



PRO/RENTAL MANAGEMENT, INC.

**1113 SHERMAN STREET
STURGIS, SD 57785
605-347-3077
1-800-244-2826
FAX 605-347-5455
TTY 1-800-877-1113**

APPLICATION FOR HOUSING

Before we can process your rental application, it is necessary that you provide accurate names, telephone numbers, addresses, Social Security numbers, income and asset information. An application must be completed in full by the applicant or a representative of the applicant. Applicants may request assistance in completing the application if necessary. The Management Agent's policy is to assist wherever possible especially in the accommodation request by persons with disabilities or handicaps. All applicants whose application is not complete will be contacted within 10 days of receipt, in writing with a written list of items necessary to complete the application. No application will be placed on the waiting list until it is complete. When a completed application is received, or subsequently to make it complete, the application will then be logged by date and time received. The following screening criteria will be applied uniformly to all applicants and will determine the basis of final acceptance of this application.

1. Comments from prior Landlords
2. Comments from current Landlords
3. Credit Report
4. Criminal Background Report

Date Received in Office: _____ Time Received: _____

APARTMENT COMPLEX NAME: _____

REFERRED BY: _____

A. GENERAL AND REFERENCE INFORMATION:

Applicant Name(s) _____

Applicant's current address: _____
Street / PO Box # _____

Day Telephone _____ Evening Telephone _____ Mobile Telephone _____

MINORITY CODE: Please check one

American Indian/Alaskan Native _____ Asian _____ Black, African American _____
Native Hawaiian/Pacific Islander _____ White _____

Choices for Ethnicity are: **Please check one**
Hispanic/Latino _____ Non-Hispanic/Latino _____

Are you a United States citizen? Yes _____ No _____

LIVING ARRANGEMENT:

In what type of dwelling do you presently live:

Rented Home _____ Rented Mobile Home _____ Rented Apartment _____

Public Housing _____ Other Assisted Housing _____ Own Home _____

Own Mobile Home _____ Lot Rent _____ In Home of Relative/Friend _____

Other _____

Number of Bedrooms in current unit _____

Amount of current monthly: Rental Payment \$ _____ Mortgage Payment \$ _____

If renting, do you receive any type of Rental Assistance? Yes _____ No _____
If yes, from whom? Rural Development _____ Local Housing Authority _____ HUD _____ Other _____

If owned, do you receive rental income from the property? Yes _____ No _____

Check all utilities paid by you:

Heat _____ Electricity _____ Gas _____ Water _____ Other _____

Bedroom Size Requested _____ 1BR _____ 2BR _____ 3BR

Applicant's Current Landlord:

Name: _____

Address: _____

Day Telephone _____ Evening Telephone _____ Mobile Telephone _____

Previous Rental Information: Must provide rental information for previous five years

Previous Address: _____

Rented From _____ to _____

Prior Landlord: _____

Address: _____

Home Telephone _____ Business Telephone _____ Mobile Telephone _____

Previous Address: _____

Rented From _____ to _____

Prior Landlord: _____

Address: _____

Home Telephone _____ Business Telephone _____ Mobile Telephone _____

(use additional sheets if necessary)

B. HOUSEHOLD COMPOSITION: PRIOR TO FINAL ACCEPTANCE, ALL APPLICANTS MUST SUBMIT COPIES OF: BIRTH CERTIFICATES , SOCIAL SECURITY CARDS FOR EACH HOUSEHOLD MEMBER AND DRIVER'S LICENSE OR PHOTO IDENTIFICATION FOR ADULT HOUSEHOLD MEMBERS.

	Name	Relationship to Head	Sex M/F	Race	Date of Birth	Soc Sec # <i>must submit copies</i>	Student Yes/No
Head							
Co-Tenant							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to this household in the next six (6) months? Yes _____ No _____

If yes, please explain _____

If no, do you understand and agree that no other adult individual will be approved for occupancy for six (6) months. Yes ___ No ___

Marital Status of Adult household members: Married ___ Single ___ Divorced ___
Widowed ___ Single ___

Are all adult household members full time students? Yes ___ No ___

If yes, please answer the following questions.

- a. Is the full time student married and filing a joint tax return? Yes ___ No ___
- b. Is the student a title IV recipient? Yes ___ No ___
- c. Is the student enrolled in a job training program receiving assistance under the Job Training Partnership Act? Yes ___ No ___
- d. Is the full time student an AFDC recipient? Yes ___ No ___
- e. Is the full time student a single parent living with his/her minor child who is not a dependant on another's tax return? Yes ___ No ___

C. INCOME:

Please declare all income for the head of household, spouse, and all those household members who are currently receiving income or expect to receive income in the next twelve months. This **includes** family members who are temporarily absent such as, members serving in the Armed Forces, or members who are temporarily employed away from home. Social Security, unemployment, retirement funds, pensions, death pay, disability, regular contributions or gifts from non-household members, net income from business, earned income tax credit, lottery winnings paid in periodic payments, and income from assets are considered income. Please list accordingly.

If you are not sure what is or is not income it is imperative you ask.

Name of Individual	Source of Income	Gross Income	How Often Received (weekly/monthly/etc)

D. ASSETS: List all assets for all household members. Each item must be answered.

If you are not sure what is or is not an asset it is imperative you ask.

	Name/Address of Institution	Account No.
CASH ON HAND:		
Yes ___ No ___ Amount _____	_____	_____
	_____	_____
CHECKING ACCOUNT:		
Yes ___ No ___ Amount _____	_____	_____
	_____	_____
SAVINGS/CERTIFICATES OF DEPOSITS		
Yes ___ No ___ Amount _____	_____	_____
	_____	_____
BONDS: (Any Type)		
Yes ___ No ___ Amount _____	_____	_____
	_____	_____
MONEY MARKET FUNDS:		
Yes ___ No ___ Amount _____	_____	_____
	_____	_____
STOCKS:		
Yes ___ No ___ Amount _____	_____	_____
	_____	_____
OTHER: Type		
Yes ___ No ___ Amount _____	_____	_____
	_____	_____

EQUITY IN REAL PROPERTY:

Yes _____ No _____ Value _____

(Please send County Treasurer's tax statement showing assessed value. If you are making payments, please attach an amortization statement)

Have you disposed of any assets (real estate, CD's, etc) within the last two years?

Yes _____ No _____ If yes, what was disposed of _____

Value of Asset \$ _____ Amount received \$ _____

E. EXPENSES:

BABYSITTING EXPENSES:

Do you pay for a babysitter in order to work or attend school? Yes _____ No _____
 If yes, do you received Child Care Assistance? Yes _____ No _____

F. MEDICAL ALLOWANCES:

The following is only for those who are elderly (62 or older), disabled or handicapped.

Indicate on whose behalf medical expenses will be incurred for the next 12 months. Please attach a statement from the doctor, clinic, pharmacy, etc., indicating the outstanding balance and the amount of the monthly payments.

Name of Household Member	Name of Health Care Provider	Outstanding Balance	Amount of Monthly Payment

INSURANCE COMPANIES AND AMOUNT OF PREMIUMS:

Includes health, intensive care, cancer, nursing home and accident

Name of Household Member	Name of Insurance Company	Type of Insurance	Annual Premium Amount

The following is for use in determining accessibility or special needs

Is any member of the household disabled or handicapped? Yes _____ No _____

If yes, please indicate which household member is disabled or handicapped

If you or any member of your household is disabled or handicapped, please have your doctor complete and return a verification of the disability.

G. NOTIFICATION OF EMERGENCY:

In the event of an emergency it may be necessary for us to contact a relative . Please list at least three relatives we could contact in case of an emergency.

Name	Relationship to Applicant	Address	Telephone

H. ADDITIONAL INFORMATION:

The following questions will be discussed during the screening interview. Your answer to any one particular question will not automatically disqualify your application, however, more information will be required in order to determine eligibility.

INTENTIONALLY PROVIDING FALSE INFORMATION TO THE FOLLOWING QUESTIONS WILL BE REASON FOR DENYING ADMISSION.

1. Have you ever been evicted or had eviction procedures begun against you for non-payment of rent? Yes _____ No _____
2. Have you ever been evicted or had eviction procedures begun against you for non-compliance of the rules? Yes _____ No _____
3. Have you ever been evicted or had eviction procedures begun against you for violation of the lease agreement? Yes _____ No _____
4. Have you ever been arrested and/or convicted of any criminal offense?
Yes _____ No _____ Date _____ Offense _____
5. Do you currently use, possess, or possess with the intent to distribute illegal controlled substances? Yes _____ No _____
6. If you have used illegal controlled substances in the past, have you completed a drug rehabilitation program. Yes _____ No _____

CERTIFICATION

I/WE hereby certify that I/WE have read and I/WE understand this application and to the best of my knowledge and belief, it is true, correct and complete. Further, I/WE are 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/WE agree to inform the management agency personnel immediately of any change in income, resources, number of persons in the household, etc. which might effect my eligibility for housing assistance payments.

SIGNATURES:

Applicant

Co-Applicant

Dated _____ Time _____ AM/PM

Dated _____ Time _____ AM/PM

AUTHORIZATION

I/WE do hereby authorized PRO/Rental Management, Inc., and its staff or authorized representative to contact any agencies, local police departments, offices groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing.

SIGNATURES:

Applicant

Date

Co-Applicant

Date

**PRO/RENTAL MANAGEMENT, INC., IS COMMITTED TO FAIR HOUSING COMPLIANCE.
PRO/RENTAL MANAGEMENT, INC., WILL NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE
OF RACE, COLOR, RELIGION, SEX, FAMILIAL STATUS, OR NATIONAL ORIGIN.**