

EDGEWOOD ESTATES
LEASING PROCEDURES

This property is available for lease under the guidelines of the Low Income Housing Tax Credit program. There are eligibility requirements for residency based on income and ongoing recertification requirements that generally do not apply in the conventional leasing market.

All applicants must provide current income and asset information prior to occupying a unit and must agree to provide this information annually prior to the anniversary date of their occupancy. This requirement is separate and in addition to any recertification requirements that may be required by an agency providing housing assistance payments to the resident.

If you are interested in leasing an apartment at this property the attached application must be fully completed, and submitted along with a non-refundable application fee of \$53.25 for all persons age eighteen and over listed on the application. No application will be processed for preliminary approval until the application fee is paid.

The preliminary approval process will include a credit check, a criminal background search and verification of other information with stated references. To determine income eligibility the process will also include a preliminary review of projected annual income based on the information provided in the application.

Once you have received preliminary approval, you will be asked to submit the \$300.00 security deposit and complete the forms necessary to obtain the required verifications of information needed to complete the eligibility process.

If it is determined after completion of the eligibility and income verification process that you do not meet the requirements of the program, the security deposit will be returned. If you withdraw your application after this process is completed all monies will be forfeited.

LEWIS, KIRKEBY & HALL MANAGEMENT, INC. AND ITS EMPLOYEES WILL NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, HANDICAP OR FAMILIAL STATUS.

ALL AGENTS OF LEWIS, KIRKEBY & HALL MANAGEMENT, INC. REPRESENT THE OWN OF THE PROPERTY IN THIS AND ANY OTHER TRANSACTION.

I/we acknowledge the I/we have read and understand this statement and hereby acknowledge receipt of a copy of this statement.

Applicant

Applicant

Date



APPLICATION FOR HOUSING

Low Income Housing Tax Credit Property (LIHTC)

PLEASE PRINT

This is an application for housing at: Name of Property: Eagle Ridge
 Property Address: 121 Stumer RD,
 Rapid City, SD 57701
 Date/Time Received: _____ 605-721-3000
 Received by- Initial: _____

Instructions for Head of Household

1. The individual applying as Head of Household will complete the Rental Application. Each additional adult who will live in the apartment must sign the Rental Application, and must complete all applicable verifications forms.
2. Please print all information using ink. Do not leave any sections blank.
 If a section does not apply to your house-hold, enter "NONE". If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
White out is not acceptable.
3. It is important that all information on the Rental Application be legible, complete and correct. False, incomplete or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever any of the information in the Rental Application (i.e. your address, telephone number, income situation, or family size) changes. Failure to do so may result in your Rental Application being rejected.
5. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Address: _____
 Street Apt # City Zip

Daytime Phone # _____ Evening Phone # _____

Do you rent _____ or own _____ Current Monthly Payment: \$ _____

Check utilities paid by you: Electricity _____ Gas _____ Other _____

Do you have pets? Yes _____ No _____ Type: _____

Bedroom size requested: Studio _____ One Bedroom _____ Two Bedrooms _____
 Three Bedrooms _____ Four Bedrooms _____ Handicap BR _____

Is the head or spouse of this household handicapped or disabled? ___yes___ no. Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance?
 ___yes___ no. If yes, describe: _____

Initial _____
 Rev. 02/2014

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List head of household first.

	Name	Relationship to Head		Birth Date	SS #	Student Y/N	Veteran Y/N
Head		SELF					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to this household in the next twelve months? YES ___ NO ___
 Explain: _____

C. Is everyone in the household a full-time student? YES ___ NO ___

If YES.....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/TANF recipient? Yes ___ No ___
- e. Is the household comprised of a single parent who is not a tax dependent of another party. AND Whose child(ren) cannot be claimed as a tax dependent by anyone other than the other parent? Yes ___ No ___

D. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? YES ___ NO ___
 If yes, explain _____

Have you or any member of your family ever been convicted of drug use or manufacture or any other felony? YES ___ NO ___
 If yes, describe _____

Have you or any member of your family ever been evicted from any housing? YES ___ NO ___
 If yes describe: _____

Have you ever filed for bankruptcy? YES ___ NO ___
 If yes describe _____

Will you take an apartment when one is available? YES ___ NO ___
 Briefly describe your reasons for applying _____

Were you referred by someone? If so, who? _____

Initial _____

E. # _____ of # _____ **APPLICANT/TENANT INCOME and ASSET QUESTIONNAIRE**

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" if the question applies to your current situation, "No" if it does not apply now (or over the next 12 months), or "Anticipated" (Antic.) if it doesn't currently apply but will within the next 12 months. Include assets of children. Management may not complete this form.

Applicant/Tenant Name: _____ Unit#: _____

Applicant/Tenant Estimated **GROSS Monthly** Income: \$ _____ x 12 = \$ _____ Annual Income

Yes	No	Antic.	
			I am entitled to file a joint tax return.
			I am employed and receive wages at: _____ Phone#: _____
			I am employed and receive tips/commissions/bonuses. \$ _____
			I am employed at more than one job: _____ Phone#: _____
			I am self-employed and/or own a business. Annual Income: \$ _____
			I am on leave of absence from work. If yes, for how long? _____
			I receive unemployment benefits. \$ _____
			I receive Workman's Compensation. \$ _____
			I am a full or part-time student. School Name _____
			I was a full-time student for 5 or more months this year.
			I intend to become a full or part-time student within the next 12 months.
			I receive (or have been awarded) financial assistance to attend college.
			I receive a form of Social Security income \$ _____
			I receive Supplemental Social Security (SSI) or (SSD) Disability \$ _____
			I have a pension plan at work (NOT yet receiving income).
			I have an IRA (NOT yet receiving income).
			I receive income from a pension/annuity/retirement/IRA fund/Trust fund.
			I receive income from multiple pension/annuity/retirement/IRA funds/Trust funds.
			I am receiving (or entitled to receive) child support. \$ _____
			I am receiving (or entitled to receive) alimony. \$ _____
			I receive AFDC/TANF assistance (NOT including Food Stamps). \$ _____
			I receive money periodically from my family, church, friends, etc. \$ _____
			I have savings account(s). Where: _____ Current Value: _____
			I have checking account(s). Where: _____ Current Value: _____
			I have money market account(s). Where: _____ Current Value: _____
			I own certificate of deposit(s). Where: _____ Current Value: _____
			I own stocks/bonds (not held in a retirement plan). Where: _____
			I have a Life Insurance policy (exclude Term Life). Where: _____
			I receive interest Income. Source: _____ Amount: \$ _____
			I have another form of income or anticipate Seasonal Employment.
			I have disposed of assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the past two years.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____

Date _____

F. TOTAL GROSS ANNUAL HOUSEHOLD INCOME

(Base this on the total on the amounts listed above and ALL Income Questionnaires) \$ _____

Do you anticipate any changes in your income in the next 12 months? YES ___ NO ___

Explain: _____

G. ASSETS - List all assets of all household members, including shares, 401K, IRA, land and real estate.

Trust Accounts # _____ Bank _____ Balance \$ _____
Certificates # _____ Bank _____ Balance \$ _____

Mutual Fund:

Name _____ #Shares _____ Dividend paid \$ _____ Value \$ _____
Name _____ #Shares _____ Dividend paid \$ _____ Value \$ _____

Other: Name _____ Bank _____ Balance \$ _____

H. REAL ESTATE

Do you own any Real Estate or Land? YES ___ NO ___

If yes, type of property _____ Appraised market value \$ _____
Location _____ Mortgage or outstanding loans balance due \$ _____
Amount of annual insurance premium \$ _____
Amount of most recent tax bill \$ _____

If owned, do you receive rental income from property? YES ___ NO ___

Have you sold/dispensed of any property in the last 2 years? YES ___ NO ___
If yes, type of property _____ Market value when sold/dispensed \$ _____
Date of transaction: _____ Amount sold/dispensed for \$ _____

Do you have any other assets not listed above (excluding personal property)? YES ___ NO ___

If yes, list _____

Do you have Personal Property Held As Investment: YES ___ NO ___
Type _____ Appraised Value \$ _____

I. LANDLORD REFERENCE INFORMATION

Current Landlord: From: _____ To: _____
Current Landlord _____
Previous Address _____
Home Phone _____ Business Phone _____

Previous Rental Information: From: _____ To: _____
Previous Landlord _____
Previous Address _____
Home Phone _____ Business Phone _____

Previous Rental Information: From: _____ To: _____
Previous Landlord _____
Previous Address _____
Home Phone _____ Business Phone _____

Previous Rental Information: From: _____ To: _____
Previous Landlord _____
Previous Address _____
Home Phone _____ Business Phone _____

J. THREE CREDIT REFERENCES

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

K. THREE PERSONAL NON-RELATED REFERENCES

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

Name _____
Address _____

Phone _____

In Case of Emergency

Notify: _____ **Relationship** _____

Address _____

Phone _____

Statements by all Household Members

I/We certify that all information given in this Rental Application and any and all attachments is true, complete and accurate to the best of my knowledge. I/We understand that management is relying on this information to verify the household's eligibility and that providing false information or making false statements may be grounds for denial of the application or termination of tenancy. I/We also understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

I/We authorize site personnel to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental, credit and criminal background screening services, and to contact previous and current landlords or other sources for credit and verification confirmations which may be released to appropriate Federal, state or local agencies.

I/We certify that only those persons listed in this application will occupy the apartment if my application is approved and move-in occurs. I/We also certify that I/We will maintain no other place of residence, and that there are no other persons for whom I/We expect to provide housing. I/We understand that any additions to the household may only be done with management's approval through the application process. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy

I/We have read, and understand the information in this Rental Application, in particular the information contained in the instructions for Head of Household, and I/We agree to comply with such information. I/We have reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available to me upon request.

SIGNATURE(S):

Applicant

Co-applicant

Dated _____

Dated _____



PROPERTY MANAGEMENT
401 E. Sturgis Street
Rapid City, SD 57702
Phone: 605-348-1865 Fax: 605-348-7279

AUTHORIZATION

Affordable Housing Programs (AHP) are required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy laws. After receiving the information covered by this notice of consent, AHP, the O/A and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

AHP, O/A & PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Lewis-Kirkeby-Hall Property Management, for all purposes of verifying information on my/our apartment rental. This information will only be used to determine my/our eligibility and/or amount of rental assistance in AHP.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but not limited to; employment, income & assets; medical or child care allowance. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS/INDIVIDUALS THAT MAY BE CONTACTED (INCLUDED BUT NOT LIMITED TO):

- *Present Employers
- *Veterans Administration
- *State Unemployment Agencies
- *Retirement Systems
- *Banks/Other Financial Institutions
- *Pharmacy Providers
- *Welfare Agencies
- *Previous Landlords (Including public housing agencies)
- *Social Security Administration
- *Child Support and Alimony Providers
- *Medical & Child Care Providers
- *Credit/Background Reporting Agencies

**** Child Support Agencies:**

I/We authorize the Department of Child Support (DCS) to release a 12 month printout history of any and all cases filed with this department. I also authorize DCS to verify if a Court Order is in place for any/all cases.

Conditions

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand I/We have the right to review this file and correct any information that is incorrect.

Signatures:

Printed Name

Printed Name

Signature

Signature

Date

Date



BLACK HILLS POWER, INC.

AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

I, _____, am a customer of
Black Hills Power, Inc. (BHP) maintaining an electric account in my name at:

STREET ADDRESS

CITY STATE ZIP CODE

My BHP Account Number(s): _____

By my signature below, I authorize Black Hills Power, Inc. to release any and all oral and written information about my utility account(s) to the following person(s), agency or company:

_____	LEWIS - KIRKBY - HALL	_____	
_____	401 Sturgis Street	_____	
	Rapid City SD 57702	_____	
	Bus: (605) 348-1865		
	Fax: (605) 348-7279		
_____		_____	
CITY	STATE	ZIP CODE	PHONE NO.

I understand and agree that this authorization includes the release and discussion of all information concerning this account, to a third party, including, but not limited to, the billing and payment history. I hold Black Hills Power, Inc., their employees, officers, agents, parent companies and subsidiaries, harmless from any and all liability which may arise from information which is released as a result of this Authorization. I understand that I may cancel this authorization at any time by submitting a written request.

CUSTOMER'S PRINTED NAME

CUSTOMER'S SIGNATURE

DATE

ADDENDUM FOR HOUSING APPLICATION FORM

Household Name: _____ Date: _____

1. Are all members of the Household U.S. Citizens? () Yes () No
If not, please explain: _____

The following questions are optional:

2. Race/Ethnicity of Head of Household:

() White, not Hispanic () Asian/Pacific Islander () Black, not Hispanic Origin
() Hispanic () American Indian

Marital Status: () Single () Married () Widowed
() Separated () Divorced

3. Special Accommodations:

The information below may be used to determine any special accommodations you may have.
Are any family members disabled or handicapped? () Yes () No

If so, which Member _____
Does this person require any special accommodations? () Yes () No

If so, please explain: _____

4. These questions are required for the application process:

Do you currently receive rental assistance? () Yes () No

If yes, are you receiving: Section 8 Voucher: () _____ \$Amount
Live In Subsidized Housing () _____
Other: () _____

Does any member of your household work for someone who pays them in cash?
() Yes () No

Explain _____

Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?
() Yes () No

Explain _____

COPIES OF ALL ADULTS SOCIAL SECURITY CARDS

AND PICTURE ID'S MUST BE INCLUDED WITH THE

APPLICATION FOR PROCESSING.

INCOMPLETE APPLICATIONS AND/OR MISSING SS CARDS/ID'S

WILL RESULT IN DELAYING THE PROCESS.