



Prairie Trail Village

491 Prairie Trail Road, Sheldon, IA 51201

Phone 712-344-0038 Fax 605-408-8358, prairietrailvillage@costelloco.com



Dear Applicant,

Thank you for your interest in Prairie Trail Village! Rent includes water, sewer, garbage, snow removal, lawn care, washer and dryer, dishwasher, microwave, playground, picnic areas, 24 hour emergency maintenance and on-site management.

*** 12-month Lease is required * PET Friendly * SMOKE FREE property ***

	Rent Range	Deposit	Average Utilities	Minimum Occupancy	Maximum Occupancy
1 BEDROOM	\$ 670 – 705	\$ 350	\$ TBD	1	3
2 BEDROOM	\$ 870 - 910	\$ 400	\$ TBD	1	5
3 BEDROOM	\$ 1,250	\$ 450	\$ TBD	2	7
4 BEDROOM	\$ 1,350	\$ 550	\$ TBD	3	9

Attached you will find the application packet. Please fill out completely and provide explanation where necessary; incomplete or missing information will delay the approval process. Within the application packet, you will find an *Authorization for Release of Information* form which is required for each person over the age of 18 in order for us to verify your information.

Our *Tenant Selection Plan* is also freely available to anyone who requests it. Please contact me for a copy if you wish, or find it posted at the property office.

Costello Companies requires a criminal and credit background check for each adult over 18. You must provide a state or federal issued ID for each adult, as well as social security cards. The address(es) provided on your application will be compared to your credit report; if there is a discrepancy, additional documentation may be needed to verify your identity.

To apply, you will need to turn in all of the following:

- An application fee of \$45 for each person 18 years of age or over (must be check or money order – NO CASH; this is non-refundable).
- The completed application (each person 18 years of age or over must sign all pages that require a signature, and fill out a separate *Screening Reports Sheet* and *Authorization to Release of Information* sheet).
- A copy of a driver’s license or state-issued photo ID for each person 18 years of age or over.
- A copy of each household member’s social security card.

If you have any questions about the information requested, please call or email and I will be happy to assist you! *The average time needed to process an application is 3-10 business days.*

Thank you!

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491 Prairie Trail Road
Sheldon, IA 51201
Phone 712-344-0038 Fax 605-408-8358
prairietrailvillage@costelloco.com

(March 2017) “This Institution is an Equal Opportunity Provider and Employer.”

Prairie Trail Village is a NON-SMOKING PROPERTY



By signing this acknowledgment, you are agreeing to all terms and conditions pertaining to maintaining a non-smoking property. This applies to ALL Units, garages and all common areas located on this property.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date



AUTHORIZATION FOR RELEASE OF INFORMATION



ALL adult household members must sign a separate form.

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Costello Property Management dba: Prairie Trail Village** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development (RD) in administering and enforcing program rules and policies. I also consent for HUD or RD or the PHA to release information from my file about my rental history to HUD or RD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

IDENTITY AND MARITAL STATUS EMPLOYMENT, INCOME, AND ASSETS RESIDENCES & RENTAL ACTIVITY
CREDIT AND CRIMINAL ACTIVITY MEDICAL OR CHILD CARE ALLOWANCES

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

TRIBAL, LOCAL, STATE, & FEDERAL SOCIAL SECURITY ADMINISTRATION STATE UNEMPLOYMENT AGENCIES SCHOOLS AND COLLEGES
COURTS AND POST OFFICES MEDICAL & CHILD CARE PROVIDERS UTILITY COMPANIES WELFARE AGENCIES
LAW ENFORCEMENT AGENCIES SUPPORT & ALIMONY PROVIDERS VETERANS ADMINISTRATION LANDLORDS
CREDIT PROVIDERS & BUREAUS PAST & PRESENT EMPLOYERS BANKS & OTHER FINANCIAL INSTITUTIONS
PUBLIC HOUSING AGENCIES RETIREMENT SYSTEMS

A 45.00 APPLICATION FEE FOR BACKGROUND PROCESSING WILL BE REQUIRED AT THE TIME OF YOUR RENTAL APPLICATION. Costello Property Management uses a 3rd party provider to obtain all credit and criminal records. Each application is screened against the property specific criteria above. Should your application be declined you may contact Screening Reports, Inc. at 1-866-389-4042.

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or RD, or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or RD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

For information requested from financial institutions, Costello Property Management certifies that it handles all information gathered in compliance with the applicable provisions of the Right to Financial Privacy Act of 1978. "This Institution is an Equal Opportunity Provider & Employer."

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

DISCLOSURE: "This institution is an equal opportunity provider and employer." *"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."*

CONDITIONS: I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. I UNDERSTAND I HAVE A RIGHT TO REVIEW MY FILE AND CORRECT ANY INFORMATION THAT I CAN PROVE IS INCORRECT.

SIGNATURES

Adult Household Member

(Print Name)

Date

Authorized Representative of Costello Property Management

Manager
(Print Name and Title)

Date



AUTHORIZATION FOR RELEASE OF INFORMATION



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- IDENTITY AND MARITAL STATUS** **EMPLOYMENT, INCOME, AND ASSETS** **RESIDENCES & RENTAL ACTIVITY**
- CREDIT AND CRIMINAL ACTIVITY** **MEDICAL OR CHILD CARE ALLOWANCES**

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- TRIBAL, LOCAL, STATE, & FEDERAL** **SOCIAL SECURITY ADMINISTRATION** **STATE UNEMPLOYMENT AGENCIES** **SCHOOLS AND COLLEGES**
- COURTS AND POST OFFICES** **MEDICAL & CHILD CARE PROVIDERS** **UTILITY COMPANIES** **WELFARE AGENCIES**
- LAW ENFORCEMENT AGENCIES** **SUPPORT & ALIMONY PROVIDERS** **VETERANS ADMINISTRATION** **LANDLORDS**
- CREDIT PROVIDERS & BUREAUS** **PAST & PRESENT EMPLOYERS** **BANKS & OTHER FINANCIAL INSTITUTIONS**
- PUBLIC HOUSING AGENCIES** **RETIREMENT SYSTEMS**

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SIGNATURES

Adult Household Member	(Print Name)	Date
Authorized Representative of Costello Property Management	Manager (Print Name and Title)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



Screening Reports, Inc.
729 N Route 83 Suite 321
Bensenville, IL 60106
Toll-Free Phone (866) 389-4042
Toll-Free Fax (866) 389-4043

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on application. I have personally filled in and/or reviewed all information listed on application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature(s) below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

_____	_____	_____	_____
Applicant Signature	Social Security #	Birthday	Today's Date
_____	_____	_____	
Legal First Name (please print)	Legal Full Middle Name (print)	Legal Last Name (please print)	
_____	_____	_____	_____
Physical Street Address (no PO Box accepted)	City	State	Zip Code
_____	_____		
Monthly Income	Prairie Trail Village Community Billed		

For Office Use: Complete from State ID

No
Photo

_____	_____	_____
Birthdate	Soc. Sec #	Verified By

Legal Last Name		
_____	_____	
Legal First Name	Middle Full Name	

Referred By: (please check one)

<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____





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729 N Route 83 Suite 321
Bensenville, IL 60106
Toll-Free Phone (866) 389-4042
Toll-Free Fax (866) 389-4043

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Applicant Signature	Social Security #	Birthday	Today's Date
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Legal First Name (please print)	Legal Full Middle Name (print)	Legal Last Name (please print)	
_____	_____	_____	_____
Physical Street Address (no PO Box accepted)	City	State	Zip Code
_____	_____		
Monthly Income	Prairie Trail Village Community Billed		

For Office Use: Complete from State ID

No
Photo

_____	_____	_____
Birthdate	Soc. Sec #	Verified By

Legal Last Name		
_____	_____	
Legal First Name	Middle Full Name	

Referred By: (please check one)

<input type="checkbox"/> Apartments.com	<input type="checkbox"/> Costello Website
<input type="checkbox"/> Drive By	<input type="checkbox"/> Local Newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Previous Resident
<input type="checkbox"/> Current Resident	<input type="checkbox"/> Renter's Guide
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Online
<input type="checkbox"/> Outreach Group	<input type="checkbox"/> Other: _____





Application for Rental

Revision Date: 11/10/2016

Management Use Only	HHID #: _____
Application Received: _____	
Date	Time
Pre-Application Rec'd: _____	
Date	Time

Return to:

TTY: 711

This is a Non-Smoking Community!



APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED IN FULL

Bedroom Size Requested: One Bedroom _____ Two Bedroom _____ Three Bedroom _____ Four Bedroom _____

Applicant Name _____

Co-Applicant Name _____

Current Address _____

Current Address _____

City, State ZIP _____

City, State ZIP _____

Home/Cell Phone Number(_____) _____

Home/Cell Phone Number(_____) _____

Work Phone Number (_____) _____

Work Phone Number (_____) _____

Email Address _____

Email Address _____

Social Security Number _____

Social Security Number _____

Driver's License # With State _____

Driver's License # With State _____

Date of Birth _____

Date of Birth _____

Current Marital Status: Single _____ Married _____

Current Marital Status: Single _____ Married _____

Divorced _____ Separated _____ Widowed _____

Divorced _____ Separated _____ Widowed _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the head of household and all other members who will be living in the unit. Attach an additional sheet of paper if necessary.

First Name (Maiden Name) Last Name	Relationship	Birth Date	Social Security Number (or Alien Registration Number)	Are You a Student? (circle one)
	Head of Household			Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

How did you hear about our apartment Community? _____

What state(s) has each household member lived in since 18 years of age: _____

Do you anticipate adding anyone to your household? Yes No

If Yes, please explain: _____

Is anyone in the household a current user/abuser of an illegal controlled substance? Yes No

Has anyone in the household ever been involved in any of the following crimes: violence, firearms violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults or stalking? Yes No

Is anyone in the household listed above currently involved in, have ever been charged with or convicted of a misdemeanor or felony?

(excluding misdemeanor traffic violations)?

Yes No

Have you or any member of your household been convicted of any crime involving physical violence to persons

Yes No

or property at any time, including any form of sexual assault, rape, or sexual contact?

If Yes to any of these, please explain (if more room is needed, please continue on back). _____

Are you or any member of your household required to register your address or other information pursuant to a Sex

Offender Registration Law of any state?

Yes No

If Yes, please list each State you have lived in: _____

Are any members of your household students in a post-high school institution of higher learning?

Yes No

Does anyone in the household have a Companion/Assistance/Service Animal? List animal(s): _____

Yes No

Does anyone in the household have a pet? If yes, list pet(s): _____

Yes No

Are all members of the household U.S. citizens or national of the United States?

Yes No

Are any members a non-citizen with eligible immigration status? (documentation required)

Yes No

Is any member of the household disabled or have special housing needs (i.e. wheelchair accessible unit, flashing fire alarm, etc)?

Yes No

RESIDENTIAL HISTORY

(List consecutively)

Applicant

Co-Applicant

Current Residence _____

Current Residence _____

Landlord/Realtor Phone # (____)____-_____

Landlord/Realtor Phone # (____)____-_____

Address _____

Address _____

Present monthly rent/mortgage \$ _____

Present monthly rent/mortgage \$ _____

Dates of Occupancy _____

Dates of Occupancy _____

Rent Own NA

Rent Own NA

Previous Residence _____

Previous Residence _____

Landlord/Realtor Phone # (____)____-_____

Landlord/Realtor Phone # (____)____-_____

Address _____

Address _____

Monthly rent/mortgage \$ _____

Monthly rent/mortgage \$ _____

Dates of Occupancy _____

Dates of Occupancy _____

Rent Own NA

Rent Own NA

Do you have equity in real estate? If yes, what is the address? _____ Yes No

Are you being evicted? If yes why? _____ Yes No

Have you ever been evicted? If yes, When _____ Where _____ Yes No
Why _____

Are you or any member of your household currently receiving Rental Assistance? Yes No

If yes, Which Kind: _____

From Who: _____

ESTIMATED HOUSEHOLD INCOME

Applicant

Co-Applicant

Employer Name _____

Employer Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Rate per Hour _____ Hours per Week _____

Rate per Hour _____ Hours per Week _____

Annual Income _____

Annual Income _____

How long employed at this job _____

How long employed at this job _____

Does **any** household member have income or expect to receive income other than what is listed above (such as self-employment, armed forces pay, unemployment, severance pay, workman compensation, child support, TANF, student financial assistance, tribal income, social security, rental income, veteran’s benefits, pensions, disability benefits, death benefits, life insurance payments, alimony/spousal support, etc.)? Yes No

If Yes, please list here:

Household Member’s Name: _____

Household Member’s Name: _____

Type of Income: _____

Type of Income: _____

Source of Income: _____

Source of Income: _____

Annual Amount: \$ _____

Annual Amount: \$ _____

EMERGENCY CONTACT

Name _____ Home Telephone Number (_____) _____

Mailing Address _____ Work Telephone Number(_____) _____

City, State ZIP _____ Relationship _____

Is this person authorized to enter your home in the event of an emergency? Yes No

SIGNATURE AND CONSENT

I/We certify that the apartment unit will be a permanent residence, and I/we further certify that if the complex stated is funded by HUD or Rural Development I/we do/will not maintain a separate rental unit in a different location. I/We hereby authorize the landlord to make a check of my/our criminal history and credit history and authorize the credit bureau and my/our financial institutions and references to release information to the landlord. I/We further agree to release and hold harmless the landlord from any damages or liability resulting from the use of such information. I/We declare that the statements contained in this application are true and complete to the best of my/our knowledge. I/We hereby authorize the release of any information contained herewith to determine my/our eligibility for this housing. I/We certify that the above information is true and complete. I/We understand that the above information may be collected to determine my/our eligibility for federal programs and is subject to verification. These programs may include, but are not limited to, the US Dept of Housing and Urban Development, the USDA Rural Development, and/or the Low Income Housing Tax Credit Program. It is the managements aim to ensure that this apartment community is a drug-free/crime-free zone. The use and sale of controlled substances will not be tolerated. By signing this application form, I/we verify my/our support for this policy.

WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.



“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; 2. Fax: (202) 690-7442; or 3. Email: program.intake@usda.gov. This institution is an equal opportunity provider.”

All household members 18 years of age or older must sign below.

Applicant’s Signature: _____

Date: _____

Co-Applicant’s Signature: _____

Date: _____

Co-Applicant’s Signature: _____

Date: _____

Prairie Trail Village
491 Prairie Trail Road
Sheldon, Iowa

Project Eligibility Requirements

This document lays out the requirements that relate to applying for and acceptance at the above property. NOTE: The manager of the property that you are applying for is working in behalf of the owner and is referred to in this policy as the “manager” or “owner/agent.”

Project Specific Requirements – This housing community is for residents of all ages.

1. All household members who are 18 years of age or older are required to sign consent and verification forms.
2. All information reported by the household is subject to verification.
3. Applicants must agree to pay the rent.
4. Household members are not required to disclose gender.
5. No one may be added to the lease, or move into the unit without prior approval. The new household member will be subject to the same background screening criteria as a new move-in.

Social Security Number Disclosure Requirements – Applicants must disclose and provide documentation of Social Security Numbers (SSN) for all adult household members prior to move-in. The requirement to disclose SSNs applies to all adult persons living in the unit, including any foster adults and live-in aides who assist disabled household members.

Procedures for Accepting Applications and Selecting from Waiting List

Procedures for Accepting Applications and Pre-applications – Applications for residency are available to all persons.

Anyone who wishes to be a resident will generally need to provide at least the following:

- Photo IDs for all adults.
 - Information on household characteristics: name, age, disability status (only to establish the need for a reasonable accommodation) and need for an accessible unit.
 - Household contact information.
 - Screening Information
 - Whether the applicant or any household member is subject to any state’s lifetime sex offender registration
 - List of states where the applicant and all members of the household have resided
 - Disclosure of SSN’s for all members of the household.
1. Applications will be accepted once completed in full and properly signed per unit size and type in chronological time and date order. Households that include persons with disabilities will be given preference for units with special accessibility features. If a unit that fits the applicant’s needs is not available, their name will be placed on the waiting list (maintained in the same time-and-date order) after preliminary eligibility determination.
 2. The waiting list will be updated a minimum of once every six months. Applicant households who have not informed the property that they want to remain on this list may be removed.
 3. Applicants will be moved to the bottom of the waiting list if their application is approved but the applicant is unable or unwilling to accept one of the available units.
 4. Applicants will be deactivated from the waiting list if:
 - a. They do not inform the manager of their desire to stay on the list at least once every 6 months.
 - b. They accept a unit at another community.
 - c. Their application is denied for any reason.
 - d. The property manager is no longer able to contact the applicant by phone or mail.
 - e. They inform manager by phone, in person or by mail that they no longer need a unit.
 - f. The applicant is offered and rejects a unit three times at the community.

Applicants who are denied may appeal the denial in writing within ten (10) days from the date of receiving a denial letter. A successful appeal will result in reactivation on the top of the waiting list.

Applicant Screening Criteria – Criminal and Drug-related History and Sex Offender Checks



All applicants age 18 or older and dependents turning 18 years of age after initial tenancy will be screened for residency. Screening criteria will be applied consistently to all applicants. However, consideration may be made when negative history directly relates to a disability and such history is likely not to be repeated if reasonable accommodations can be made.

- A. **Criminal history checks** will be run on every applicant 18 years of age and older. Such checks help the owner to meet a serious business responsibility toward the legitimate end of ensuring safety for residents and physical integrity of the property. Certain crimes, if repeated, would pose a risk to residents and property. Where admission may be denied to a household based on criminal background, and such denial is appealed, an individualized assessment of the criminal record and its impact on the household's suitability for admission will be conducted to the extent possible. This individualized assessment will include consideration of the following factors: (1) the seriousness of the criminal offense; (2) the relationship between the criminal offense and the safety and security of residents, staff, or property; (3) the length of time since the offense, with particular weight being given to significant periods of good behavior; (4) the age of the household member at the time of the offense; (5) the number and nature of any other criminal convictions; (6) evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, teacher, social worker, or community leader; and (7) tenancy supports or other risk mitigation services the applicant will be receiving during tenancy.

When reviewing criminal backgrounds, the below general standards will be used.

- 1) **Expunged or sealed convictions** will not be used in determining eligibility.
- 2) **Arrest or charge that was resolved** without conviction will not be used. Although admission will not be denied solely based on an arrest, an arrest may be the basis for further inquiry and a decision can be made on the conduct and other supporting information such as police reports detailing the circumstances of the arrest, witness statements and other relevant documentation. Arrests and open cases may also be used to determine that a pattern of behavior evidenced by past convictions continues.
- 3) Any applicant unlawfully obtaining government assistance or committing fraud will be denied.
- 4) **Violent crimes against persons**
 - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 20 years of application. Persons with felony convictions for murder, attempted murder and terrorism may be denied for up to 50 years.
 - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes of physical violence to persons or the nature of which would be detrimental to the safety or welfare of other residents or their peaceful occupancy of the premises, the application may be denied if the conviction, or exit from incarceration, occurred within 10 years of application. Persons with convictions for misdemeanor murder or attempted murder may be denied for up to 25 years. Persons with convictions for misdemeanor terrorism may be denied for up to 50 years.
- 5) **Crimes against property**
 - a. If a member of an applicant household has been convicted of a violent felony offense involving crimes against property, the application will be denied if the conviction, or exit from incarceration, occurred within 7 years of application; and may be denied if the conviction, or exit from incarceration, occurred more than 7 years before application. The limit for persons with a felony arson conviction is 15 years.
 - b. If a member of an applicant household has been convicted of a violent misdemeanor offense involving crimes against property, the application may be denied if the conviction, or exit from incarceration, occurred within 5 years of application. The limit for persons with a misdemeanor arson conviction is 10 years.
- 6) **Nonviolent felony and misdemeanor offenses**
 - a. If a member of an applicant household has been convicted of a nonviolent felony offense that is not a crime against a person or property, the application may be denied if the crime, if repeated, would impact the safety of the residents or the integrity of the programs funding the property (such as fraud). Such convictions will generally not result in denial after 7 years for felonies and 5 years for misdemeanors.

- b. Some criminal convictions (felony or misdemeanor) that do not involve violent crimes against others or property and that, if repeated, are not likely to impact the safety of the residents or the integrity of the programs funding the property, provide no basis for application denial.
- 7) **Drug-related**
- a. All applicants who are currently engaging in **illegal drug use** will be denied.
 - b. All applicants who have been convicted of **distribution or manufacture of illegal drugs** will be denied.
 - c. All applicants may be denied for which the landlord determines that there is reasonable cause to believe that a household member's **alcohol abuse** or pattern of alcohol abuse (or **illegal use of drugs** or pattern of illegal use of drugs) may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
 - d. Exceptions to the criminal standards relating to past illegal drug use (but not distribution or manufacture) may be made for those participating in or having graduated from a State Drug Court Program. Only programs sanctioned by the State's Judicial System following the National Drug Court Model will be considered for this exception.
- B. All applicant household members will be checked against the Dru Sjodin National Sex Offender Database for lifetime sex offenders in all states that they have lived. If found on registry, applicant will be denied.

Applicant Screening Criteria – Credit and Other Screening Criteria

- A. **Credit reports** will be done on all applicants 18 years of age and older.
- 1) Applicants without credit history will not be denied.
 - 2) A positive credit history is desired.
 - 3) Applicants with the following negative credit history may be denied;
 - a) Undischarged bankruptcies within 24 months
 - b) Outstanding landlord debt evident within 60 months
 - c) Collections within 24 months
 - d) Legal items, such as judgements, within 24 months
 - e) Outstanding tax liens within 24 months
 - f) Evictions filed within 60 months
 - g) If they are included on management exclusion list for negative history with other Costello properties.
 - h) Passing bad checks
 - i) Address(es) provided on application could not be verified.
- B. **Rental History**
- 1) Lack of rental history is not grounds for rejection; however personal references will be required.
 - 2) Applicants with previous rental history must have references as a good resident, including but not limited to the following:
 - a. Favorable rent history (rent was paid on time).
 - b. Have no material non-compliance violations of the rental agreement.
 - c. Kept the unit clean and in good condition.
 - d. Must not have allowed unauthorized residents to reside in the unit.
 - e. Must not have endangered the health and safety of any other residents, the landlord or any of his agents.
 - f. Must not have interfered with the rights and quiet enjoyment of the other residents.
 - g. If any household member has been evicted from any type of housing for drug related criminal activity in the last 5 years, the application will be denied.
- C. If a household is applying for a unit that does not have rental assistance, they must demonstrate the ability to pay rent. Applicants must have monthly gross income no less than two and one half times ($2\frac{1}{2}X$) the monthly rental amount.

Procedures for Rejecting Ineligible Applicants – If an applicant is denied admission to the property they will receive a written notice stating the reason(s) for the rejection. The notice will also inform how the applicant can obtain the background checks that were used to make the decision. The applicant has the right to respond in writing to dispute the rejection within 14 days of the notice.

Management reserves the right to reject any application in which applicant delays the processing of an application or delays their move in date for more than 10 days.



Occupancy Standards

In order to ensure that a property and unit is not overburdened with too many residents while not underutilizing units, occupancy standards have been established with minimum and maximum numbers of residents allowed by unit size. The specific occupancy standards for this property are listed on the cover letter to this Plan.

Unit Size	Occupants	
	Minimum	Maximum
1 Bedroom	1	3
2 Bedroom	2	5
3 Bedroom	3	7

A larger unit size may be assigned upon request if the household needs a larger unit as a reasonable accommodation for a household member who has a disability.

Unit Transfer Policies

1. No transfer will be made without management's approval and consideration of the community's financial status. Households will be added to the waiting list of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity, infractions and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.
2. Current resident households requesting a unit transfer for the following reason will be given preference for a unit over those on the waiting list to move into the property. The order of granting multiple transfer requests outstanding at the same time will be on a priority basis based on urgency of need, then time of request.
 1. A unit transfer for a medical reason certified by a doctor, a need for an accessible unit or to accommodate a person with a disability.
 2. A required unit transfer due to household size or changes in household composition. When an owner determines that a transfer is required, the household must move within 30 days after notification that a unit of the required size is available within the property or may remain in their current unit and pay the approved market rent.

Policies to Comply with The Fair Housing Act

1. Non-Discrimination Policies
The owner and management company does not discriminate based upon race, color, religion, creed, national origin, sex, age, disability or familial status.
2. FHA Compliance
The Fair Housing Act (FHA) prohibits discrimination in the sale, rental or financing of housing based on race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination based on age and state law prohibits discrimination based on creed. If an applicant has a question regarding Fair Housing or feel that they have been discriminated against, contact Housing and Urban Development's Fair Housing Equal Opportunity division (HUD FHEO).

I/We _____:

1. I/we have read and understand the Resident Selection Policy.
2. I/We acknowledge we have received a copy of this Resident Selection Policy.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Co-Applicant _____ Date _____

Co-Applicant _____ Date _____



RESERVATION AGREEMENT



NAME: _____

SSN: _____

The stated individual has applied for admittance into one of our apartment communities.

This DEPOSIT will be held until the application of the above stated individual is reviewed and processed in accordance with approved management procedures, until such time COSTELLO PROPERTY MANAGEMENT agrees not to rent stated unit to the exclusion of the DEPOSITOR. Should, however, the DEPOSITOR fail to sign a standard lease (rental agreement) by that time, COSTELLO PROPERTY MANAGEMENT shall have the right to retain this DEPOSIT as liquidated damages for such failure and for its reserving stated unit. In the event that the lease is signed, this DEPOSIT shall be applied toward the SECURITY DEPOSIT required under the terms of such lease. The DEPOSITOR agrees and acknowledges that payment of the first month's rent, in advance and at the time signing, is a condition of the standard lease, and makes this DEPOSIT with full awareness of that requirement.

I, _____, agree to rent unit # _____ located at _____
(Head of Household)

Community Name: Prairie Trail Village

Unit Address: _____

Unit Number: _____

City, State, ZIP: _____

I understand that this is a **NON-REFUNDABLE** deposit, and if I am accepted, this deposit will be applied towards the total deposit due.

If, at any time after signing this agreement, during the application process or after being accepted, I choose not to rent the unit listed above, the deposit **WILL NOT** be refunded.

If I am denied for any reason, this deposit will be refunded to me.

Depositor	Printed Name	Date

The above stated individual has made a DEPOSIT of \$ _____ as a NON-REFUNDABLE Binder for the reservation of the unit stated.

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

	Ashley Bruske	
Managing Agent	Printed Name	Date