



**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.  
630 Western Avenue  
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 630 Western Avenue 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).



EQUAL HOUSING  
OPPORTUNITY



## RENTAL HISTORY

### APPLICANT

*Present Landlord Name:* \_\_\_\_\_  
Landlord complete address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Is this landlord related to you? yes \_\_\_ no \_\_\_

Occupancy address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupancy date from \_\_\_\_\_ to \_\_\_\_\_ (month & year)

*Former Landlord Name:* \_\_\_\_\_  
Landlord complete address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Is this landlord related to you? yes \_\_\_ no \_\_\_

Occupancy address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupancy date from \_\_\_\_\_ to \_\_\_\_\_ (month & year)

*Former Landlord Name:* \_\_\_\_\_  
Landlord complete address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Is this landlord related to you? yes \_\_\_ no \_\_\_

Occupancy address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupancy date from \_\_\_\_\_ to \_\_\_\_\_ (month & year)

### CO-APPLICANT

*Present Landlord Name:* \_\_\_\_\_  
Landlord complete address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Is this landlord related to you? yes \_\_\_ no \_\_\_

Occupancy address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupancy date from \_\_\_\_\_ to \_\_\_\_\_ (month & year)

*Former Landlord Name:* \_\_\_\_\_  
Landlord complete address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Is this landlord related to you? yes \_\_\_ no \_\_\_

Occupancy address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupancy date from \_\_\_\_\_ to \_\_\_\_\_ (month & year)

*Former Landlord Name:* \_\_\_\_\_  
Landlord complete address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Is this landlord related to you? yes \_\_\_ no \_\_\_

Occupancy address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupancy date from \_\_\_\_\_ to \_\_\_\_\_ (month & year)



**Please answer the checklist of all household income. Do you or any family members have income from:**

Social Security	_____ yes _____ no	Are you entitled to receive child support	_____ yes _____ no
SSI	_____ yes _____ no	Do you receive child support?	_____ yes _____ no
Pension/Annuity	_____ yes _____ no	Military pay	_____ yes _____ no
Veterans Benefits or Disability	_____ yes _____ no	Are you entitled to receive alimony?	_____ yes _____ no
Unemployment	_____ yes _____ no	Do you receive alimony?	_____ yes _____ no
Income from assets	_____ yes _____ no	Net income from business	_____ yes _____ no
Contributions from friends or relatives	_____ yes _____ no	Welfare assistance	_____ yes _____ no
Other income	_____ yes _____ no	Workman's compensation	_____ yes _____ no
Is any member of your household employed, full-time, part-time, or seasonally?	_____ yes _____ no		
Does any member of your household expect to work for any period during the next twelve months?	_____ yes _____ no		
Does any member of your household work for someone who pays them in cash?	_____ yes _____ no		
Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?	_____ yes _____ no		

**HOUSEHOLD INCOME**

For each type of income that your household receives, give the source of income, (along with the complete address) and the amount that can be expected from that source during the next 12 months.

<u>Household member</u>	<u>Source</u>	<u>Complete Address &amp; Phone</u>	<u>Type of income</u>	<u>Annual income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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

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

