



**TO ALL APPLICANTS:**

We would like to thank you for your interest in our apartments. We take pride in our apartments and are pleased with what we have to offer.

After you have completed all questions and signed an application, you are put on our waiting list. The following procedure is used for processing an application and determining your eligibility:

1. Availability of qualifying apartment
2. Income eligibility/student eligibility
3. Date of application
4. Credit Check
5. Information from current and prior landlords
6. Criminal background check

It is your responsibility to call our office if you have a change in income, address, or phone number while you are on the waiting list.

**Also be informed that after six months, if we have not heard from you, and you want to remain on the waiting list, you must contact Mills Property Management Inc. to confirm your continued interest in remaining on the waiting list. If you do not contact Mills Property Management Inc. six months after the application was made, your application will be removed from the waiting list.**

If an apartment becomes available for you, and we cannot get in touch with you by phone or mail, your application will be put in our inactive/unavailable file.

**Mills Property Management does not discriminate against any person because of age, race, color, religion, sex, handicap, creed, familial status or nation origin.**

I, Mary Jo Minor, a licensed responsible broker, am representing the owner in this transaction. All agents of Mills Property Management, Inc. represent the owner in this and any other transaction.

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**Return your application to:**

**Mills Property Management, Inc.  
1807 6<sup>th</sup> Street  
Brookings, SD 57006**

**Or**

**Mills Property Management, Inc.  
1630 3rd Avenue SW  
Watertown, SD 57201**

## **SECTION 504 EQUAL ACCESS STATEMENT**

### Mills Property Management, Inc. Self-Evaluations and Transition Plan

For mobility impaired persons... This document is kept at 1807 6<sup>th</sup> Street in Brookings, South Dakota, which is an accessible facility on an accessible route (parking is available). The document may be examined from Monday through Friday between the hours of 8:00 AM and 4:30 PM. You must phone in to make arrangements to examine this document. Please call 605-697-3175. Hearing impaired persons please call 800-877-1113 (state relay).

For vision impaired persons... Mills Property Management, Inc. will provide a staff person to assist a vision-impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance, as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired... Mills Property Management, Inc. will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual. Please call state relay at 800-877-1113 to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing their own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex age, or disability. (Not all prohibited bases apply to all programs).

# Low Income Housing Tax Credit Program

## Applicant Questionnaire

### Household Information

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

Name First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	M/F	Social Security Number	Birth Date Mo/day/yr
<b>Current Address</b>					
<b>Day Time Phone:</b>		<b>Evening Phone:</b> (   )   -			
		<b>Cell Phone:</b> (   )   -			

WHAT SIZE APARTMENT ARE YOU APPLYING FOR?      2 BDM      3 BDM

APPLYING TO PROPERTY(S) IN BROOKINGS: \_\_\_\_\_ or WATERTOWN: \_\_\_\_\_

- YES    NO   1. Do you expect any additions to the household within the next twelve months?  
 Name and Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- YES    NO   2. Is there anyone living with you now who won't be living with you at this property?  
 Name and Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- YES    NO   3. Do you claim your child(ren) on your tax return?  
 Can anyone else claim your child(ren)? If so who?  
 \_\_\_\_\_
- YES    NO   4. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)  
 Explanation: \_\_\_\_\_

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit, it is counted for all household members including minors. (such as SSI)

**Include all income anticipated for the next 12 months. Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES     NO    5. Employment wages or salaries? *(include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Employer	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES     NO    6. Self-employment? *(include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Type of Business	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES     NO    7. Regular pay as a member of the Armed Forces/Military?

Household Member	Base Name and Branch	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES     NO    8. Unemployment benefits or workman's compensation?

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES     NO    9. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families *(TANF)*?

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES     NO    10. a) Child Support or Alimony?  
*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer.)*

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____

b) How is the support received? *(Check all that apply)*

<input type="checkbox"/>	Child Support Enforcement Agency	Name of Agency: _____
<input type="checkbox"/>	Court of Law	Name of Court: _____
<input type="checkbox"/>	Directly from individual	Name of Person: _____

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

YES  NO c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?  
Explanation: \_\_\_\_\_

YES  NO 11. Social Security, SSI, or any other payments from Social Security Administration?  

Household Member	SSA Office	Amount
_____	_____	_____
_____	_____	_____

YES  NO 12. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?  

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 13. Regular payments from a severance package?  

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 14. Regular payments from any type of settlement? (for example, insurance settlements.)  

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 15. Regular payments or gifts or payments from anyone outside of household? (*this includes anyone supplementing your income or paying any of your bills*)  

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 16. Regular payments from lottery winnings or inheritances?  

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 17. Regular payments from rental property or other types of real estate transactions?  

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 18. Any other sources of income not listed?  

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 19. Do you or any other household members expect any changes to your income in the next 12 months?  
Explanation: \_\_\_\_\_

# Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS.  
(attach additional page if necessary)

**Do YOU or ANYONE in your household have:**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	20. Checking or Savings Account?
				<b>Household Member</b>
				<b>Financial Institute</b>
				<b>Amount</b>

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	21. CD's, money market accounts, or treasury bills?
				<b>Household Member</b>
				<b>Financial Institute</b>
				<b>Amount</b>

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	22. Stocks, bonds, or securities?
				<b>Household Member</b>
				<b>Financial Institute</b>
				<b>Amount</b>

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	23. Trust Funds?
				<b>Household Member</b>
				<b>Financial Institute</b>
				<b>Amount</b>

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	24. Pensions, IRAs, Keogh or other retirement accounts?
				<b>Household Member</b>
				<b>Financial Institute</b>
				<b>Amount</b>

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	25. Whole life insurance policy?
				<b>Household Member</b>
				<b>Insurance Carrier</b>
				<b>Amount</b>

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	26. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>
				<b>Household Member</b>
				<b>Address of Property</b>
				<b>Amount</b>

YES  NO 27. Personal property held as an investment? (*this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.*)

Household Member	Description of Property	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO 28. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

## Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES  NO 29. Will **ALL** of the persons the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution ( other than a correspondence school with regular faculty and students?

*If you answered YES, complete the following:*

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program Receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a Title IV (AFDC/TANF) recipient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's' tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Previous Landlords: (Please list landlord history for last five (5) years for each adult household member)

Member Name:	Member Name:
Name of Landlord:	Name of Landlord:
Address & Phone Number of Landlord:	Address & Phone Number of Landlord:
Your address while renting:	Your address while renting:
Date of Occupancy: From _____ to _____	Date of Occupancy: From _____ to _____
Is this landlord related to you? Yes ___ No ___	Is this landlord related to you? Yes ___ No ___

**Continued**

Member Name:	Member Name:
Name of Landlord:	Name of Landlord:
Address & Phone Number of Landlord:	Address & Phone Number of Landlord:
Your address while renting:	Your address while renting:
Date of Occupancy: From _____ to _____	Date of Occupancy: From _____ to _____
Is this landlord related to you? Yes___ No___	Is this landlord related to you? Yes___ No___

**All information received by Mills Property Management, Inc. during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.**

**Signature Clause**

I/we declare that I have read and do understand this application and to the best of my knowledge and belief, it is true, correct and complete. Further, I am aware that under section 4-9-5 of South Dakota Codified Law, a person is guilty of a felony if in a government matter such as this, he makes false written statements when the statement is material and he does not believe it to be true.

I/we also understand that if in six (6) months, if I have not heard from Mills Property Management, Inc. and I want to remain on the waiting list, I will contact Mills Property Management, Inc. to confirm my continued interest in remaining on the waiting list for an apartment. If I do not contact Mills Property Management, Inc. six (6) months after the application was made, I understand that my application will be removed from the waiting list.

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the Low Income Housing Tax Credit Program requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member 18 years or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member 18 years or older

\_\_\_\_\_  
Date

**CRIME FREE LEASE AGREEMENT**

Being members of any chapter of the International Crime Free Association does not mean that the participating community is free of crime. However, in an effort to detect and deter criminal activity, this Crime Free addendum is a necessary and crucial element of the lease. Residents hereby agree to live crime free and insure that Resident's occupants, guests and invitees live crime free throughout the lease term, on and off of the property.

Resident understands that crime can and does occur in every segment of life as well as in every multi-family and single family communities; homeowner's associations; hotel and motels; mini storages; mobile home parks; RV parks; and other neighborhoods, regardless of the location. No property can or should be considered totally safe and free from crime regardless of the measures taken to the contrary. Hence, Landlord/Manager does not, and cannot, in any way warrant or guarantee Resident, Resident's occupants, Resident's guests, and Resident's invitee's is Resident's responsibility and not the responsibility of the Landlord or management.

Therefore as part of the consideration for the execution or renewal of a lease, Resident agrees as follows:

1. Resident, Resident's occupants, and Resident's and occupant's guests and invitee's shall not engage in criminal activity, on or off the said property and common area. Resident and Resident's occupants agree to live a crime free lifestyle. Resident agrees to ensure that Resident's occupants live a crime free lifestyle. Resident understands that Resident is responsible for the actions of Resident's occupants, and all guests whether or not the Resident knew about such criminal conduct.
2. Resident, Resident's occupants, and Resident's and occupant's guests and invitees shall not engage in any act that is intended to or that actually facilitates any criminal activity, on or off of the premises and common ground.
3. Resident, Resident's occupants, and Resident's and occupant's guests and invitees shall not permit the dwelling unit to be used for any criminal activity whatsoever.
4. Resident, Resident's occupants, and Resident's and occupant's guests and invitees shall not engage in any act of violence or threat of violence, or any property damage, on or off of the dwelling unit premises.
5. **VIOLATION OF THE ABOVE PROVISIONS IS A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.** *A single violation of any of the provisions of this addendum shall be deemed a serious, material and irreparable violation and noncompliance of this lease, regardless of whether or not Resident has any knowledge of the violation by an occupant, guest or invitee and regardless of whether on or off the property.* It is understood and agreed that a single violation shall be good cause for immediate termination of the lease. Proof of the violation shall not require criminal conviction, but shall require only a preponderance of the evidence. The parties waive a jury trial and specifically agree that any court action regarding a breach of this agreement shall be decided through a bench trial.
6. In case of a conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern. This agreement is incorporated onto the bylaws of the association as part of the rules and regulations of the association.

Resident's Printed Name	Signature	Date
Resident's Printed Name	Signature	Date
Resident's Printed Name	Signature	Date
Manager's Printed Name	Signature	Date