



**TO ALL APPLICANTS:**

We would like to thank you for your interest in our apartments. We take pride in our apartments and are pleased with what we have to offer.

After you have completed all questions and signed an application, you are put on our waiting list. The following procedure is used for processing an application and determining your eligibility:

1. Availability of qualifying apartment
2. Income eligibility
3. Date of application
4. Credit Check
5. Information from current and prior landlords
6. Criminal background check

**It is your responsibility to call our office if you have a change in income, address, or phone number while you are on the waiting list.**

**Also be informed that after six months, if we have not heard from you, and you want to remain on the waiting list, you must contact Mills Property Management Inc. to confirm your continued interest in remaining on the waiting list. If you do not contact Mills Property Management Inc. six months after the application was made, your application will be removed from the waiting list.**

If an apartment becomes available for you, and we cannot get in touch with you by phone or mail, your application will be put in our inactive/unavailable file.

**Mills Property Management does not discriminate against any person because of age, race, color, religion, sex, handicap, creed, familial status or nation origin.**

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

## **SECTION 504 EQUAL ACCESS STATEMENT**

### **Mills Property Management, Inc. Self-Evaluations and Transition Plan**

For mobility impaired persons... This document is kept at 630 Western Avenue in Brookings, South Dakota, which is an accessible facility on an accessible route (parking is available). The document may be examined from Monday through Friday between the hours of 8:00 AM and 4:30 PM. You must phone in to make arrangements to examine this document. Please call 605-697-3175. Hearing impaired persons please call 800-877-1113 (state relay).

For vision impaired persons... Mills Property Management, Inc. will provide a staff person to assist a vision-impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance, as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

**For the hearing impaired... Mills Property Management, Inc. will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual. Please call state relay at 800-877-1113 to schedule an appointment.**

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing their own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex age, or disability. (Not all prohibited bases apply to all programs).



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



## **APPLICATION FOR SECTION 8/USDA 515 HOUSING**

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Mills Property Management, Inc., to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Mills Property Management, Inc. is a management company that provides low rent housing to eligible family households, elderly households and single people. Mills Property Management, Inc. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Mills Property Management, Inc. has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Mills Property Management, Inc. can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- **If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the HUD, USDA, Rural Development programs, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.\***
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC, 20410.

**Note: Pets are only allowed in our elderly properties or for persons with disabilities who require an assistive animal.**

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**Mills Property Management, Inc. communities are often smoke free. You may be required to sign a Smoke Free Lease Addendum upon your lease signing. Please be sure to note the smoking status of the property before move-in.**



## INSTRUCTIONS FOR COMPLETING APPLICATION

**Please follow carefully - Incomplete applications will be returned**

1. **Proof of US Citizenship** The US Department of Housing & Urban Development (HUD) **requires** that all applicants be US Citizens, nationals or certain categories of eligible non-citizens. To do this, you **must** complete the Declaration of Section 214 Status forms for **EACH** family member (including yourself). These forms will be provided with your move in paperwork for completion.
2. **A copy of each household member's Social Security Card is required** The government **requires** that all applicants submit a copy of their social security card with the attached housing application.  
**Note: Copies of Metal Social Security Cards are not acceptable.**  
 If you cannot provide us with a copy of your social security card, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.
3. **A copy of each household member's Birth Certificate is required**
4. **Each person over 18 years old must have a copy of a State Issued ID attached to their application before any processing of the application is done**
5. **Signatures are required by all adult applicants**
6. **Applications can be returned to your local branch office or to:** Mills Property Management, Inc.

**630 Western Ave  
Brookings, SD 57006**

**ALL SECTIONS MUST BE COMPLETED. IF NOT APPLICABLE PLEASE MARK N/A**

**A. FAMILY SUMMARY:** (List all persons, including yourself, who will be living in the apartment)

Name	Relationship	Gender <small>(Mark N/A if choose not to disclose)</small>	Soc Sec #	Birth Date	FT/PT Student	U.S. Citizen (Y/N)
1.	Head of Household					
2.						
3.						
4.						
5.						
6.						

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

(If different than mailing address)

**Email Address:** \_\_\_\_\_

**Telephone No. (which you can be reached at):** \_\_\_\_\_

**Applying for Specific Property or Town:** \_\_\_\_\_ **Requested Unit Size:** \_\_\_\_\_ **Bedrooms**

**Date you are looking to occupy an apartment:** \_\_\_\_\_

**Do you expect a change in your household?** Yes  No

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

**Present amount of monthly rent?** \$ \_\_\_\_\_ **Reason for moving?** \_\_\_\_\_

**How did you hear about Mills Property Management?** (Please check all that apply)

Friend  Radio  Web  Newspaper  Property Sign  Other

**B. INCOME:**

**All sources of regularly received monies must be listed regardless of recipient's age**

Please list gross income amounts (amount received before taxes or any other deductions)

DOES ANYONE IN THE HOUSEHOLD RECEIVE INCOME FROM THE FOLLOWING SOURCES?

Employment (wages, salaries, tips, commission, bonuses)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Self-Employment (If yes, attach most current tax return & schedule C)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Unemployment Compensation / Workers' Compensation	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you	YES <input type="checkbox"/> NO <input type="checkbox"/>
Alimony / Spousal Support Payments (Attach Divorce Decree)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Child Support State County	YES <input type="checkbox"/> NO <input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Social Security Retirement Benefits (please provide a current benefits letter)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Supplemental Security Income (SSI) (please provide a current benefits letter)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Social Security Disability Income (SSDI) (please provide a current benefits letter)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Veterans Benefits / Military Pay	YES <input type="checkbox"/> NO <input type="checkbox"/>
Retirement Funds (Railroad, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Pension	YES <input type="checkbox"/> NO <input type="checkbox"/>
Annuities	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other income not listed above? Description:	YES <input type="checkbox"/> NO <input type="checkbox"/>

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Family Member Name	Income Source (Job, SS, SSI, Pension, Etc.)	Name of Source (McDonalds, Walmart, Etc.)	City/State	Monthly Gross Amount \$

**C. ASSETS**

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

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

Market value when sold/disposed \$ \_\_\_\_\_ Amount sold/disposed for \$ \_\_\_\_\_

Date of transaction \_\_\_\_\_

Real Estate

Do you own any property? Yes  No

If yes, type & location of property \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_ Mortgage or outstanding loan due \$ \_\_\_\_\_

Name & address of broker/realtor who would provide verification of market value:

\_\_\_\_\_

<b>Broker/Realtor</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**C. ASSETS** (continued):

Provide the following information for all members of the household (use another sheet of paper if necessary).

DOES ANYONE IN THE HOUSEHOLD HAVE ANY OF THE FOLLOWING ASSET SOURCES?

Checking Account	YES <input type="checkbox"/> NO <input type="checkbox"/>
Savings Account	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cash on Hand - <b>if yes, please list amount \$</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Prepaid Debit Card – <b>if yes, please include a copy of a current balance statement inquiry</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Money Market Funds	YES <input type="checkbox"/> NO <input type="checkbox"/>
Trusts	YES <input type="checkbox"/> NO <input type="checkbox"/>
Individual Retirement Account (IRA)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Stocks / Bonds	YES <input type="checkbox"/> NO <input type="checkbox"/>
Annuity	YES <input type="checkbox"/> NO <input type="checkbox"/>
Certificate of Deposit (CD)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Rental Property / Real Estate	YES <input type="checkbox"/> NO <input type="checkbox"/>
Life Insurance - <b>if yes, please provide a current statement</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other asset not listed above? Description:	YES <input type="checkbox"/> NO <input type="checkbox"/>

IF YES TO ANY OF THE PREVIOUS ASSET QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

*If more space is needed, please attach a separate page.*

Family Member Name	Name of Financial Institution	City/State	Type of Account (checking, savings etc.)

**D. CHILD CARE EXPENSES:**

Child Care Expenses (Complete for children 12 and younger)

Weekly cost for Child Care: \$ \_\_\_\_\_

How many months per year do you pay child care expenses: \_\_\_\_\_

Name & Address of Person/Agency caring for children: \_\_\_\_\_

\_\_\_\_\_

**E. MEDICAL EXPENSES:**

Medical Expenses

If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the HUD, USDA, Rural Development programs, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.\*

**Tenants or Co-Tenants who are disabled, handicapped or over age 62 may qualify for an income adjustment.**

**\*Do you qualify under this provision? Yes  No**

**\*Do you require any modifications to an apartment? Yes  No**

**If yes, please explain:** \_\_\_\_\_

**FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY**

Medical Costs - **Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.**

Mental Health Practitioners	YES <input type="checkbox"/> NO <input type="checkbox"/>
Chiropractors	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hospital/ Clinic	YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Insurance Premiums	YES <input type="checkbox"/> NO <input type="checkbox"/>
Medicare Insurance Premiums	YES <input type="checkbox"/> NO <input type="checkbox"/>
Pharmacy	YES <input type="checkbox"/> NO <input type="checkbox"/>
Prescription Insurance Premium	YES <input type="checkbox"/> NO <input type="checkbox"/>
Dentist	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hearing Aids/Batteries	YES <input type="checkbox"/> NO <input type="checkbox"/>
Over the counter medication prescribed by a physician for a particular medical condition – must provide receipts	YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical equipment – one-time expense.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transportation expense to and from treatment	YES <input type="checkbox"/> NO <input type="checkbox"/>
Service/companion animal expenses - must provide receipts	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other expense not listed above?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Description:	

IF YES TO ANY OF THE PREVIOUS HOUSEHOLD EXPENSE QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION

Household Member	Name of medical source (Avera Clinic, Sanford Hospital,	Type of expense (doctor, pharmacy, dentist,	Street Address	City/State/Zip

**F. PROGRAM INFORMATION:**

Are you currently living in subsidized housing? Yes  No

**G. APPLICANT INFORMATION:**

List all states in which you have lived in during the last five years: \_\_\_\_\_

Do you have a Section 8 Voucher or any other type of voucher? Yes  No

Have you been served a Notice to Quit or been asked to leave by a previous landlord? Yes  No

Have you been served with lease violations from a previous landlord? Yes  No

Have you been evicted by a previous landlord? Yes  No

Have you or any household member been evicted for drug-related criminal activity? Yes  No

Have you or any household member been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes  No

Have you or any household member been involved with any of the following crimes including: violence, firearm violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults, or stalking (do not include minor traffic violations)? Yes  No

**If you answered yes to any of the above questions, please explain the circumstances and identify property & landlord if applicable:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. AUTHORIZATION:**

I/we do hereby authorize Mills Property Management, Inc. and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**I. ADDRESS INFORMATION:**

Please list all Current & Previous Addresses **(for the last 5 years)** for ALL Adults in Household

<b>Current Address</b>	<b>Current Address</b>
Name:	Name:
Address:	Address:
Landlord's Name and Contact Information (If Applicable):	Landlord's Name and Contact Information (If Applicable):
Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Occupancy: From _____ to _____	Date of Occupancy: From _____ to _____

<b>Previous Address:</b>	<b>Previous Address:</b>
Name:	Name:
Address:	Address:
Landlord's Name and Contact Information (If Applicable):	Landlord's Name and Contact Information (If Applicable):
Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Occupancy: From _____ to _____	Date of Occupancy: From _____ to _____

<b>Previous Address:</b>	<b>Previous Address:</b>
Name:	Name:
Address:	Address:
Landlord's Name and Contact Information (If Applicable):	Landlord's Name and Contact Information (If Applicable):
Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Occupancy: From _____ to _____	Date of Occupancy: From _____ to _____



**J. ETHNICITY & RACE:**

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development/HUD that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

Name:	
Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Choose Not to Disclose	

Name:	
Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Choose Not to Disclose	

Name:	
Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Choose Not to Disclose	

Name:	
Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Choose Not to Disclose	

**K. STUDENT INFORMATION:**

Will all of the persons in the household be or have they been full time students during five months of this calendar year at an educational institution (other than correspondence school) with regular faculty and students? **Yes**  **No**

**If yes, please answer the following questions:**

Are any of the full-time students married and filing a joint tax return? Yes  No

Are any of the students a title IV recipient (receiving assistance under the Social Security Act)? Yes  No

Are any of the students enrolled in a job training program receiving assistance under the Job Training Partnership Act? Yes  No

Are any of the full time students an AFDC/TANF recipient? Yes  No

Are any of the full time students a single parent living with his/her minor child who is not a dependent on another's tax return? Yes  No

Is the head of the household claimed on their parent's tax return? Yes  No

Do you claim your child/children on your tax returns? Yes  No

# MUST BE COMPLETED BY EACH ADULT APPLICANT/RESIDENT

## STUDENT CERTIFICATION

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

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

Are you student at an institution of higher education? Yes  No

I am a student at the following educational institution: \_\_\_\_\_

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. Online courses/universities must be included as well. If you are not sure, please mark "yes" and we will verify it.*

**If you have answered no, please skip the following questions and sign below.**

**If you answered yes, please complete the following questions:** Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. <u>Are you a full-time student?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Are you disabled?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. <u>If yes, were you receiving Section 8 assistance as of November 30, 2005</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Are you a graduate or professional student?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Are you at least 24 years of age?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <u>Are you a veteran of the United States military?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Are you married?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Do you have a dependent child?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <u>Do you have dependents other than a child or spouse?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <u>Were you an orphan or a ward of the court through the age of 18?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <u>Will you be living with your parents?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:  |                          |                          |
| a. <u>Are your parents receiving or eligible to receive Section 8 assistance?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Are you claimed as a dependent on your parent's tax return?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>Are you receiving any financial assistance to pay for your education?</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <u>I have established a household separate from my parents or legal guardians for at least 12 consecutive months prior to my application.</u> | <input type="checkbox"/> | <input type="checkbox"/> |

### PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully 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, the PHA 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.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

# MUST BE COMPLETED BY EACH ADULT APPLICANT/RESIDENT

## STUDENT CERTIFICATION

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

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

Are you student at an institution of higher education? Yes  No

I am a student at the following educational institution: \_\_\_\_\_

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. Online courses/universities must be included as well. If you are not sure, please mark "yes" and we will verify it.*

**If you have answered no, please skip the following questions and sign below.**

**If you answered yes, please complete the following questions:** Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you disabled?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a graduate or professional student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you at least 24 years of age?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a veteran of the United States military?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a dependent child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have dependents other than a child or spouse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you an orphan or a ward of the court through the age of 18?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will you be living with your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If no:   |                          |                          |
| a. Are your parents receiving or eligible to receive Section 8 assistance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you receiving any financial assistance to pay for your education?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I have established a household separate from my parents or legal guardians for at least 12 consecutive months prior to my application. | <input type="checkbox"/> | <input type="checkbox"/> |

### PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully 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, the PHA 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.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

CRIME FREE LEASE ADDENDUM

In consideration of the execution or renewal of a lease of the dwelling unit identified in the least, 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 the 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 criminal activity, on or near the said premises.

3. Resident or members of the 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 another 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 any 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 noncompliance. 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 by 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. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Owner and Resident.

Resident Signature \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date: \_\_\_\_\_

Property Manager’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Property \_\_\_\_\_



**All information received by Mills Property Management, Inc. during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.**

**CERTIFICATION**

I/we declare that I have read and do understand this application and to the best of my knowledge and belief, it is true, correct and complete. Further, I am aware that under section 4-9-5 of South Dakota Codified Law, a person is guilty of a felony if in a government matter such as this, he makes false written statements when the statement is material and he does not believe it to be true.

I/we also understand that if in six (6) months, if I have not heard from Mills Property Management, Inc. and I want to remain on the waiting list, I will contact Mills Property Management, Inc. to confirm my continued interest in remaining on the waiting list for an apartment. If I do not contact Mills Property Management, Inc. six (6) months after the application was made, I understand that my application will be removed from the waiting list.

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Mills Property Management, Inc. resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I agree to inform the management agency personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing assistance payments.

**I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.**

Head \_\_\_\_\_

Spouse/Co-Tenant \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____ Late payment of rent
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.