

DAKOTA Square Apartments



Application for Assisted Housing
www.aberdeenapartmentrentals.com

Head of Household Name _____

Social Security Number _____

Birthdate _____

Other Adult _____

Social Security Number _____

Birthdate _____

Are all family members a US Citizen: Yes ___ No ___ Names of non- citizens _____
(PLEASE PROVIDE ALIEN REGISTRATION # AND ID CARD)

Applicant Status:

Please check YES or NO for the following questions. Please make sure you have answered every question completely. If you check YES, include the additional requested information. If the question does not apply, check NO. When finished, briefly check to make sure that a YES or NO response has been indicated for every question. An incomplete answer or missed question WILL delay the processing of your application for Housing.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you expect anyone to move in or out of the household within the next twelve- (12) months?
Example: marriage, pregnancy, (if so, expected due date), etc.
Name & Relationship: _____
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is there anyone living with you now who won't be living with you at this property?
Name & Relationship: _____
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Will anyone under age 18 listed on your application live in the unit <i>less than 50%</i> of the next 12 months?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have physical custody of your child(ren)? Please provide documentation. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you currently receiving Housing Assistance, or have you applied for voucher assistance?
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever received Housing Assistance?
***** If yes, please list previous Housing Authority name and address:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does your household have or anticipate the use of a assistance animal?
If yes, please specify type and breed of animal. _____
***Pets are not allowed at all of our properties, please inquire at the Aberdeen Housing Office if the property you are applying for accepts pets. |



Income Information:

Income is counted for anyone eighteen (18) or older (unless legally emancipated). However, if the income is unearned income such as a grant or social security benefits, it is counted for all household members, including minors.

Include ALL income anticipated for the next twelve- (12) months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	9. Employment wages or salaries? (Include fees, tips, bonuses, overtime, money for services, commissions, and payments received in cash.)	<u>Household Member</u>	<u>Name of Employer</u>	<u>Wage/hour</u>	<u>Hrs/Week</u>	<u>Frequency</u>
			_____	_____	\$ _____	_____	_____
			_____	_____	\$ _____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	10. Self-employment? (Include fees, tips, bonuses, overtime, money for services, commissions, and payments received in cash.)	<u>Household Member</u>	<u>Type of Business</u>	<u>Years in Busn.</u>	<u>Gross Earnings</u>	<u>Frequency</u>
			_____	_____	_____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	11. Regular pay as a member of the Armed Forces (Military Pay)?	<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Gross Earnings</u>	<u>Frequency</u>	
			_____	_____	\$ _____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	12. Unemployment benefits or workman's compensation?	<u>Household Member</u>	<u>Agency</u>	<u>Gross Benefit</u>	<u>Frequency</u>	
			_____	_____	\$ _____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	13. Public Assistance, General Relief or Temporary Assistance to Needy Families (TANF)? Not snap!	<u>Household Member</u>	<u>Agency</u>	<u>Gross Benefit</u>	<u>Frequency</u>	
			_____	_____	\$ _____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	14. Social Security, SSI or any other payments from the Social Security Administration? Spousal benefits also.	<u>Household Member</u>	<u>SSA Office</u>	<u>Gross Benefit</u>	<u>Frequency</u>	
			_____	_____	\$ _____	_____	
			_____	_____	\$ _____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	15. Regular payments from inheritances or lottery winnings?	<u>Household Member</u>		<u>Gross Amt.</u>	<u>Frequency</u>	
			_____		\$ _____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Benefit</u>	<u>Frequency</u>	
			_____	_____	\$ _____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	17. Regular payments from a severance package?	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Benefit</u>	<u>Frequency</u>	
			_____	_____	\$ _____	_____	



Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

18. (a) **Child support or Alimony?** (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

<u>Household Member</u>	<u>Payor</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other _____ username: _____ pin: _____ (REQUIRED)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

19. **Regular payments from any type of settlement?** (For example, insurance settlements.)

<u>Household Member</u>	<u>Source of Settlement</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____

20. **Regular gifts or payments from anyone outside of the household?** (This includes anyone supplementing your income or paying any of your bills or expenses.)

<u>Household Member</u>	<u>Source</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____

21. **Educational grants, scholarships, or other student benefits?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Gross Benefit</u>	<u>Frequency</u>
_____	_____	\$ _____	_____

If student, (part-time/full-time) please list family member and school attending.

22. **Regular payments from rental property or other types of real estate transactions?**

<u>Household Member</u>	<u>Source</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____

23. **Any other income sources or types not listed?**

<u>Household Member</u>	<u>Source</u>	<u>Gross Amount</u>	<u>Frequency</u>
_____	_____	\$ _____	_____

24. **Do you or any other household members expect any changes to your income in the next twelve- (12) months?**

Explanation: _____

25. **Are you or any other ADULT household members claiming zero income?**

Household Member: _____

26. **Did you or any other household member file a Federal income tax return for the most recent year?**

Household Member(s): _____



ASSETS:

Include all assets held and the income derived from the asset, INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold

YES NO

27. Checking or savings account(s)? Please list any and all Direct Deposit Debit Cards.

<u>Household Member</u>	<u>Name of Bank</u>	<u>Type of Account</u>	<u>Current Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Account Numbers: _____

28. CDs, money market accounts, or treasury bills?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Interest Rate</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

29. Stocks, bonds, or securities?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____

30. Trust funds?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____

31. Pensions, IRAs, Keogh, or other retirement accounts?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____

32. Real estate, rental property, land contracts/contract for deeds, or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____

33. Life Insurance Policies?

<u>Household Member</u>	<u>Company Name</u>	<u>Cash Value of Policies</u>
_____	_____	\$ _____

34. Cash on hand over \$500 or a safe deposit box?

<u>Household Member</u>	<u>Amount</u>	<u>Reason</u>
_____	\$ _____	_____



Do YOU or ANYONE in your household hold:

YES NO

35. Personal property held as an investment?

<u>Household Member</u>	<u>Type of Asset</u>	<u>Cash Value</u>	<u>Annual Income</u>
_____	_____	\$ _____	\$ _____

36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past twenty-four- (24) months?
 Household Member: _____ Amount: \$ _____
 Explanation: _____

Rental History:

YES NO

37. Do you want to stay at your present address? Yes _____ No _____
 Present Rent: \$ _____ Utilities: \$ _____ Are utilities included in your rent? _____
 Lived at current address since _____ (List date) Number of bedrooms: _____
 Present Landlord: _____
 Address _____ Phone _____
 Previous Landlord Name: _____
 Address _____ Phone _____
 Amount of Rent Paid \$ _____ Number of bedrooms: _____

38. Have you or anyone else named on this application ever used a name other than the one(s) listed?
 (For example, maiden name or married name.)
 If yes, who and what name(s)? _____

39. Have you or anyone else named on this application ever used a social security number other than the one(s) you listed?
 If yes, for who? and list the SSN(s) used: _____

40. Have you or anyone else named on this application ever been convicted of a felony?
 Explanation and date: _____

41. Have you or anyone else named on this application ever been engaged in the felonious use, sale, manufacture or distribution of controlled substances?
 If yes, who? when? where? what? _____

42. Does anyone in your household currently use a controlled or illegal drug?
 If yes, please explain? _____

43. Is any family member listed registered as a sex offender in any state?
 Explanation, and which state: _____ -- For office Use only: Date SO Verified: _____ Initials: _____

44. Does anyone in your household have an arrest record?
 Explanation: Drug or other and date of arrest: _____
 Incarceration release date: _____

45. Have you or anyone else named on this application ever been evicted from a federally assisted property for Drug-related criminal activity within the past three years?
 Explanation: _____



EXPENSE:

YES NO

46. Do you have child care expense? If yes...Name address and phone number of provider _____

HOURLY/WEEKLY/MONTHLY RATE: _____
 Amount of reimbursement, if any: _____ From Whom _____

COMPLETE IF THE HEAD OF HOUSEHOLD OR SPOUSE IS AGE 62 OR OLDER, HANDICAPPED, OR DISABLED.

Medical expenses incurred for past 12 months, not covered by Medicare, Medicaid, or Supplement Insurance.

- Do you have hospital payments? To Whom: _____
 Yearly Total \$ _____

- Do you have doctor payments? To Whom: _____
 Yearly Total \$ _____

- Where do you purchase your prescriptions? _____
 Yearly Total \$ _____

- Do you pay for medicare, or any type of medical insurance? To Whom: _____
 Yearly Total \$ _____

- Do you have dental, vision or hearing payments? To Whom: _____
 Yearly Total \$ _____

- Do you or does a household member have a disability, defined as a physical or mental impairment that substantially limits one more life activities?

If you are disabled, do you require a reasonable accommodation which could include actions such as: reasonable changes in rules, policies, and procedures; removal of communication barriers; reasonable structural modifications to housing units or common areas that remove architectural barriers. If you require a reasonable accommodation, what type of reasonable accommodation would you require?

- Do you require a wheelchair accessible unit? _____

STUDENT ELIGIBILITY

YES NO

47. Are ALL members of your household full-time students:

48. Will ALL members of your household become full-time students during any 5 months of this year?
 (Example: a student who goes to school full-time in any parts of January, February, April and November.

49. Will ALL members of your household be full-time students during any 5 months of next year?

50. Is ANY ADULT member of your household a part or full time student in an institute of higher education:
 If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per year? _____

51. Does ANY ADULT member of your household intend to become a student *within the next 12 months*.

If yes, who will be enrolling in school? _____

If yes, will they be enrolling as a full-time or part-time student? _____



REFERENCES:

List a personal reference who is not related to you by blood, marriage or adoption.

Name: _____	Tel. (____) _____	Years Known: _____
Address: _____		Relationship: _____

Names and ages of all Household members:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Signature Clause:

I certify that all information provided is true and accurate. I consent to release the necessary information to determine my eligibility. I understand that providing false information, making false statements or failure to disclose information requested on this application may be grounds for denial of my application and/or termination of tenancy. I also understand that such action is punishable under federal law.

I authorize Dakota Square Apartments to verify all information provided and will provide additional necessary information as needed.

Warning: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false statements to any Department or Agency of the U.S. government is guilty of a felony.

All member 18 and over must sign below:

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

Contact information:

Address: _____

Phone: _____ E-mail: _____

Please return application (via mail, e-mail or by delivery to office located across from garage 6) to:

Dakota Square Apartments
 1902 N. Dakota Street #320
 Aberdeen, SD 57401 Phone: (605) 226-3353 Fax: (605) 725-3354 E-mail:dakotasquare@nvc.net