M&T PROPERTY MANAGEMENT
47153 217TH ST., BROOKINGS, SD 57006
PH: (605) 695-2054
FAX: (605) 693-4069
EMAIL: stelkamp@itctel.com

APPLICATION FOR OCCUPANCY

Please fill out application and email back or print and drop off at office.

An applicant may be interviewed only after a completed Application is received. Completed Applications are processed in order of date and time received. You may contact the rental office for assistance in completing the Application.

PROPERTY APPLYING FOR: _____

A. GENERAL INFORMATION

Applicant Name(s): _____

Current Address: _____

Phone: _____

LIST ALL PERSONS WHO WILL LIVE IN THE APARTMENT. HEAD OF HOUSEHOLD FIRST.

	Name	Relationship	D.O.B	Social Security No.
1.		Head of Household		
2.				
3.				
4.				
5.				
6.				
7.				

Is anyone in this household a full-time student? Yes____ No____ Name(s) _____

B. REFERENCE INFORMATION

Current Landlord:
Name: _____
Address: _____
Phone: _____

Previous Landlord:
Name: _____
Address: _____
Phone: _____

Non-related Personal References

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

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Credit References

1. Name _____ Address _____ Account No. _____
2. Name _____ Address _____ Account No. _____
3. Name _____ Address _____ Account No. _____

C. HOUSEHOLD INCOME

LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS

Name _____ Wages _____ Employer _____ Monthly Gross _____

Name _____ Wages _____ Employer _____ Monthly Gross _____

Name _____ Wages _____ Employer _____ Monthly Gross _____

Social Security _____ AFDC _____

SSI Benefits _____ Alimony & Source _____

Veteran Benefits _____ Child Support & Source _____

Pensions & Source _____ Full-time Student Income _____

Unemployment Comp. _____

TOTAL GROSS MONTHLY INCOME: _____

TOTAL GROSS ANNUAL INCOME: _____

Do you anticipate any changes in this income in the next 12 months? Yes____ No____
Explain:

D. ASSETS

Checking Account(s): # _____ Bank _____ Balance _____
_____ Bank _____ Balance _____

Saving Account(s): # _____ Bank _____ Balance _____
_____ Bank _____ Balance _____

Money Market Account(s): # _____ Bank _____ Balance _____
_____ Bank _____ Balance _____

Trust Account # _____ Bank _____ Balance _____

Certificate of Deposit # _____ Bank _____ Balance _____

IRA # _____ Bank _____ Balance _____

Savings Bonds # _____ Cash Value _____

Whole Life Insurance Policy # _____ Cash Value _____

Do you own any property? Yes_____ No_____
State type of property owned: _____
Location: _____
Current Market Value: _____
Outstanding Mortgage Balance: _____

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Have you sold/disposed of any business, property or other assets in the last 2 years? Yes _____ No _____
State type of business, property or asset: _____
Date of Sale/Deposition: _____
Market Value when sold/disposed of: _____
Ammount sold/disposed of: _____

Do you have any other assets not listed above (i.e. recreational vehicle, movible home; not including personal property)? Yes _____ No _____
Explain:

E. MEDICAL/HANDICAP ASSISTANCE EXPENSES

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped, or disabled.

Medicare ***Monthly*** Premium: _____
Medical ***Monthly*** Insurance Coverage Amount: _____
Name of Company: _____ Address: _____

Anticipated ***Monthly*** Medical Expenses NOT convered by Insurance NOR reimbursed: _____

Medical bills or outstanding costs on which you are making monthly payments: _____

Medical related Monthly travel costs: _____

Other Monthly medical expenses:
Type: _____ Amount: _____
Type: _____ Amount: _____
Type: _____ Amount: _____

HANDICAP ASSISTANCE EXPENSES

Complete this part ONLY for expenses to the extent needed to enable any family member to be employed.

Specialized Medical Attendant Care:
Name: _____ Company: _____ Cost: _____

Auxiliary Apparatus:
Type: _____ Cost: _____
Type: _____ Cost: _____
Type: _____ Cost: _____

F. CHILD CARE EXPENSES

Complete this part ONLY for household minors UNDER 13 years old.

Childern cared for:
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Name of person/agency caring for children: _____
Address: _____ Phone: _____

Weekly cost of child care due to employment: _____

Weekly cost of child care due to education: _____

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G. PROGRAM INFORMATION

What size of unit are you requesting? **1 Bedroom**_____ **2 Bedroom** _____ **3 Bedroom** _____

Do you wish to claim a $400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled? Yes_____No _____

Do you wish to have priority for a handicapped accessible unit with special design features? Yes _____ No _____

Do you have a Letter of Priority issued by USDA-Rural Development due to displacement from another property? Yes____No _____

Have you ever been evicted from any type of housing? Yes_____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Are you currently a user of an illegal controlled substance? Yes_____ No _____

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)? Yes _____No _____

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes _____No _____

Are you now or will you become a part time or full time student prior to move-in? Yes _____ No _____

How did you hear about this housing? _____

H. OTHER INFORMATION

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No. _____ Registered To: _____

Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No. _____ Registered To: _____

Do you own any pets? Yes_____ No _____ If Yes, describe: _____
Note: Pets are not allowed except in designated elderly projects.

In case of emergency notify: _____
Address: _____
Telephone: _____

I. CERTIFICATION

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

SIGNATURES:

_____ _____
Tenant Co-Tenant

Date _____ Date _____

J. AUTHORIZATION/CONSENT

I/We do hereby authorize **M & T Property Management** and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by **USDA Rural Development**. Further, I/we consent to the release of wage matching data to the RHS and the borrower.

SIGNATURES:

_____ _____
Tenant Co-Tenant

Date _____ Date _____

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"The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your Application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Ethnicity:

Hispanic or Latino_____ Not Hispanic or Latino_____

Race: (Mark one or more)

1) American Indian/Alask Native_____ 2) Asian_____

3) Black or African American_____ 4) Native Hawaiian or Other Pacific Islander_____

5) White_____

Gender:
Male_____ Female_____