

- Please use a black pen when filling the applications out. No scribbles are cross outs. Please take your time.
- Every adult in the house needs to sign every documentation.

**Things to send in with application:**

- Photo ID anyone 18 or older
- Social Security Cards for everyone in the household
- 2 most recent paystubs
- If you receive child support-12 months print out of payments to current date.
- If you receive any type of assistance, please provide document.

There is a \$35 application fee per adult-This payment needs to be in money order form.

**Northlake Apartments**  
**576 Dexter Dr.**  
**North Sioux City, SD 57049**  
**(605) 308-0050**

**Rental Application**

<b>Unit Number</b>	
--------------------	--

**PART I - HOUSEHOLD COMPOSITION**

HH Mbr#	Last Name	First Name	Date of Birth	Relationship to Head of Household	Student Status	Drivers License Number	Social Security or Alien Reg No.
1					FT / PT / NA		
2					FT / PT / NA		
3					FT / PT / NA		
4					FT / PT / NA		
5					FT / PT / NA		
6					FT / PT / NA		
7					FT / PT / NA		
8					FT / PT / NA		
9					FT / PT / NA		

Do you anticipate a change in the household occupants in the next 12 months?	YES	NO	Do you have a pet?
If Yes, please explain:			Yes    No

**PART II - STUDENT STATUS**

Are ALL occupants of the household full time students? Yes    No    (Circle one)

**If Yes, to the above, answer the following:**

Is the household comprised of a single parent and with school age child(ren),  
neither of whom are dependents of a third party? Yes    No    (Circle one)

Are Applicant & Co-Applicant married and do they file a joint income tax return? Yes    No    (Circle one)

Does the household receive TANF/AFDC? Yes    No    (Circle one)

Are any of the students currently or previously part of the Foster Care Program Yes    No    (Circle one)

Are any of the students, participants in the Job Training Partnership Act? Yes    No    (Circle one)

**PART III - CONTACT INFORMATION- RENTAL HISTORY (Need 2 years of History)**

Phone #: (    )	Email:		
Present Address	City	State	Zip
How Long? from to		( ) Own ( ) Rent	Phone
Name of Present Landlord/Mortgage Co.		City	State
		Zip	Day Phone (    )
		Night Phone (    )	Monthly Payment \$
Previous Address	City	State	Zip
How Long? from to		( ) Own ( ) Rent	Phone
Name of Previous Landlord/Mortgage Co.		City	State
		Zip	Day Phone (    )
		Night Phone (    )	Monthly Payment \$

**PART IV - IMPORTANT INFORMATION**

AUTO #1 (Year, Make, Model, Color)	License Plate	State	Payment Made to:	Monthly Payment \$
AUTO #2 (Year, Make, Model, Color)	License Plate	State	Payment Made to:	Monthly Payment \$
Name of APPLICANT'S nearest Relative	Relationship	Address		City
				State    Zip
				Phone (    )
Emergency Contact	Relationship	Address		City
				State    Zip
				Phone (    )
Personal Reference	Relationship	Address		City
				State    Zip
				Phone (    )

**PART V- SECTION 8**

Do you receive Section 8 assistance?	YES	NO	If YES, please complete the rest of this section	
Name of Caseworker	Telephone number of Caseworker		Office:	Voucher Amount \$
				Last Recertification Date

**PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)**

<b>Applicants Name:</b>					
<b>(Circle all applical</b>	Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed Unemployed
<b>Current Employer</b>		Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number	Address		
Current Wages (Circle one)	Average Hours Per Week	Do you earn tips?	If Yes Weekly Amount	<b>Do you have more than one job?</b>	
\$ per Hour / Week / Month		YES NO	\$	YES	NO
<b>Second Employer</b>		Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number	Address		
Current Wages (Circle one)	Average Hours Per Week	Do you earn tips?	If Yes Weekly Amount	<b>Do you have more than one job?</b>	
\$ per Hour / Week / Month		YES NO	\$	YES	NO
<b>Previous Employer</b>		Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number	Address		
Current Wages (Circle one)	Average Hours Per Week	Do you earn tips?	If Yes Weekly Amount	<b>Do you have more than one job?</b>	
\$ per Hour / Week / Month		YES NO	\$	YES	NO

<b>(Circle each one individually)</b>					
<b>OTHER INCOME:</b> <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support	YES	NO	\$	Week / Month
	SNAP(Food Stamps) /TANF(Cash Assistance)	YES	NO	\$	Week / Month
	Social Security / Disability	YES	NO	\$	Week / Month
	Retirement / Pension / Annuities	YES	NO	\$	Week / Month
	Unemployment	YES	NO	\$	Week / Month
	Worker's Compensation	YES	NO	\$	Week / Month
	Recurring Gifts from Family	YES	NO	\$	Week / Month
	Grants & Scholarships	YES	NO	\$	Week / Month
	Military/Reserve Pay	YES	NO	\$	Week / Month
	Other Recurring Monies	YES	NO	\$	Week / Month

**RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)**

<b>Applicants Name:</b>					
<b>(Circle all applical</b>	Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed Unemployed
<b>Current Employer</b>		Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number	Address		
Current Wages (Circle one)	Average Hours Per Week	Do you earn tips?	If Yes Weekly Amount	<b>Do you have more than one job?</b>	
\$ per Hour / Week / Month		YES NO	\$	YES	NO
<b>Second Employer</b>		Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number	Address		
Current Wages (Circle one)	Average Hours Per Week	Do you earn tips?	If Yes Weekly Amount	<b>Do you have more than one job?</b>	
\$ per Hour / Week / Month		YES NO	\$	YES	NO
<b>Previous Employer</b>		Position	How Long from to	Supervisor Name	
Telephone Number		Fax Number	Address		
Current Wages (Circle one)	Average Hours Per Week	Do you earn tips?	If Yes Weekly Amount	<b>Do you have more than one job?</b>	
\$ per Hour / Week / Month		YES NO	\$	YES	NO

<b>(Circle each one individually)</b>					
<b>OTHER INCOME:</b> <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support	YES	NO	\$	Week / Month
	SNAP(Food Stamps) /TANF(Cash Assistance)	YES	NO	\$	Week / Month
	Social Security / Disability	YES	NO	\$	Week / Month
	Retirement / Pension / Annuities	YES	NO	\$	Week / Month
	Unemployment	YES	NO	\$	Week / Month
	Worker's Compensation	YES	NO	\$	Week / Month
	Recurring Gifts from Family	YES	NO	\$	Week / Month
	Grants & Scholarships	YES	NO	\$	Week / Month
	Military/Reserve Pay	YES	NO	\$	Week / Month
	Other Recurring Monies	YES	NO	\$	Week / Month



# GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Name : \_\_\_\_\_

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC, HOME, or RD programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants / residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in, completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our leasing office at the number given above.

## This section to be filled out by Applicant / Resident

I/We hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to said property above for purposes of verifying information on my/our housing rental application.

### TERMS AND CONDITIONS

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances, and utility information. 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 residency participation as a Qualified Resident.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Credit Bureaus
- State Unemployment
- Current and Previous employers
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Education Institution
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Banks and Financial Institutions
- Utility Providers

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 until revoked in writing and submitted to said property above for next twelve (12) months of signed date

\_\_\_\_\_  
Applicant/ Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

"Title 18' Section 1 001 of the U.S. Code states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure re or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act it 208 (aX6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C 408 (a)(6), (7) and (8).

# GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Property Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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- Social Security Administration
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- Veterans Administration
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- Utility Providers

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\_\_\_\_\_  
Applicant/ Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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# Application Addendum

## Initial

\_\_\_\_\_ The lessee certifies the accuracy of the information provided  
\_\_\_\_\_ in connection with the application or recertification of annual  
income of the household of the lessee. I/We further understand that upon  
move in and recertification that each year all of my income, assets, and  
student status will be verified by management, or any other agent  
representing the property.

\_\_\_\_\_ The lessee agrees that the annual income or other eligibility requirements  
\_\_\_\_\_ shall be deemed substantial and material obligations of his/her tenancy and  
that he/she will comply with all requests for information with respect there  
to the lesser. The lessee's failure to provide accurate information  
regarding such requirements (regardless of whether such inaccuracy is  
intentional or unintentional), or refusal to comply with the request for  
information will be deemed in violation with the lease agreement.

\_\_\_\_\_ I/We understand that if I/we do not disclose all income, assets, and student  
\_\_\_\_\_ status I/we will not be eligible to live on this property. Not disclosing  
income, assets or student status is grounds for eviction.

**Resident's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Child Support Affidavit

I, \_\_\_\_\_, do hereby attest to having one or more of the following dependents living with me:

Name of Child(ren)	Do you receive child support?	Amount received monthly
_____	Yes No	\$ _____
_____	Yes No	\$ _____
_____	Yes No	\$ _____
_____	Yes No	\$ _____
_____	Yes No	\$ _____
_____	Yes No	\$ _____

**I further confirm that I have custody (51% or more of the time) of all the child(ren) listed above.**

I understand that this affidavit is made as part of the qualification procedure to determine eligibility in these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I certify the above statements are true to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This annual Student Self-Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit No. if assigned: \_\_\_\_\_

Development Name and Address: Northlake Apartments 576 Dexter Dr. North Sioux City, SD 57049

Move-in Date if applicable: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Check A, B, or C as applicable (note that "students" include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

B. \_\_\_\_\_ Household contains all students but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. \_\_\_\_\_ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return)  YES  NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return)  YES  NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)  YES  NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation)  YES  NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)  YES  NO

*Full-time student households that satisfy any one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members aged 18 or older must sign and date.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

**LEASE ADDENDUM**

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD	UNIT NO. & ADDRESS
--------	----------	--------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

**Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

**LEASE ADDENDUM**  
**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD	UNIT NO. & ADDRESS
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3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date





# ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of each asset held by any family member and the actual income that the asset earns. \*Cash value is **current market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.\*

<b>Household Name:</b>				<b>Unit#:</b>			
<b>PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		Within the past two (2) years, I/we have sold or given away assets for more than \$1,000 below their fair market value (FMV).					
Asset #1:		Date of Disposal:		FMV - amt received:			
Asset #2:		Date of Disposal:		FMV - amt received:			
<b>PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT</b>							
Have you received a federal tax return or refundable federal tax credit in the last 12 months?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of return/credit:						\$	
<b>PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any non-necessary personal property					
<b>Type of Asset</b>		<b>(A) Cash Value*</b>	<b>(B) Annual Income</b>	<b>Type of Asset</b>		<b>(A) Cash Value*</b>	<b>(B) Annual Income</b>
Cash on Hand		\$	N/AP	Cryptocurrency		\$	\$
Pre-paid Debit Card (including Govt. Benefits)		\$	N/AP	Money Market/ CD		\$	\$
Checking/Savings		\$	\$	Annuities		\$	\$
Checking/Savings		\$	\$	Brokerage Account		\$	\$
Savings		\$	\$	Stocks/Bonds		\$	\$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)		\$	\$	Other: _____		\$	\$
Whole Life Insurance		\$	\$	Other: _____		\$	\$
<b>Non-Account Based</b>							
Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business							
<b>Description</b>				<b>(A) Cash Value *</b>			
				\$			
				\$			
				\$			
				\$			
<b>PART IV. REAL PROPERTY</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No		I/we do not have any real property					
<b>Description of Property</b>			<b>(C) Cash Value*</b>		<b>(D) Income</b>		
			\$		\$		
			\$		\$		

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our 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

Signature of Applicant/Tenant

Date

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

## Rental Application Criteria

### I. Occupancy Limits

To ensure compliance with fair housing guidelines and local ordinances, occupancy limits are set as follows:

- Studio/Efficiency: No more than two (2) persons
- One Bedroom: No more than three (3) persons
- Two Bedrooms: No more than five (5) persons
- Three Bedrooms: No more than seven (7) persons
- Four Bedrooms: No more than nine (9) Persons
- Five Bedrooms: No more than eleven (11) persons

*Note: These limits are in accordance with the "two-per-bedroom plus one" rule, a generally accepted standard, but may be adjusted to comply with specific state or local regulations where applicable.*

### II. Applicant Qualifications

To qualify for an apartment, all prospective residents must meet the following criteria:

- Income: Combined gross income of at least 2.5 times the monthly rental amount. Proof of income (most recent original paycheck stub, employment offer letter, or tax returns if self-employed) must be submitted.
  - Section 8 recipients will be qualified based on the voucher. (IE, if a voucher tenant's portion of rent is \$50, the household will be qualified on 2.5x the tenant portion, which in this example is 2.5x \$50. Requiring the household show income of \$125 monthly.)
- Credit History: A positive credit history is required.
  - No bankruptcy filings within the last twelve (12) months.
  - If bankruptcy was filed between one year and seven years ago, the application may be considered for a higher security deposit.
- Eviction History: No prior evictions will be accepted.
- Criminal History: Criminal history will be reviewed on a case-by-case basis, considering the time since the event(s), severity of the crime, risk of recidivism, and potential impact to the community.
  - This community obtains information on past criminal activities, including arrests, convictions, and pending criminal actions.
  - Applicants will not be denied solely on the basis of arrests or pending criminal actions; these may be aggregated with other factors for denial.
  - Persons on any sex offender list will not be considered for residency.
  - Persons with criminal convictions related to the manufacture or distribution of controlled substances will be denied.
  - Persons whose convictions relate to possession of controlled substances may be accepted if they provide evidence of completion of a treatment program.
  - Persons with convictions involving violence, gang activity, arson, and injury to persons will be required to provide additional information to establish that they do not pose a risk to the property or other residents.
  - In evaluating prior criminal history, the type of crime, severity of the crime, and the length of time since conviction and release will be considered. Terms and conditions of parole and probation may also be considered.
  - Denied applicants may petition for reconsideration by providing additional information regarding mitigating circumstances.



Initials: \_\_\_\_\_

- Convictions during or after the highlighted periods in the Department of Justice schedule for recidivism rates and risk to the community will not be considered against the applicant’s eligibility.

Most serious commitment offense	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
<b>Any arrest after release</b>									
All released prisoners	43.9%	16.2%	8.3%	5.1%	3.5%	2.4%	1.7%	1.3%	1.0%
Violent*	38.9%	15.3%	8.0%	5.4%	4.0%	2.6%	1.9%	1.6%	1.0%
Property	50.8%	16.3%	7.9%	4.6%	2.8%	2.0%	1.4%	1.1%	0.9%
Drug	42.8%	17.1%	8.7%	5.3%	3.6%	2.3%	1.7%	1.2%	1.1%
Public order	40.5%	15.4%	9.1%	5.2%	3.9%	2.8%	2.3%	1.4%	1.3%

### III. Application and Reservation Process

To reserve an apartment, the following steps and fees are required:

- Complete an application for each prospective resident 18 years of age and older.
- A non-refundable application fee of \$35.00 per applicant is required.
- A non-refundable administration fee of \$0 is required.
- Security Deposit: \$300 (refundable) on approved credit. Please note that an additional security deposit may be required depending on credit history and other application screening factors.

### IV. Before Move-In Requirements

Prior to moving into the property, the following must be fulfilled:

- Renter's Insurance: A Renter's Insurance Policy with a minimum of \$100,000 personal liability coverage from a recognized insurance firm is required. Northlake Apartments must be added as an "Interested Party" to ensure notification of policy cancellation during residency. A copy of the declaration page is due upon move-in.
- Utilities: Residents are responsible for setting up accounts with utility providers for as applicable (which varies monthly).
- Pet Requirements (If Applicable):
  - Pet deposit of \$400 (refundable).
  - Pet fee of \$0 (non-refundable).
  - Monthly pet rent of \$50 per pet.
  - Restricted breeds (full or mixed) include: Alaskan Malamute, Boxer, Chow Chow, Dalmatian, Doberman Pinscher, German Shepherd, Husky, Pit Bull, Presa Canario, and Rottweiler.

### V. Fair Housing and Equal Opportunity

We are committed to providing equal housing opportunities to all prospective residents. We do not discriminate on the basis of race, color, religion, national origin, sex, disability, familial status, sexual orientation, gender identity, or any other protected characteristic as defined by federal, state, and local laws. All applications will be processed in a fair and consistent manner.

### VI. Violence Against Women Act (VAWA) Disclosure

Applicants and residents are hereby notified of their rights under the Violence Against Women Act (VAWA). VAWA provides protections for victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. Under VAWA, an applicant or tenant may not be denied admission to, denied



Initials: \_\_\_\_\_

assistance under, or evicted from housing on the basis of having been a victim of domestic violence, dating violence, sexual assault, or stalking.

- Confidentiality: All information provided regarding VAWA protections will be kept confidential.
- Documentation: We may request documentation to confirm that an incident of domestic violence, dating violence, sexual assault, or stalking has occurred. However, if the victim is unable to provide documentation, self-certification may be accepted.
- Lease Protections: Victims of domestic violence, dating violence, sexual assault, or stalking may have special lease protections, such as the ability to bifurcate a lease or to move to another unit.
- Emergency Transfers: Qualified tenants may be eligible for an emergency transfer if they reasonably believe they are imminently threatened with harm from further violence if they remain in their current dwelling unit.

## VII. Cost Disclosure & Acknowledgement

### Required Costs:

App Fees - \$35 /per applicant  
Security Deposit - \$300 (OAC)

### Required Utilities:

Billing Methods:

Water – Included

Sewer – Included

Trash - Included

Electric – Paid Directly to MidAmerican

### Optional:

ESUS: \$5 per month

Asset Protect - \$15 Monthly

### Situational:

Pet Deposits - \$400 per pet (refundable)

Non Refundable Pet Fee - \$0 per pet

Pet Rent - \$50 /per pet per mo.

Pet Waste Removal - \$250 /per occurrence

Trash Disposal - \$50 /per occurrence

Unit Lock Change - \$50

Mail Key Replacement - \$40

Month to Month Fee - \$150

Late Fees -10% of Rent

Key Replacement - \$5 per key

Occupied Utility Charge Back - \$50/per occurrence

Bank NSF Fee- \$20 /per occurrence

Eviction Fees - \$50 Turnover + attorney fees & court costs

General Flooring Replacement - Actual Cost + Labor (Less Applicable Depreciation)

Trash out Fees - Billed on Invoice

Apartment Cleaning - Billed on Invoice

Painting - Billed on Invoice

Window Replacement - Billed on Invoice

Door Replacement - Billed on Invoice

Blind Replacement - Billed on Invoice

Pest treatment - Billed on Invoice

Plumbing (Negligence) - Billed on invoice

Online Payment Processing Fee- \$5



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Appliance Replacement - Actual Cost + Labor (Less Applicable Depreciation)

VIII. General Information

- Applications are run on a first-come, first-served basis and will be reviewed individually by the first submitted application as date and time stamped. Applications will be reviewed and approved/denied before moving to the next eligible applicant.
- Application fees will only be accepted for units that are currently available/will be available to rent, and multiple applications with associated fees will not be accepted for the same unit until the current application has been approved or denied.
- All applicants will be reviewed as roommates regardless of relation to other household members.
- Applicant signatures are required to acknowledge understanding and agreement to these terms.
- All parties must sign the lease agreement and all applicable addenda before keys will be released.
- Any reasonable accommodation needed for the application process only should be made to the community manager or representative at time of applying. Reasonable accommodation/modification requests associated with residency must only be submitted after the application is approved.
- Any grievances with the approval process or petitions for appeal should be sent to [ldonaldson@cornerstonerent.com](mailto:ldonaldson@cornerstonerent.com)

**Have you or any family member or other person planning to reside in our community ever been indicted or convicted of any felony or misdemeanor offense? YES \_\_\_ NO \_\_\_**

**If yes, please explain:** \_\_\_\_\_

**Have you ever been evicted? YES \_\_\_ NO \_\_\_**

**If yes, please explain:** \_\_\_\_\_

**Have you ever filed for bankruptcy? YES \_\_\_ NO \_\_\_**

**If yes, please explain:** \_\_\_\_\_

**Anticipated Floorplan Type: (if applicable)** \_\_\_\_\_

**Anticipated Apt. #: (if applicable)** \_\_\_\_\_

**Anticipated Rent: (if applicable)** \_\_\_\_\_



**Initials:** \_\_\_\_\_

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Owner/Agent/Landlord to obtain credit reports, criminal background reports, character reports, verification of rental history, income history and employment history as necessary to verify all information put forth in the above referenced application for residency, faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

I/We are aware that an incomplete application causes a delay in processing and may result in denial of this application for tenancy.

Tenant Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Management Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? (Circle One)



Other: \_\_\_\_\_

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**Management Purposes Only:**

*Date Received:* \_\_\_\_\_

*Time Received:* \_\_\_\_\_

*Apartment Number:* \_\_\_\_\_

*Apartment Rate:* \_\_\_\_\_



Initials: \_\_\_\_\_