



APPLICATION FOR OCCUPANCY

This Institution is an equal opportunity provider



Applicant Name:			Co-Applicant Name		
Social Security or Alien Registration #		Sex	Social Security or Alien Registration #		Sex
Phone Number		Birth Date	Phone Number		Birth Date
Present Address			Present Address		
City	State	Zip	City	State	Zip
Landlord's Name		Phone	Landlord's Name		Phone
Address		City	Address		City
		State Zip			State Zip
Your Employer		Employer Phone	Your Employer		Employer Phone
Employer Address		City	Employer Address		City
		State Zip			State Zip
Previous Employer			Previous Employer		

Other Household Members	Social Security #	Birth Date	Sex	Full Time Student	Employer
Name				yes <input type="checkbox"/> no <input type="checkbox"/>	
Name				yes <input type="checkbox"/> no <input type="checkbox"/>	
Name				yes <input type="checkbox"/> no <input type="checkbox"/>	
Name				yes <input type="checkbox"/> no <input type="checkbox"/>	
Name				yes <input type="checkbox"/> no <input type="checkbox"/>	

* The earliest date I/We will be willing to occupy the apartment unit: _____

Please Note: Occupancy of a rental unit in this facility is reserved for very low, low or moderate-income households. To determine eligibility, applicants for housing are required to declare annual GROSS income for all members of the household for the next 12 months. All income will be verified at the source.

TYPE OF INCOME	\$ AMOUNT
GROSS Wages, Salaries, Overtime Pay, Commissions, Fees, Tips or Bonuses	
GROSS Social Security, Pensions, SSI and SSDI	
Gross Interest, Dividends, etc. (Income from Assets)	
Periodic Gifts (Include: gifts of food, money, clothing, etc.)	
Net Income from Business, rentals or real property or personal property (Include farm income, and interest payments received on real estate contracts or mortgages)	
Disability Income/Unemployment income/ADC	
Any other income (Including Child Support or Alimony)	
TOTAL HOUSEHOLD MONTHLY INCOME	

NO INCOME: If you claim no income, you will be requested to complete an additional certification document.

PLEASE COMPLETE THE FOLLOWING ITEMS, IF APPLICABLE FOR YOUR HOUSEHOLD

- *Is the tenant or co-tenant a full time student? Yes ___ No ___
- *Do you have unreimbursed child care expenses for minors under 13 years of age \$ _____
- *Tenants or Co-tenants who are disabled, handicapped or over age 62 may qualify for an income adjustment please inquire if applicable.
- *Handicap accessible units may be available upon request.
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QUESTIONS CONCERNING USE OF CONTROLLED SUBSTANCES or FELONIES:

1. Are you or a member of your household a current illegal user of controlled substances? Yes _____ No _____
2. Have you previously been convicted of illegal use, manufacture or distribution of controlled substance? Yes ___ No ___
If the answer is YES to previous questions, have you completed or are you currently enrolled in a controlled substance abuse recovery program? Yes _____ No _____
3. Have you or any members of the household been convicted of a felony? Yes _____ No _____

Northeast South Dakota Community Action Program
Rural Housing Program

AUTHORIZATION TO RELEASE INFORMATION

Project: _____
Applicant: _____
Street Address: _____
City: _____ State: _____ Zip: _____

I have applied for assistance for housing with RHS acting through the Northeast South Dakota Community Action Program (NESDCAP). As part of the process, NESDCAP may verify information contained in my request for housing and in other documents required in connection with the request.

I authorize you to provide NESDCAP for verification purposes the following applicable information.

- Past and present employment or income records
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references
- Other consumer credit references
- Personal References

I hereby authorize any person, agency or institution to supply information requested by Northeast South Dakota Community Action Program (NESDCAP) concerning me or my family, and to allow inspection and reproduction of records in his or their possession pertaining to me or my family by any duly authorized representative of NESDCAP.

I further authorize NESDCAP to release such information to providers or cooperating State or Federal agencies.

I herewith release any person, agency or institution from any and all liability to me or my family for supplying such information.

This authorization is given only in connection with its use by NESDCAP in its administration of its programs and for no other purpose. It shall continue in effect until such time as I state, in writing, to NESDCAP that it is no longer valid.

Your prompt reply is appreciated.

Signature

Date

"EQUAL HOUSING OPPORTUNITY"

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited basis apply to all programs.)"

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer."



PLEASE LIST YOUR PRESENT LANDLORD

Name: _____ Relation: _____
Street Address: _____ City: _____ State: _____ Zip: _____
How long have you lived there: _____ Phone: _____

IF WITH THIS LANDLORD FOR LESS THAN TWO YEARS PLEASE LIST YOUR PREVIOUS LANDLORDS FOR THE PAST 2 YEARS.

Name: _____ Phone: _____
Street Address: _____ City: _____
State: _____ Zip: _____ How long have you lived there: _____

Name: _____ Phone: _____
Street Address: _____ City: _____
State: _____ Zip: _____ How long have you lived there: _____

PLEASE LIST 5 CREDIT REFERENCES or 5 PERSONAL REFERENCES
(No relatives), (Ex: utility company, telephone or cable company, bank, employer, etc.)

Name: _____
Street Address: _____ City: _____ State: _____
Zip: _____ Account/Phone Number: _____

Name: _____
Street Address: _____ City: _____ State: _____
Zip: _____ Account/Phone Number: _____

Name: _____
Street Address: _____ City: _____ State: _____
Zip: _____ Account/Phone Number: _____

Name: _____
Street Address: _____ City: _____ State: _____
Zip: _____ Account/Phone Number: _____

Name: _____
Street Address: _____ City: _____ State: _____
Zip: _____ Account/Phone Number: _____