  Yes  No
- Are any household members separated, but not divorced? If yes, who? \_\_\_\_\_  Yes  No
- Are any of the above listed members of your household tax dependents of anyone outside the household? List all below.  Yes  No  
 Household Member: \_\_\_\_\_ Claimed by: \_\_\_\_\_
- Are the minors listed above in your household less than 50% of the time?  Yes  No
- 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: \_\_\_\_\_
- Are any of the members of your household temporarily absent? (For example: in the military or away at college)  Yes  No  
 Who: \_\_\_\_\_ Explain: \_\_\_\_\_
- Are **all** members of your household currently full-time students or plan to be full-time students in the next 12 months? (TC-1)  Yes  No
- 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? \_\_\_\_\_
- Will your household be receiving a Section 8 Voucher or Certificate? (I-12 to verify all household income and assets)  Yes  No
- Has anyone in the household been involved in a violent, sexual, or drug-related crime in the last twelve months?  Yes  No
- Are any members of your household a U. S. Military Veteran? Who: \_\_\_\_\_  Yes  No
- Are any members of your household a Presidentially Declared Disaster (PDD) victim? Who: \_\_\_\_\_  Yes  No

**ASSET INFORMATION**

*All information should be calculated on an Annual Basis.*

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

If "Yes", explain: \_\_\_\_\_

In the last 24 months, has any household member given away or disposed of any assets for less than Fair Market Value?(A-04)  Yes  No

If "Yes", explain: \_\_\_\_\_

Is the total value of all assets for your household less than \$5,000? (TC-02, unless for a HUD, RD, or HOME unit)  Yes  No

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

- |  |  |
|--|--|
| Checking (A-01) <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | Trusts (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| Savings (A-01) <input type="checkbox"/> Yes <input type="checkbox"/> No  | Retirement (IRA / 401(k) / Keogh) (A-05)* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reloadable Card (SS, TANF, Child Support, etc)(A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificates of Deposit (CD's) (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Money Market (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | Whole Life Insurance (not Term) (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Savings Bonds (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | Annuities (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| Stocks / Bonds / Mutual Funds (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No                 | Other Asset Accounts (A-01)* <input type="checkbox"/> Yes <input type="checkbox"/> No              |

*\* Note to Manager: 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**

<i>Owner's Full Name</i>	<i>Type of Account</i>	<i>Account Number</i>	<i>Financial Institution – Location Name &amp; Phone Number of Contact Person</i>	<i>Value</i>

Do you have cash on hand, at home, or in a safe deposit box? If "Yes", value: \_\_\_\_\_  Yes  No

Do any household members own real estate including residence, vacation home, vacant land, farmland, rental property or other investments? (A-03)  Yes  No

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.) (A-03)  Yes  No

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

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

**INCOME INFORMATION**

*All information should be calculated on an Annual Basis.*

Does anyone in the household receive regular payments from any of the following?

- |  |  |
|--|--|
| Employment (I-04) <input type="checkbox"/> Yes <input type="checkbox"/> No                               | Student Financial Assistance (Family, Loans, Grants, Work Study, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Self-Employment (I-05) <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Tribal Income (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Mgr Note:</b> Prior 3 year's 1040s also required AND<br>Schedule C (Business), E (rental) or F (farm) | Welfare Assistance (Food stamps, etc.) (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| Armed Forces Pay (I-09) <input type="checkbox"/> Yes <input type="checkbox"/> No                         | Social Security or SSI (I-06) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Unemployment Compensation (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No                | Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Severance Pay (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No                            | Veteran's Benefits (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Workman Compensation (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No                     | Pensions (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Child Support – Monitored (I-11A) <input type="checkbox"/> Yes <input type="checkbox"/> No               | Disability Benefits (Other than SSI) (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| Child Support – Non-Monitored (I-11N) <input type="checkbox"/> Yes <input type="checkbox"/> No           | Death Benefits &/or Life Insurance Payments(I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| TANF (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | Alimony (I-07) <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  | Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> 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

Are any members of the household not receiving the full amount of child support that has been court ordered? (I-11)  Yes  No  
 If "Yes" is it being pursued through either a court or agency?  Yes  No  
 Which agency is pursuing collections? \_\_\_\_\_

Are there any adult household members who have no income (other than from assets): (I-01 if Entire household)  Yes  No  
 If yes, who: \_\_\_\_\_ (I-02 if Individual Adult)

Does anyone outside the household pay any regular expenses and/or give you cash or non-cash contributions regularly?(I-08)  Yes  No  
 If yes, who: \_\_\_\_\_

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

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

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

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_  
 Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_





\*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:

\_\_\_\_\_ There are no minors in the household.

\_\_\_\_\_ I do not have any children or my children do not live with me.

\_\_\_\_\_ I have never been court ordered to receive child support.

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

\_\_\_\_\_ I am not currently receiving child support and have not filed for a court order, but I do intend to file within the next 12 months.

\_\_\_\_\_ I receive child support 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: \_\_\_\_\_

\_\_\_\_\_ I have been court ordered and am entitled to receive child support, 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: \_\_\_\_\_

PIN# \_\_\_\_\_

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

\_\_\_\_\_ I have taken the following steps to receive the child support I am entitled to (if NO steps have been taken, then child support must be counted in full): \_\_\_\_\_

PIN# \_\_\_\_\_

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

\_\_\_\_\_ I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from

Child Support Enforcement or other Collection Agency PIN# \_\_\_\_\_

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.

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.

**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."**

\_\_\_\_\_  
Member Signature Printed Name Date

\_\_\_\_\_  
Member Signature Printed Name Date

\_\_\_\_\_  
Member Signature Printed Name Date





# Child Support 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:

\_\_\_\_\_ There are no minors in the household.

\_\_\_\_\_ I do not have any children or my children do not live with me.

\_\_\_\_\_ I have never been court ordered to receive child support.

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

\_\_\_\_\_ I am not currently receiving child support and have not filed for a court order, but I do intend to file within the next 12 months.

\_\_\_\_\_ I receive child support 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: \_\_\_\_\_

\_\_\_\_\_ I have been court ordered and am entitled to receive child support, 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: \_\_\_\_\_

PIN# \_\_\_\_\_

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

\_\_\_\_\_ I have taken the following steps to receive the child support I am entitled to (if NO steps have been taken, then child support must be counted in full): \_\_\_\_\_

PIN# \_\_\_\_\_

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

\_\_\_\_\_ I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from

Child Support Enforcement or other Collection Agency

PIN# \_\_\_\_\_

Case Worker: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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

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



# Child Support 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:

\_\_\_\_\_ There are no minors in the household.

\_\_\_\_\_ I do not have any children or my children do not live with me.

\_\_\_\_\_ I have never been court ordered to receive child support.

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

\_\_\_\_\_ I am not currently receiving child support and have not filed for a court order, but I do intend to file within the next 12 months.

\_\_\_\_\_ I receive child support 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: \_\_\_\_\_

\_\_\_\_\_ I have been court ordered and am entitled to receive child support, 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: \_\_\_\_\_

PIN# \_\_\_\_\_

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

\_\_\_\_\_ I have taken the following steps to receive the child support I am entitled to (if NO steps have been taken, then child support must be counted in full): \_\_\_\_\_

PIN# \_\_\_\_\_

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

\_\_\_\_\_ I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from

Child Support Enforcement or other Collection Agency

PIN# \_\_\_\_\_

Case Worker: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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

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



\*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:

\_\_\_\_\_ There are no minors in the household.

\_\_\_\_\_ I do not have any children or my children do not live with me.

\_\_\_\_\_ I have never been court ordered to receive child support.

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I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from the

Non-custodial parent/guardian or other person named: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ I have been court ordered and am entitled to receive child support, 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: \_\_\_\_\_

PIN# \_\_\_\_\_

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

\_\_\_\_\_ I have taken the following steps to receive the child support I am entitled to (if NO steps have been taken, then child support must be counted in full): \_\_\_\_\_

PIN# \_\_\_\_\_

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

\_\_\_\_\_ I receive \$ \_\_\_\_\_ total per month for \_\_\_\_\_ from

Child Support Enforcement or other Collection Agency PIN# \_\_\_\_\_

Case Worker: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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\_\_\_\_\_  
Member Signature Printed Name Date

\_\_\_\_\_  
Member Signature Printed Name Date

\_\_\_\_\_  
Member Signature Printed Name Date



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
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

- 1) Are ALL members of the household currently full-time students?  Yes  No  
(Children in kindergarten through twelfth grades are ALSO considered full-time students.)
- 2) Will ALL members of the household be full-time students at any point in the next 12 months?  Yes  No
- 3) Will ALL members of the household be/have been full-time students any 5 months of this calendar year?  Yes  No
- 4) If #1 or #2 or #3 were answered " Yes", please answer the following:
  - Are any Students minors and are they tax dependents of their parents/legal guardians? (provide prior year's tax return)  Yes  No
  - Are any Students filing a joint tax return? (provide prior year's tax return)  Yes  No
  - Are any Students receiving TANF (AFDC)? (I-07) (provide contact information for case worker)  Yes  No
  - Are any Students part of a JPTA program? (TC-03) (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 5) are checked "yes" and verified.**

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\_\_\_\_\_  
Tenant/Applicant Signature          Printed Name          Date

\_\_\_\_\_  
Co-Tenant/Applicant Signature          Printed Name          Date



CERTIFICATION OF ASSETS UNDER \$5,000

For households whose combined net assets do not exceed \$5,000

Complete only one form per household; include assets of children



I/We certify that all household assets, including those of children, are all listed below

Table with columns: (A) Cash Value\*, (B) Interest Rate, (A\*B) Annual Income, Source. It lists various asset categories like Savings Account, Checking Account, Cash on Hand, etc., with corresponding input fields for value, rate, and income.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal Property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily use autos, clothing, assets of an active business or special equipment for use by the disabled.

Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only the amounts that are.

I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from those family assets are \$. This amount is included in total gross annual income.

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Signature lines for Tenant/Applicant, Co-Tenant/Applicant, and another Co-Tenant/Applicant, each with fields for Printed Name and Date.













**Costello Property Management ("CPM")**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Bristol Court {183} is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

**Protections for Applicants**

If you otherwise qualify for occupancy or assistance at Bristol Court {183}, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you reside at Bristol Court {183}, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights at Bristol Court {183} solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

CPM may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If CPM chooses to remove the abuser or perpetrator, CPM may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, CPM must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, CPM must follow Federal, State, and local eviction procedures. In order to divide a lease, CPM may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

**Moving to Another Unit**

Upon your request, CPM may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, CPM may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

CPM will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

CPM's emergency transfer plan provides further information on emergency transfers, and CPM must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

CPM can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from CPM must be in writing, and CPM must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. CPM may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to CPM as documentation. It is your choice which of the following to submit if CPM asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by CPM with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that CPM has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, CPM does not have to provide you with the protections contained in this notice.

If CPM receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), CPM has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, CPM does not have to provide you with the protections contained in this notice.

**Confidentiality**

CPM must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

CPM must not allow any individual administering assistance or other services on behalf of CPM (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

CPM must not enter your information into any shared database or disclose your information to any other entity or individual. CPM, however, may disclose the information provided if:

- You give written permission to CPM to release the information on a time limited basis.
- CPM needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires CPM to release the information.

VAWA does not limit CPM's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, CPM cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if CPM can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If CPM can demonstrate the above, CPM should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the office of Scott Michael Dunn, Director of Compliance, Costello Companies, 7409 South Bitterroot Place, Sioux Falls, SD, 57108. Phone (605) 336-9131 or Housing and Urban Development, Sioux Falls Field Office, 4301 West 57th Street Suite 101, Sioux Falls, SD 57108. Phone: (605) 330-4223.

### **For Additional Information:**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>. Additionally, CPM must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the office of Scott Michael Dunn, Director of Compliance, Costello Companies, 7409 South Bitterroot Place, Sioux Falls, SD, 57108. Phone (605) 336-9131.

Victims of **domestic violence** are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

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### **Contact information for relevant local organizations**

For help regarding **sexual assault**, you may contact the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>. You may also contact:

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### **Contact information for relevant local organizations**

Victims of **stalking** seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>. You may also contact:

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### **Contact information for relevant local organizations**

#### **The Compass Center**

1800 W 12th St #100  
Sioux Falls, SD 57104  
Phone: 605-339-0116  
Email: [info@thecompasscenter.org](mailto:info@thecompasscenter.org)  
Web Address: [www.abusecounselingsiouxfalls.com](http://www.abusecounselingsiouxfalls.com)

#### **Victim Services**

Phone: 605-773-6317 or 1-800-696-9476  
Fax: 605-773-4085  
Email: [VictimsServices@state.sd.us](mailto:VictimsServices@state.sd.us)

#### **Children's Inn**

409 N Western Ave  
Sioux Falls, SD 57104  
Phone: 605-338-4880  
Email: [childrensinn@chssd.org](mailto:childrensinn@chssd.org)  
Web Address: [www.chssd.org/childrensinn/](http://www.chssd.org/childrensinn/)

#### **Domestic Abuse Program**

Phone: 605-773-3656 or 1-800-430-SAFE  
Fax: 605-773-4085  
Email: [VictimsServices@state.sd.us](mailto:VictimsServices@state.sd.us)

## **Attachment: Certification form HUD-538**

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.