

Fifth Avenue Apartments

EQUAL HOUSING OPPORTUNITY HOUSING APPLICATION



Property Name: _____

Return to: Fifth Avenue Apartments
506 south First Street, #100
Aberdeen, SD 57401

Applicant: _____

Physical Address: _____

City, State, Zip: _____

Ph: (605) 225 9504

Home #: _____ Work #: _____

Fax: (605) 225 7246

Additional Contact and Phone: _____

For Office Use:	
Application received:	
date: _____	time: _____

Section A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Familial Status: single pregnant married widowed separated divorced
List the head of household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

Full Name	Relationship	Sex	Date of Birth	Social Security #	Full time Student
	Head of Household	M / F			Y / N
		M / F			Y / N
		M / F			Y / N
		M / F			Y / N
		M / F			Y / N
		M / F			Y / N

Section B: INCOME

Eligibility for rental of this facility is based on very-low, low or moderate income. Declare the gross income each household member will receive in the next 12 months. Include children.

Type of Income	Yes	No	Amount (before deductions)	Person with Income	Source of Income
Employment	<input type="checkbox"/>	<input type="checkbox"/>			
Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security/SSI	<input type="checkbox"/>	<input type="checkbox"/>			
TANF	<input type="checkbox"/>	<input type="checkbox"/>			
Welfare/ADC	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>			
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Bank Interest	<input type="checkbox"/>	<input type="checkbox"/>			
Income from Assets	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			

Section C: ASSETS

List assets owned by all household members.

Type of Asset	Yes	No	Value	Owner	Name of Financial Institution/Title Holder
Checking	<input type="checkbox"/>	<input type="checkbox"/>			
Savings	<input type="checkbox"/>	<input type="checkbox"/>			
CD	<input type="checkbox"/>	<input type="checkbox"/>			
Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>			
Real Estate/Lots/House	<input type="checkbox"/>	<input type="checkbox"/>			
Inheritance/Promissory Notes	<input type="checkbox"/>	<input type="checkbox"/>			
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>			
Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>			
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>			

Have anyone listed on this application disposed of any assets in the last 2 years? Yes / No
 If "yes", list the date you disposed of the asset, the market value of the asset at the time of disposition, and the amount you received.

Asset	Date	Market Value	Amount Received

Section D: EXPENSES

Do you have any expenses for prescribed medications? Yes / No
 If "yes", please include documentation with application.

Do you have expenses for health/hospitalization insurance? Yes / No
 If "yes", please include documentation with application.

Do you pay a care attendant or pay for any equipment for handicapped or disabled household member(s), thus permitting any household member to work? Yes / No
 If "yes", list care provider's name, address and telephone number:

Do you pay for childcare or handicapped care while a family member is working? Yes / No
 If "yes", list care provider's name, address and telephone number:

Section E: CRIMINAL HISTORY

Are you a current user/abuser of a controlled substance? Yes / No

Have you ever been convicted of the illegal use, distribution or manufacturing of a controlled substance? .. Yes / No

Have you ever been convicted of a crime? Yes / No

Have you ever been placed on probation/parole? Yes / No

Is there a current warrant for your arrest, or are you currently involved in any criminal activity? Yes / No

If you answered "yes" to any of the above questions, please explain.

Section F: GENERAL INFORMATION

Does anyone plan to live with you in the future who is not listed? Yes / No
If "yes", please explain.

Do any household members intend to become full time students in the next twelve months? Yes / No

Households where the tenant, co-tenant, or a household member is disabled or handicapped, may qualify for handicapped accessible unit and/or an adjustment to income.

Do you request the adjustment to income? Yes / No
If "yes", list the name, address, and telephone number of physician, SSI office, or employer through which disability is drawn.

Please identify any special housing needs of the household.

List any cars, trucks or other vehicles owned by you. (Parking needs to be discussed with the site manager.)

Vehicle Model/Make/Year:	Color:	Lic. No.
Vehicle Model/Make/Year:	Color:	Lic. No.

How did you learn about the apartment?

Newspaper Radio Drive-by Web Site Resident Referral Other

Section G: HOUSING REFERENCES

Current	Previous
Property Name: _____	Property Name: _____
Address: _____	Address: _____
Landlord and Phone: _____	Landlord and Phone: _____
Dates: _____	Dates: _____

Have you or your spouse/co-applicant ever been evicted or involuntarily removed from rental housing? ... Yes / No
If "yes", please explain.

The following information is requested in order to assure the Federal Government that Jopy Inc. Management complies with the Federal Laws and Authority Policies prohibiting discrimination against resident applicants on the basis of race, color, national origin, age, sex, disability, religion, or marital or familial status. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race and national origin of individual applicants on the basis of visual observation or surname.

White, Non-Hispanic () Hispanic () American Indian or Alaskan Native ()
Asian or Pacific Islander () Black, Non-Hispanic () Other ()

Information Release Agreement

Are any of the household members subject to a lifetime state sex offender registration program in any state: YES _____ NO _____

Furthermore, I and members of my household have resided in the following states:

The signature below indicates my application for housing has been submitted to the Fifth Avenue Apartments. I declare and affirm under the penalties of perjury that the application/information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. It is understood that discovery of false or omitted information constitutes grounds for rejection of the application.

The signature below authorizes the Fifth Avenue Apartments to request and obtain verification information. I authorize all persons or firms to freely provide any requested information and hereby waive all right to counteraction for consequences resulting from such information provision. This authorization includes the electronic duplication of this form and/or signature via e-mail, facsimile or copier.

HAVE YOU REVIEWED THE ATTACHED TENANT SELECTION PLAN? YES NO (circle one)

I 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 governmental matter such as this, he/she makes false written statements when the statement is material and he/she does not believe it to be true.

I agree to inform the management agency immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing assistance payments. My signature below constitutes my consent for the Agency to obtain verifying information from any necessary source.

HEAD OF HOUSEHOLD

MEMBER OF HOUSEHOLD

DATE

DATE

Fifth Avenue Apartments does not discriminate based on race, color, religion, sex, disability, family status or national origin. Fifth Avenue will also consider reasonable accommodations for persons with disabilities on a case by case basis.

