

WALL RIDGE APARTMENTS

607 WILLIAMS ST.

WALL, S.D. 57790

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MAIL APPLICATIONS TO: WALL RIDGE APARTMENTS
401 STURGIS STREET
RAPID CITY, S.D. 57702

HOUSING APPLICATION PACKAGE



OCCUPANCY STANDARDS ARE GENERALLY BASED ON TWO (2) PERSONS PER BEDROOM WITH AN EXCEPTION FOR AN INFANT UNDER ONE YEAR OF AGE.

There may be an exception to this standard in the event the bedrooms are unusually large - more than 350 square feet - or there is an unusually spacious configuration or layout - such as extra rooms. The occupancy standards comply with Federal, State, and local fair housing and civil laws; Tenant-landlord laws; zoning restrictions; and HUD's Equal Opportunity and nondiscrimination requirements under HUD's administrative procedures.





APPLICANT REQUIREMENTS

When your name reaches the top of the waiting list, you will be notified a unit is available for you. You will be required to schedule an appointment and all adults are required to attend this interview. You must notify the Site Manager immediately of any change in your mailing address or phone number to insure you are contacted in a timely manner.

DOCUMENTS NEEDED FOR INTERVIEW:

- Original birth certificates for all household members.
- Original social security cards for all household members.
- Income: All sources of income. (Social Security award letters, pension letters, TANF, child support, 6 consecutive pay stubs, etc.)
- Assets: Bank accounts. Name of Bank with any accounts (checking, savings, etc.) for all household members.
- Expenses: Name and address of Child Care Provider. If head of household is elderly (62 or older), list of medical facilities you are paying any out of pocket expenses.
- Proof of Citizenship: Immigration status.

NOTE: If applicant does not have birth certificates and/or social security cards at the time of the interview, you will be given ninety (90) days to provide these documents and your name will remain on the wait list until these documents are provided. You will then be notified when next available unit is available. If documents are not provided within the ninety (90) day time line, your name will be removed from the wait list and you will need to reapply.

SCREENING PROCESS FOR ELIGIBILITY:

- Do not exceed income guidelines for household size set by HUD.
- Pass criminal background and registered sex offender check.
- Pass rental history.
- Pass Credit history.
- Be U.S. Citizen or have eligible immigration status.
- Meet requirements of Student Eligibility.
- Meet Occupancy Standards.

NOTE: If your application is denied you have the right to request an informal review to discuss the reason for denial. You may request a copy of our Resident Selection Plan from the Site Manager.

Lewis, Kirkeby & Hall Management, Inc. and its employees do not discriminate against any person because of race, religion, color, national origin, sex, handicap, creed, or familial status.

All agents and employees of Lewis, Kirkeby & Hall Management, Inc. represent the owner of the property in this and any other transaction.

~~Persons with disabilities who, as a result of their disabilities, cannot complete this application may request and will be provided alternative methods to complete the application process.~~

WALL RIDGE APARTMENTS



Housing Application for HUD Housing/RD Property

FOR OFFICE USE ONLY

HEAD OF HOUSEHOLD: _____

Date: _____

Time: _____

Client#: _____

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.

If you require special unit features, the owner/agent must verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1 Chapter 3 **3-28**B. Check any of the following that is applicable:

- Wheelchair accessible unit
 Visual-impaired unit
 Hearing-impaired unit
 Barrier-free unit

HOUSEHOLD COMPOSITION

List ALL persons who will live with you when you receive housing assistance. Also, if you or a member of your household is expecting a child, list "unborn child" in one of the "minor" lines and give the expected due date in the column for date of birth. DO NOT list persons who will NOT be living with you when you are housed.

	Legal Last Name	First Name	MI	Relationship to Head	Date of Birth	M/F /R	SSN	Student Y/N	U.S. Veteran
Head									
Spouse/ Co-Head									
Minor									
Minor									
Minor									
Minor									
Minor									
Minor									

Current Mailing address	Physical Street address/State & ZIP code	Home/Cell phone #	Work phone #
		Email:	



APPLICANT DECLARATION ON REQUESTED BEDROOMS

OCCUPANCY STANDARD	Using the occupancy guidelines shown at left, I am requesting that provide me with housing assistance for a unit size of _____ bedrooms.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>Number of Bedrooms</u></td> <td style="width: 33%;"><u>Number of Persons Minimum</u></td> <td style="width: 33%;"><u>Maximum</u></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">4</td> </tr> </table>	<u>Number of Bedrooms</u>	<u>Number of Persons Minimum</u>	<u>Maximum</u>	2	2	4	
<u>Number of Bedrooms</u>	<u>Number of Persons Minimum</u>	<u>Maximum</u>					
2	2	4					

CURRENT EMPLOYMENT HISTORY

Provide complete information requested for everyone in the household.

Household member:	Current hourly rate of pay \$
Current Employer:	Average hours worked per week:
Employer Address:	Tips (weekly): Bonus (annually):
	Food allowance (per day):
Employer Phone #:	Hire date:
Email:	From: / / (date) to / / (date)
Remarks:	Remarks:
Household member:	Current hourly rate of pay \$
Current Employer:	Average hours worked per week:
Employer Address:	Tips (weekly): Bonus (annually):
	Food allowance (per day):
Employer Phone #:	Hire date:
Email:	From: / / (date) to / / (date)
Remarks:	Remarks:

ATTACH AN ADDITIONAL SHEET IF NEEDED

WORK HISTORY – prior 3 years to current employment (for all adult household members)

Household Member	From (year)	To (year)	Employer

OTHER INCOME IN THE HOUSEHOLD

			Monthly				Monthly
	YES	NO			YES	NO	
TANF			\$	Social Security			\$
Child Support			\$	SSI			\$
Spousal Support			\$	SSD			\$
Pension, retirement, etc.			\$	Disability Payments			\$
Unemployment			\$	Self Employed			\$
Other							

Revised 9/13



ASSETS IN THE HOUSEHOLD

Does anyone own STOCKS, BONDS, CERTIFICATES OF DEPOSIT or OTHER ASSETS? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does anyone own any REAL ESTATE? <input type="checkbox"/> No <input type="checkbox"/> Yes; describe: _____	
Has any family member sold or disposed of any ASSETS, for less than fair market value, in the last 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes Describe: _____	
Does any family member have a CHECKING ACCOUNT? <input type="checkbox"/> No <input type="checkbox"/> Yes Household member(s) on account: _____	Bank: _____
Does any family member have a SAVINGS ACCOUNT? <input type="checkbox"/> No <input type="checkbox"/> Yes Household member(s) on account: _____	Bank: _____

ANY WHOLE LIFE INSURANCE POLICIES? <input type="checkbox"/> No <input type="checkbox"/> Yes	Cash Value: \$ _____
Name of Company: _____	
Complete Address: _____	

ALLOWABLE EXPENSES

Child Care: For minors 12 years of age or younger or disabled family member	
Child care provider's name: _____	Phone # of child care provider: _____
Complete Mailing Address: _____	
Amount paid by you per week: \$ _____	Number of children cared for: _____

Medical and/or Handicap Expenses (elderly, handicapped disabled only) (OUT OF POCKET NOT REIMBURSED)		
Medicare	\$ _____	Per month
Supplemental health care insurance	\$ _____	Per month
Prescriptions (regular recurring, i.e., insulin)	\$ _____	Per month
Outstanding Doctor and hospital bills owed	\$ _____	Monthly Payment
Other, i.e., handicap equipment expenses	\$ _____	Monthly Payment

PROGRAM INTEGRITY INFORMATION

Do you expect anyone to move in or out of your household during the next twelve months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does anyone live with you now who is not listed on this application?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever lived in assisted housing before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: When? _____ Where (physical address, city, state, ZIP code)? _____ Under what name? _____ Who was head of household? _____ Name of agency: _____		
Have you ever used a name other than the one you are using now? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: What name? _____		
Have you ever used a social security number other than the one you have listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: What is it? _____		
Are any members of the household (over the age of 18) – full or part time students of higher education? If Yes: Where? _____ (i.e. college, technical school etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently receiving housing assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you ever been evicted from Public or Assisted housing? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you ever violated a lease obligation in a HUD-assisted housing program? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you owe any money to a Landlord or Assisted Housing Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Are you or any household member required to register as a sex offender? If Yes, Who? _____ NOTE: FAILURE TO RESPOND TO THIS QUESTION MAY JEOPARDIZE THE APPROVAL OF THE APPLICATION.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone in your household ever been engaged in the use, sale, manufacturing or distribution of any controlled substance? If Yes: Who? _____ When? _____ What substance? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone in your household ever been arrested of any type of criminal activity? If Yes: Who? _____ Crime: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

CURRENT MONTHLY EXPENDITURES

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Auto Pmt \$	Cable \$	Credit Card \$
Gas \$	Auto Ins \$	Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Other \$
Do you have any other regular monthly payments besides those above? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes: Specify: _____			

PUBLIC HOUSING SUITABILITY SCREENING

List your addresses and landlords names, addresses or email address for the past three years.

ADDRESS OF UNIT	LANDLORD NAME & ADDRESS or EMAIL ADDRESS	FROM	TO	TELEPHONE
				() -
				() -
				() -
				() -

List all States you have lived in: _____

CREDIT REFERENCES – List 3 credit references

COMPANY	ACCOUNT NUMBER	TELEPHONE
		() -
		() -
		() -

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.**

Signature of Head of Household _____ Date _____

Signature of Spouse or Other Adult _____ Date _____

FOR OFFICE USE ONLY: I have reviewed all answers and certifications with applicant(s): Signature of property representative: _____ Date: _____
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RACE AND ETHNICITY DATA COLLECTION

Title VI of the Civil Rights Act of 1964 requires "Race and Ethnic" data collection from beneficiaries of federally assisted programs. Please note "Disclosure Clause" below:

"The following information is requested by the federal government for certain types of loans and grants in order to monitor compliance with Federal Civil Rights laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application and the law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname".

If you do not wish to provide the information, please check the box below:

I do not wish to furnish this information.

Ethnicity: (Mark only one)

Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Gender:

Male Female

Information provided by 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



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.