



MILLS PROPERTY MANAGEMENT

Campus Tech Apartments



Date Received _____

Time Received _____

APPLICANT ONE: _____ Social Security # _____ Birth Date: _____

Email Address: _____ Sex (Circle One): Male Female

Address _____ City _____ State _____ Zip _____ Phone # _____

PRESENT LANDLORD _____ LL Phone # _____ Length of Occupancy: From: _____ to: _____

 Are you a registered student at Mitchell Technical Institute or Dakota Wesleyan University? Yes No
 If yes, please indicate which you are enrolled at (circle one): **Mitchell Technical Institute** **Dakota Wesleyan University**
Criminal Activity (Campus Tech is part of the South Dakota Crime Free Housing Program)

Have you been involved with any of the following crimes?: Violence, firearm violations, illegal drugs, theft, vandalism, disorderly conduct, disturbing the peace, assaults, or stalking (do not include minor traffic violations)? Yes No **If yes, explain:** _____

Are you convicted sex offender? Yes No

Applicant One Signature: _____ **Date:** _____

(My above signature gives my consent to any verification of information of the references I have listed including credit, criminal & landlord checks.)

APPLICANT TWO: _____ Social Security # _____ Birth Date: _____

Email Address: _____ Sex (Circle One): Male Female

Address _____ City _____ State _____ Zip _____ Phone # _____

PRESENT LANDLORD _____ LL Phone # _____ Length of Occupancy: From: _____ to: _____

 Are you a registered student at Mitchell Technical Institute or Dakota Wesleyan University? Yes No
 If yes, please indicate which you are enrolled at (circle one): **Mitchell Technical Institute** **Dakota Wesleyan University**
Criminal Activity (Campus Tech is part of the South Dakota Crime Free Housing Program)

Have you been involved with any of the following crimes?: Violence, firearm violations, illegal drugs, theft, vandalism, disorderly conduct, disturbing the peace, assaults, or stalking (do not include minor traffic violations)? Yes No **If yes, explain:** _____

Are you convicted sex offender? Yes No

Applicant Two Signature: _____ **Date:** _____

(My above signature gives my consent to any verification of information of the references I have listed including credit, criminal & landlord checks.)

What is your desired Apartment Size? (Circle One): Efficiency 2 Bedroom 4 Bedroom No Preference

Please list the names of all who will occupy the Apartment (including yourself): Occupancy Guidelines are ONE PERSON per BEDROOM.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

****Each person MUST complete the Applicant portion of an application. If there are more than 2 people applying to live the same apartment, please staple applications together.**

If you are not applying with other applicants, Mills Property Management will assign roommate(s).

 Please see the **Crime Free Lease Addendum** on the second page of this application.

Each Applicant will need to sign and date that section of the application stating that they understand that the attached Lease Addendum will be incorporated into the lease that is executed or renewed between the Owner and Resident.

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CRIME FREE LEASE ADDENDUM

In consideration of the execution or removal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:

1. Resident, any members of the resident’s household or a guest or other person under the resident’s control shall not engage in criminal activity, including drug-related criminal activity, on or near said premises. “Drug-related criminal activity” means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]).
2. Resident, any member of the resident’s household or a guest or other person under the resident’s control shall not engage in any Act intended to facilitate criminal activity, including drug-related activity, on or near the said premises.
3. Resident or members of the resident’s household will not permit the dwelling unit to be used for, or to facilitate criminal activity. Including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
4. Resident, any member of the resident’s household or a guest, or another person under the resident’s control shall not engage in the Unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance or marijuana as defined in SDCL 22-42, at any locations, whether on or near the dwelling unit premises or otherwise.
5. Resident, any member of the resident’s household, or a guest or other person under the resident’s control shall not engage in any illegal activity including prostitution as defined in SDCL 22-23-1, criminal street gang activity as defined in SDCL 22-10-14, threatening, intimidating or stalking as prohibited in SDCL 22-19A, assault as prohibited in SDCL 22-18 or the unlawful discharge of firearms, as determined in SDCL 22-14-7, on or near the dwelling unit premises, or breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other tenant or involving imminent or actual serious property damage, as defined in SDCL 22-34.
6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY. A single violation of any of the provisions Of this added addendum shall be deemed a serious violation and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate termination of the lease under SDCL 43-32. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be substantial evidence of the type reasonably relied upon by property managers in the usual and regular course of business.
7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.
8. I understand this LEASE ADDENDUM will be incorporated into the lease executed or renewed between Owner and Resident.

Resident Signature

Date

Resident Signature

Date

This is a preliminary application and conveys no leasing or rental rights. Additional information may be requested as necessary to complete this application process. Any signatures are my consent to any verification of information from the references I have listed including credit, criminal and landlord checks.

All agents of Mills Property Management Inc. represent the owner in this and any other transaction.
Mary Jo Minor, a licensed responsible broker, is representing the owner in this transaction.

Please Return Applications to:
Mills Property Management
1400 E Spruce St
Mitchell, SD 57301

Call us at: 605-990-8383
Or visit us online to see additional details, pictures, and floor plans at:
www.MillsProperty.com



Roommate Preference Information

Name _____

Field of Study _____

Please select the category for each statement that best represents what you would like to experience in a roommate:

I would like to live with someone who:	Not important to me	Somewhat important to me	Important to me	Very important to me
1. Is outgoing and has a sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is quiet, reserved, and thoughtful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a disciplined student who studies diligently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is neat and well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does not keep late hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is in a similar field of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does not have frequent guests in the apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does not play loud music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has an interest in music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select all that apply:				
<input type="checkbox"/> Classical	<input type="checkbox"/> Top 40	<input type="checkbox"/> Hard Rock/ Heavy Metal	<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Rap
<input type="checkbox"/> Country	<input type="checkbox"/> Rock	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Alternative	<input type="checkbox"/> Other
10. Does not consume alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does not use tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is interested in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am open to rooming with a non-traditional student (over the age of 25)			Yes <input type="checkbox"/>	No <input type="checkbox"/>



Campus Tech Apartments Roommate Preference Information

Are there any medical conditions or other medical information you would like us or a potential roommate to be aware of?

Yes No

If yes, please explain: _____

The information provided on this sheet is meant to help our staff better determine roommate assignments. However, please note that the preferences indicated above do not guarantee that you will be placed with roommates who meet your exact preferences.

It is important to remember that part of living in a community involves interacting with people who may not always be a good match to your own personality. We encourage you to keep an open mind and look forward to what we hope will be a rewarding living experience at Campus Tech Apartments.

Student Signature

Date

Student Name (Please Print)

Phone Number