

**RAPID CREEK APARTMENTS  
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: Rapid Creek Apts  
Property Address: 1158 Anamosa St.,  
Rapid City, SD 57701  
Date/Time Received: \_\_\_\_\_ 605-791-5200  
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 <u>full</u> or <u>part-time</u> student. School Name _____
			I <u>was</u> 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 <b>Seasonal Employment</b> .
			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 \_\_\_\_\_

Initial \_\_\_\_\_

**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 \_\_\_\_\_



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 - KIRKEBY - 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.