



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
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 Meyer Property Management Inc. to confirm your continued interest in remaining on the waiting list. If you do not contact Meyer 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.

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

I, John Meyer, am representing the owner in this transaction. All agents of Meyer Property Management, Inc. represent the owner in this and any other transaction.



INSTRUCTIONS FOR COMPLETING APPLICATION

Please follow carefully - Incomplete applications will be returned

1. **Complete all areas** If an item does not apply to you, please mark "N/A" on that line.
2. **Proof of US Citizenship** The US Department of Housing & Urban Development (HUD) **requires** that all applicants be US Citizens, nationals or certain categories of eligible non-citizens. To do this, you **must** complete the Declaration of Section 214 Status forms for **EACH** family member (including yourself). These forms will be provided with your move in paperwork for completion.
3. **A copy of each household member's Social Security Card is required** The government **requires** that all applicants submit a copy of their social security card with the attached housing application.

Note: Copies of Metal Social Security Cards are not acceptable.
If you cannot provide us with a copy of your social security card, it will be necessary that you certify to us that you have made an application to the Social Security Office for a new card before we will accept your housing application.
4. **A copy of each household member's Birth Certificate is required**
5. **Signatures and dates are required by all adult applicants**
6. **Applications can be returned to your local branch office or to:**

**Meyer Property Management
264 Kansas Ave SE
Huron, SD 57350**

Pets are only allowed in our elderly properties or for persons with disabilities who require an as service animal or companion animal.

Meyer Property Management, LLC. has several communities that are smoke free. You will be required to sign Smoke Free Rules upon your lease signing.

The communities are as follows:

- o **Downtown Manor**
 - o **Granada Court**
 - o **J & K Manor**
 - o **Grafton TownHomes East & West (C&L Manor)**
 - o **Casselton Manor**
 - o **C&L Manor**
 - o **Colonial Apartments**
 - o **Dakota Plaza**
-

MEYER PROPERTY MANAGEMENT USE ONLY: DATE RECEIVED: TIME RECEIVED: INITIALS:

APPLICATION FOR SECTION 8/USDA 515 HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Meyer Property Management, Inc., to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Meyer Property Management, Inc. is a management company that provides low rent housing to eligible family households, elderly households and single people. Meyer Property Management, Inc. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Meyer Property Management, Inc. has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Meyer Property Management, Inc. can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- **If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the HUD, USDA, Rural Development programs, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.***
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC, 20410.

ALL SECTIONS MUST BE COMPLETED. IF NOT APPLICABLE PLEASE MARK N/A

A. FAMILY SUMMARY: (List all persons, including yourself, who will be living in the apartment)

Name	Relationship	Gender (Mark N/A if choose not to disclose)	Soc Sec #	Birth Date	FT/PT Student	U.S. Citizen (Y/N)
1.	Head of Household					
2.						
3.						
4.						
5.						

Mailing Address: _____ City: _____ State: _____ Zip: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____

(If different than mailing address)

Email Address: _____

Telephone No. (which you can be reached at): _____
 Applying to Property(s) or Community: _____ Requested Unit Size _____ Bedrooms _____
 Date you are looking to occupy an apartment: _____
 Do you expect a change in your household? Yes _____ No _____

If Yes, please explain: _____

Present amount of monthly rent? \$ _____ Reason for moving? _____

How did you hear about Meyer Property Management? Friend Radio Web Newspaper Property Sign Other

B. INCOME:

All sources of regularly received monies must be listed regardless of recipient's age Please list gross income amounts (amount received before taxes or any other deductions)

Family Member Name	Sources of Income	Amount
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	
	Employer:	
	Address:	
	Wages Gross Monthly Amount	
	Employer:	
	Address:	
	Social Security Gross Monthly Amount	
	Social Security Gross Monthly Amount	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	TANF Gross Monthly Amount	\$
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount Person Paying: Address: Do you receive Payment through Child Support Enforcement? Yes No	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$

B. INCOME (continued):

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 12 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 _____

C. ASSETS

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If Yes, What type of Asset (i.e. Money, Land, House) _____

Market Value when sold/disposed \$ _____ Amount sold/disposed for \$ _____

Date of Transaction _____

REAL ESTATE

Do you own property? Yes _____ No _____ If Yes, type of property and location _____

Appraised market Value \$ _____ Mortgage or outstanding loan _____

Name & Address of broker/realtor who would provide verification of market value

C. ASSETS (continued):

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Applicant Name:	Applicant Name:
Bank:	Bank:
Address/Phone Number:	Address/Phone Number:

Savings Accounts

Applicant Name:	Applicant Name:
Bank:	Bank:
Address/Phone Number:	Address/Phone Number:

Certificates of Deposit

Applicant Name:	Applicant Name:
Bank:	Bank:
Address/Phone Number:	Address/Phone Number:

Stocks

IRA's/401-K's

Applicant Name:	Applicant Name:
	Bank:
Address/Phone Number:	Address/Phone Number:

Bonds

(must provide copy of bond or bond series #)

Trust Accounts

Applicant Name:	Applicant Name:
Bank:	Bank:
Address/Phone Number:	Address/Phone Number:
Present Value \$	
Maturity Date	

D. CHILD CARE EXPENSES:

Child Care Expenses (Complete for children 12 and younger)

Weekly cost for Child Care: \$ _____

How many months per year do you pay child care expenses: _____

Name & Address of Person/Agency caring for children:

E. MEDICAL EXPENSES:

Medical Expenses

If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the HUD, USDA, Rural Development programs, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.*

Tenants or Co-Tenants who are disabled, handicapped or over age 62 may qualify for an income adjustment.

*Do you qualify under this provision? Yes _____ No _____

*Do you require any modifications to an apartment? Yes ____ No ____

If yes, please explain:

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if the head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

Medicare

Applicant Name:	Applicant Name:
Do you pay a medicare premium? Yes No	Do you pay a medicare premium? Yes No

Medical Insurance

Applicant Name:	Applicant Name:
Insurance Company:	Insurance Company:
Address:	Address:

Pharmacy

Applicant Name:	Applicant Name:
Pharmacy Name:	Pharmacy Name:
Address:	Address:

Physician

Applicant Name:	Applicant Name:
Health Care Provider:	Health Care Provider:
Address:	Address:
Anticipated costs not covered by insurance Monthly Amount: \$	Anticipated costs not covered by insurance Monthly Amount: \$

Outstanding Medical Bills for which You are Making Monthly Payments

Applicant Name:	Applicant Name:
Health Care Provider:	Health Care Provider:
Address:	Address:
Anticipated costs not covered by insurance Balance Due: \$ Monthly Amount: \$	Anticipated costs not covered by insurance Balance Due: \$ Monthly Amount: \$

F. PROGRAM INFORMATION:

Are you currently living in subsidized housing? Yes_____ No_____

G. APPLICANT INFORMATION:

List all states in which you have lived in ?_____

Do you have a Section 8 Voucher or any other type of voucher? Yes_____ No_____

Have you been served a Notice to Quit or been asked to leave by a previous landlord? Yes _____No_____

Have you been served with lease violations from a previous landlord? Yes _____No _____

Have you been evicted by a previous landlord? Yes _____ No _____

Have you or any household member been evicted for drug-related criminal activity? Yes _____No _____

Have you or any household member been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes _____ No _____

Have you or any household member been involved with any of the following crimes including: violence, firearm violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults, or stalking (do not include minor traffic violations)? Yes _____No_____

If you answered yes to any of the above questions, please explain the circumstances and identify property & landlord if applicable:

H. AUTHORIZATION:

I/we do hereby authorize Meyer Property Management, Inc. and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Applicant Signature

Date

Co-Applicant Signature

Date

I. ADDRESS INFORMATION:

Please list ALL Current & Previous Addresses for ALL Adults in Household

Current Address

Current Address

Name:	Name:
Address:	Address:
Landlord's Name and Contact Information (If Applicable):	Landlord's Name and Contact Information (If Applicable):
Is this landlord related to you? Yes No	Is this landlord related to you? Yes No
Date of Occupancy: From to	Date of Occupancy: From to

Previous Address:

Previous Address:

Name:	Name:
Address:	Address:
Landlord's Name and Contact Information (If Applicable):	Landlord's Name and Contact Information (If Applicable):
Is this landlord related to you? Yes No	Is this landlord related to you? Yes No
Date of Occupancy: From to	Date of Occupancy: From to

Previous Address:

Previous Address:

Name:	Name:
Address:	Address:
Landlord's Name and Contact Information (If Applicable):	Landlord's Name and Contact Information (If Applicable):
Is this landlord related to you? Yes No	Is this landlord related to you? Yes No
Date of Occupancy: From to	Date of Occupancy: From to

J. ETHNICITY & RACE:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development/HUD that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

Name:		Name:		Name:		Name:	
Ethnic Categories	Select One	Ethnic Categories	Select One	Ethnic Categories	Select One	Ethnic Categories	Select One
Hispanic or Latino		Hispanic or Latino		Hispanic or Latino		Hispanic or Latino	
Not-Hispanic or Latino		Not-Hispanic or Latino		Not-Hispanic or Latino		Not-Hispanic or Latino	
Racial Categories	One or More	Racial Categories	One or More	Racial Categories	One or More	Racial Categories	One or More
American Indian or Alaska Native		American Indian or Alaska Native		American Indian or Alaska Native		American Indian or Alaska Native	
Asian		Asian		Asian		Asian	
Black or African American		Black or African American		Black or African American		Black or African American	
Native Hawaiian or Pacific Islander		Native Hawaiian or Pacific Islander		Native Hawaiian or Pacific Islander		Native Hawaiian or Pacific Islander	
White		White		White		White	
Choose Not To Disclose		Choose Not to Disclose		Choose Not to Disclose		Choose Not to Disclose	

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

CERTIFICATION

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

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Meyer Property Management, Inc. resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I agree to inform the management agency personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing assistance payments.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household

Date _____

Spouse/Co-Tenant

Date _____

