

RENTAL APPLICATION

Dear Applicant,

Thank you for your inquiry and request for an application for an apartment with us. To help us speed up the application process for you; please complete the entire application to be placed on the waiting list.

Please use the 'Checklist' below for your convenience, an incomplete application will be returned to you and cause delays. All areas must be completed. You may attach other sheets of paper if necessary. Please use blue or black ink pen only.

Screening of applications will be done in accordance with our tenant selection plan. Criminal, credit and rental history play a part in eligibility for an apartment. If you have any questions, please contact our leasing agents at our office at 877-521-8750.

Please drop off or mail your completed and signed application and forms to:

Oakleaf Property Management
1019 Jones St.
Sioux City IA 51105

Application Checklist

Fill out and sign the following attached Forms: You may fax but we must have the original application mailed to us as well.

- ☐ The 'Supplement to Application for Federally Assisted Housing'
Please sign and date this supplement where it states, "Signature of Applicant" and "Date."
- ☐ The three (3) page 'Rental Application.' **All adults** must sign where it states "Sign Here."
- ☐ The 'Landlord Reference Form.' You only need to sign on the (X), we do the rest.
- ☐ **Student Certification Form.** Please fill out and sign this form on the (X) even if you are not a student.

To speed-up the application process, be sure to include copies of the following items:

- ☐ **Color Copy of Photo ID for each adult household member.**
- ☐ **Copy of Social Security Card for each household member.**
- ☐ **Copy of Birth Certificate for each household member.**
- ☐ Insurance Premiums.
- ☐ Income statement from Social Security Administration. (Benefit Print-out from Social Security office not older than 90 days)
- ☐ Lease Land Income Verification.
- ☐ Pension or Retirement Statement.
- ☐ Real Estate Assessment Verification/Escrow Verification.



Phone: (712) 255-3665 • TTY: Dial 711 • Toll Free: (877) 521-8750 • Fax: (712) 252-0155 • Emergency Maint: (877) 638-3503 • WWW.OAKLEAFPM.COM
Oakleaf Real Estate Management Company, (also known as Oakleaf Property Management) is an Equal Opportunity Provider and Employer. Oakleaf Property Management is a wholly owned subsidiary of Sioux Falls Environmental Access, Inc., a Section 501(c)(3) charitable organization, each entity shall conduct all of their activities in accordance with Internal Revenue Procedure 96-32 or its successor.

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APPENDIX A REASONABLE ACCOMMODATION/MODIFICATION POLICY

Oakleaf Property Management is committed to providing people with disabilities¹ the equal opportunity to use and enjoy their dwellings, as required by federal, state, and local law. Reasonable accommodations may include a change or exception to rules, policies, practices, or services that is needed because of a person's disability. Reasonable modifications may be a physical change to a unit or common area that is needed because of a person's disability.

It is Oakleaf Property Management's general policy to provide reasonable accommodations or modifications to individuals with disabilities whenever an individual has: **A-** Requested a reasonable accommodation or modification, **B-** Met the definition of a person with a disability, **C-** has provided that there is a disability-related need for the requested accommodation or modification. A disability-related need exists when there is an identifiable relationship, or nexus, between the requested accommodation/modification and the individual's disability.

Oakleaf Property Management accepts reasonable accommodation and modification requests from persons with disabilities and those acting on their behalf. Reasonable accommodation and modification request forms are available in your property management office, and may be returned to that office when complete. They will then be forwarded to the appropriate property manager. If you require assistance in completing the form, or wish to make the request orally, please contact Oakleaf Property Management's management office. Oakleaf Property Management will keep a record of all requests.

We will make a prompt decision on your request. If the request is of a time-sensitive nature, please let us know and we will expedite the decision-making process. In the event we need additional information to make a determination, we will promptly advise you of the information needed. It is Oakleaf Property Management's policy to seek only the information needed to determine if the request should be granted under federal, state, or local law. We will not ask about the nature or extent of your disabilities. If the request is granted, you will receive a letter indicating so.

In the event of a denial due to a fundamental alteration to the operations of the property or if the request imposes an undue financial and administrative burden the request will be discussed with the individual who has made the request. Oakleaf Property Management is committed to participating in an interactive process with the person requesting the accommodation or modification in order to reach an alternative.

If the request is denied, we will provide you with a letter stating all of the reasons for the denial and discuss any alternatives to your request. If an individual with a disability believes that the request has been denied unlawfully or a response has been unreasonably delayed, then he or she may contact the Department of Housing & Urban Development, Office of Fair Housing & Equal Opportunity, 400 State Ave Room 200, Kansas City, KS 66101- 2406. Phone (913) 551-5462. TTY: (800) 877-8339.
<https://www.hud.gov/complaints>

Applicant Signature

Date

OPM Rep Initials

¹ For this purpose, a person with a disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such impairment, or a person with a record of such impairment. Physical or mental impairments include, but are not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

Community Listings

SIOUX CITY LOCATIONS

CENTENNIAL MANOR

441 West 3rd St. Sioux City, IA. 51103

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

HUD Sec 8/Tax Credit/AHP

CENTURY II

515 Court St. Sioux City, IA. 51101

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

HUD Sec 8

MARTIN TOWER I

410 Pierce St. Sioux City, IA. 51101

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

HUD Sec 8/Tax Credit

MARTIN TOWER II

410 Pierce St. Sioux City, IA. 51101

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

Housing Vouchers accepted.

Tax Credit

MORNING HILLS

2627 So. Rustin St, Sioux City, IA. 51106

One, two, or three bedroom apartments.

HUD Sec 8/PSR/HUD Sec 236

SHIRE I

4236 Hickory Lane, Sioux City, IA 51106

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

HUD Sec 8/Tax Credit

SHIRE II

4236 Hickory Lane, Sioux City, IA 51106

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

(17) HUD Sec 8 Units

(7) Tax Credit/HOME/Conventional Units (Housing
Vouchers Accepted)

SOUTHVIEW

2728 So. Helen St. Sioux City, IA. 51106

Two & three bedroom apartments.

HUD Sec 8

FLATS

603 7th Street

1 BR Studio Apartments

Conventional

TOWNVIEW

400 W. 4th, Sioux City, IA. 51103

Two & three bedroom apartments.

HUD Sec 8/Tax Credit

WEST PARK

605 W. 3rd St. Sioux City, IA. 51103

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

HUD Sec 8

OTHER IOWA LOCATIONS

FLOYD VALLEY

110 6th Ave. NE Le Mars, IA. 51031

One bedroom apartments.

Housing vouchers accepted.

Conventional

LE MARS ESTATES

650 4th Ave NE, Le Mars, IA 51031

Two and Three bedroom apartments.

HUD Sec 8

KINGSTON

315 E. 4th St. • PO Box 183

Kingsley, IA. 51028

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

HUD Sec 8

LAKELAND PARK

210 W. 10th Ave. N. Clear Lake, IA. 50428

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

HUD Sec 8

RIDGEWOOD

260 4th St. Akron, IA. 51001

One bedroom apartments for persons 62 yrs. of age or older,
or persons with disabilities.

HUD Sec 8

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Community Listings

ROSEWOOD HEIGHTS

1202 S. 3rd Ave. Rock Rapids, IA. 51246

(34) HUD Sec 8 One bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

(22) Conventional Apartments with no income or age restrictions. (Housing Vouchers accepted)

SOMERSET

400 Minnesota Ave. Holstein, IA. 51025

One bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

HUD Sec 8

SOUTH DAKOTA LOCATIONS:

CATHEDRAL SQUARE I

501 N. Davison, Mitchell, SD 57301

One bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

HUD Sec 8/Tax Credit/AHP

CATHEDRAL SQUARE II

500 N. Langdon, Mitchell, SD 57301

One bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

HUD Sec 8/Tax Credit/AHP

GREENRIDGE

1500 N. Kimball, Mitchell, SD 57301

One bedroom apartments for persons 62 yrs. of age or older or persons with disabilities.

HUD Sec 8/Tax Credit/AHP

GREEN MEADOWS

1515 N. Davison, Mitchell, SD 57301

Two & three bedroom apartments.

HUD Sec 8/Tax Credit

TOWN SQUARE I

505 W Main St., Vermillion, SD 57069

One & two bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

HUD Sec 8/Tax Credit

TOWNSQUARE II

507 W Main St., Vermillion, SD 57069

One bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

HUD Section 8/Tax Credit

VALLEY PARK

2200 Green Street, Yankton, SD 57078

Two & three bedroom apartments.

HUD Sec 8

WEST PARK

1018 11th St., Rapid City, SD 57701

One bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

HUD Sec 8

WESTERN HEIGHTS I

2201 W 46th Street., Sioux Falls, SD 57105

One bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

HUD Sec 8/HOME/Tax Credit

WESTERN HEIGHTS II

2201 W 46th Street, Sioux Falls, SD 57105

One bedroom apartments for persons 62 yrs. of age or older, or persons with disabilities.

HUD Sec 8/HOME/Tax Credit

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RENTAL APPLICATION



Equal Opportunity Housing

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED

All areas must be completed in **black or blue pen only**. Please answer each question.

Property(ies) Applying For:

Applicant Name:

Mailing Address:

City, State, Zip:

Home Phone #:

Alternate #:

E-mail address:

Best Time to be reached?

How did you learn about the apartment? Please check all that apply:

- ☐ Newspaper ☐ Internet
☐ Referred By Resident ☐ Phone Book
☐ Referred By Other ☐ Other:

Referral Name, address and phone number:

Please Return Completed Application to:

Oakleaf Property Management

1019 Jones St.

Sioux City IA 51105

Email to: leasing@oakleafpm.com

Phone: **1-712-255-3665**

Toll Free: **1-877-521-8750**

TTY: **Dial 711 first**

Fax: **1-712-252-0155**

www.oakleafpm.com

For Office Use Only

Application Received Initial: _____
Date: _____ Time: _____

☐ New Application ☐ Update My Application

Bedroom Size Needed: ☐ 1 BR ☐ 2 BR ☐ 3 BR

☐ Brochure/Flyer ☐ TV ☐ Cable

☐ Radio ☐ Drive By ☐ Yard Sign

☐ Direct Mail

If you checked Referral, please complete the following:

Section A: Household Composition and Characteristics

1. Familial Status: (check all that apply): ☐ single ☐ married ☐ widowed ☐ separated ☐ divorced ☐ pregnant

2. Are you or any member of your family enrolled in an institute of higher education under Section 102 of the Higher Education Act of 1965? ☐ YES ☐ NO

If YES, give name of member _____

3. List the head of household and all other members who will be living in the unit. Give the relationship of each family member to the head of household below:

Full Name	Relationship to Head	Sex	Date of Birth	Age	Social Security #	Student?
	HEAD					Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N

Section B: Income HUD may conduct wage and benefit matching to identify the accuracy of the income and benefits reported.

1. Eligibility for rental of this facility is based on very low, low or moderate income for the next 12 months. Declare the gross income each household member will receive in the next 12 months. Include children and students. **Every question must be answered with 'Yes' or 'No.'**

Type of Income	Yes	No	Amount (before deductions)	Person Receiving Income	Name of Provider	Address
Employment	<input type="checkbox"/>	<input type="checkbox"/>				
Employment	<input type="checkbox"/>	<input type="checkbox"/>				
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>				
TANF or General Assistance	<input type="checkbox"/>	<input type="checkbox"/>				
Welfare or ADC	<input type="checkbox"/>	<input type="checkbox"/>				
Child Support	<input type="checkbox"/>	<input type="checkbox"/>				
Alimony	<input type="checkbox"/>	<input type="checkbox"/>				
Social Security	<input type="checkbox"/>	<input type="checkbox"/>				
Disability Benefits/SSI	<input type="checkbox"/>	<input type="checkbox"/>				
Pension	<input type="checkbox"/>	<input type="checkbox"/>				
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>				
Have you ever had child support or alimony awarded to you by the court?	<input type="checkbox"/>	<input type="checkbox"/>				

Section C: Assets

Every question must be answered with 'Yes' or 'No.'

1. List assets owned by all household members. Include children and student assets. Do not include vehicles.

Type of Asset	Yes	No	\$ Value	\$ Income from Assets	Owner	Name of Financial Institution/Title Holder, Address
Checking	<input type="checkbox"/>	<input type="checkbox"/>				
Savings	<input type="checkbox"/>	<input type="checkbox"/>				
CD	<input type="checkbox"/>	<input type="checkbox"/>				
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				
Real Estate/Lots/House	<input type="checkbox"/>	<input type="checkbox"/>				
Income from Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				
Annuities/Money Market	<input type="checkbox"/>	<input type="checkbox"/>				
Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>				
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				
Whole Life Insurance (Cash Value)	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>				

2. Has anyone listed on this application disposed of any assets in the last 2 years? ☐Yes ☐No If yes, complete the following:

Assets Disposed of	Date	\$ Market Value	\$ Amount Received

Section D: Expenses

1. Do you have any out of pocket expenses for prescribed medications? ☐Yes ☐No If yes, please complete the following:

Provider/Pharmacy Name	Address	Phone Number

2. Do you have any out of pocket expenses for health/hospitalization insurance? ☐Yes ☐No If yes, please complete the following:

Provider Name	Address	Phone Number

3. Do you have or currently owe any other out of pocket medical expenses (i.e. doctor, dentist, eyeglasses, hospital, etc.) ☐Yes ☐No If yes, please complete the following:

Provider Name	Address	Phone Number

4. Do you pay a care attendant or pay for any equipment for handicapped or disabled household member(s), thus permitting any household member to work? ☐Yes ☐No If yes, complete the following:

Provider Name	Address	Phone Number

5. Do you pay for **childcare** or **handicapped care** while a family member is working? ☐Yes ☐No

Provider Name	Address	Phone Number

Section E: Criminal History *(This portion applies to anyone in your household)*

- Do you have any criminal history that would threaten the health and safety of other residents? ☐Yes ☐No
- Are you a current user/abuser of a controlled substance? ☐Yes ☐No
- Have you ever been convicted of the illegal use, distribution or manufacturing of a controlled substance? ☐Yes ☐No
- Have you ever been convicted of a crime or do you have a criminal record? ☐Yes ☐No
- Have you ever been placed on probation or parole? ☐Yes ☐No
- Is there a current warrant for your arrest, or are you currently involved in any criminal activity? ☐Yes ☐No
- Are you required to register on any state or national lifetime sex offender registries? ☐Yes ☐No

If you answered yes to any of the above questions, please explain: _____

Section F: General Information

Every question must be answered completely.

1. Does anyone plan to live with you in the future who is not listed? ☐ Yes ☐ No If yes, please explain: _____
2. Do any household members intend to become students in the next twelve months? ☐ Yes ☐ No (Some rental programs do not allow students to participate).
3. Households where the tenant, co-tenant, or a household member is disabled or handicapped, may qualify for a handicap accessible unit and/or an adjustment to income. Do you request the \$400 adjustment to income? ☐ Yes ☐ No **If yes, written documentation may be required.**
4. We have apartments with barrier free features for the mobility impaired, the visually and hearing impaired. Does any member of the household need a unit with any of these features? ☐ Yes ☐ No If Yes, Describe features/equipment needed: _____

5. Are you currently receiving Section 8 assistance? ☐ Yes ☐ No

6. List of states where the applicant and members of the applicant's household have resided.: _____

7. For parking purposes, please list any vehicles you own:

Vehicle Model/Make/Year	Color(s)	License Plate Number(s)

8. Tenant households must possess the legal capacity to enter into a Lease Agreement. Please check one of the following:

☐ Yes, I can legally enter into a lease; ☐ No, I can not legally enter into a lease.

9. Disclosure: In signing this application, I declare that the unit applied for will be my permanent residence and I do/will not maintain a separate subsidized rental unit in a different location.

Section G: Housing References

List ALL Landlords within the past three years for all applicants 18 years of age and older, use additional sheets of paper if necessary. Do not use relatives.

Current Address:	Previous Address:
Landlord Name:	Landlord Name:
Landlord Address:	Landlord Address:
Phone #:	Phone #:
Dates Occupied:	Dates Occupied:

Have you or your spouse/co-applicant ever been evicted or involuntarily removed from rental housing? ☐ Yes ☐ No If yes, please explain: _____

The following information is requested in order to assure the Federal Government that this Property Management Company complies with the **Federal Laws and Authority Policies** prohibiting discrimination against resident applicants on the basis of race, color, national origin, age, sex, disability, religion, marital or familial status, creed, sexual orientation or gender identity. This Property Management Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. 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 and national origin of individual applicants on the basis of visual observation or surname.

☐ White, Non-Hispanic ☐ Hispanic ☐ American Indian or Alaskan Native

☐ Asian or Pacific Islander ☐ Black, Non-Hispanic ☐ Other _____

Information Release Agreement

The signature below indicates my application for housing has been submitted to this Property Management Company. Furthermore, I understand that this application is not a contract and is not binding in any manner. A copy of our tenant selection criteria is available upon request. I declare and affirm under the penalties of perjury that the application/information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Discovery of false or omitted information constitutes grounds for rejection of the application. The signature below also authorizes this Property Management Company to request and obtain verification information. I authorize all persons or firms to freely provide any requested verification information and hereby waive all right to counter-action for consequences resulting from such information provision. This authorization includes the electronic duplication of this form and/or signature via e-mail, facsimile, or copier. Credit and criminal screening will be completed when an apartment is offered.

SIGN HERE (X)

Applicant Signature

Date

SIGN HERE (X)

Spouse/Co-Applicant Signature

Date

Note: All members of the household 18 years of age and older must sign below:

SIGN HERE (X)

Signature

Date

SIGN HERE (X)

Signature

Date



Equal Opportunity Housing



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1019 Jones Street • Sioux City, IA 51105

STUDENT CERTIFICATION

Applicant/Resident _____ Date _____

Social Security Number _____ Property _____

TO BE COMPLETED BY APPLICANT / RESIDENT

Are you student at an institution of higher education?

Yes ☐ No ☐

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered no, please skip the following questions and sign below.

Name of School _____ City _____

If you answered yes, please complete the following questions:

Yes No

1. Are you a full-time student? ☐ ☐
2. Are you a graduate or professional student? ☐ ☐
3. Are you at least 24 years of age? ☐ ☐
4. Are you a veteran of the United States military? ☐ ☐
5. Are you married? ☐ ☐
6. Do you have a dependent child? ☐ ☐
7. Do you have dependents other than a child or spouse? ☐ ☐
8. Were you an orphan or a ward of the court through the age of 18? ☐ ☐
9. Do you live with your parents? ☐ ☐

If no:

- a. Are your parents receiving or eligible to receive Section 8 assistance? ☐ ☐
- b. Are you claimed as a dependent on your parent's tax return? ☐ ☐
10. Have you established a household separate from parents or legal guardian for at least one year prior to your application? ☐ ☐
11. Are you receiving any financial assistance to pay for your education? ☐ ☐

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(X) _____
Signature of Applicant / Resident

(X) _____
Printed Name of Applicant / Resident

(X) _____
Date

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 uses 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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1019 Jones Street • Sioux City, IA 51105

Landlord Reference Form

RE:

SS:

Landlord Name: _____

This person has applied for housing in one of our communities. We ask your cooperation in providing the following information and returning it to us. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

Address of Apartment Rented: _____ Rental Period: From _____ to _____

Amount of current/previous rent \$ _____ Amount in arrears at this time \$ _____

If this rental is current, do you receive a subsidy through the Rural Housing 515 program or HUD Section 8 program? ☐ Yes ☐ No

Have/had you begun/completed eviction proceedings for non-payment? ☐ Yes ☐ No

Rent payment history for the past year/prior years: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Housekeeping: Does (did) the tenant keep the unit clean, safe & sanitary? ☐ Yes ☐ No Was the security deposit refunded? ☐ Yes ☐ No

Are (were) any type of insect/pest infestation problems (i.e. roaches, bed bugs, fleas etc.)? ☐ Yes ☐ No

Are (were) there any damages beyond normal wear and tear? ☐ Yes ☐ No

Does (did) tenant permit persons other than those on the lease to live in the unit on a regular basis? ☐ Yes ☐ No

Has (had) tenant/family members/guests damaged/vandalized the common areas? ☐ Yes ☐ No

Does (did) tenant/family members/guests interfere with the rights/quiet enjoyment of other tenants? ☐ Yes ☐ No

Has (had) tenant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff? ☐ Yes ☐ No

Type of tenant: ☐ Excellent ☐ Good ☐ Fair ☐ Poor Would you rent to applicant again? ☐ Yes ☐ No

Comments on any of the above: _____

Signature & Title of Person Supplying Info

Phone #

Date

Written Name (Please Print)

Per verbal conversation with:

Date:

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.



Signature of Applicant / Resident

Please Return By: _____

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 uses 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Phone: (712) 255-3665 • TTY: Dial 711 • Toll Free: (877) 521-8750 • Fax: (712) 252-0155 • Emergency Maint: (877) 638-3503 • WWW.OAKLEAFPM.COM
Oakleaf Real Estate Management Company, (also known as Oakleaf Property Management) is an Equal Opportunity Provider and Employer. Oakleaf Property Management is a wholly owned subsidiary of Sioux Falls Environmental Access, Inc., a Section 501(c)(3) charitable organization, each entity shall conduct all of their activities in accordance with Internal Revenue Procedure 96-32 or its successor.

In accordance with Federal Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, including sexual orientation and gender identity, religion, age, disability, marital or Familial status. To file a complaint of discrimination, write U.S. Department of Housing and Urban Development Assistant Secretary for Fair Housing and Equal Opportunity, Washington, D.C. 20410 or call 1-800-669-9777 (Toll Free) or 1-800-927-9275 (TTY) or email www.hud.gov/fairhousing.

DISCLOSURE, RELEASE AND AUTHORIZATION FORM

1. By this document **Oakleaf Real Estate Management** discloses to you that a consumer report may be obtained for purposes of leasing a property with **Oakleaf Real Estate Management** as part of the pre-screening background check and at any time during your tenancy.

2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my criminal history, credit, and rental history. I also understand you may make use of the internet including social networking sites.

I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former and current landlords, credit agencies, law enforcement/criminal justice agencies, city, state, county and federal courts, and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my tenancy, if in the landlord's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Fair Credit Reporting Act. I authorize the landlord and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

Print Name

Social Security No.

Date of Birth

Current Address (Street, City, State, Zip Code)

List of States the Applicant has Resided

All Other Names USED / Aliases / Past and Present Surnames (additional list on Page 2 on the back)

All Other Names USED / Aliases / Past and Present Surnames (additional list on Page 2 on the back)

All Other Names USED / Aliases / Past and Present Surnames (additional list on Page 2 on the back)

Signature and Date

Phone: 712.255.3665 | Fax: 712-252-0155 | Toll Free: 877.521.8750 | TTY: 711 then 877.521.8750 | www.oakleafpm.com



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All Other Names USED / Aliases / Past and Present Surnames

[illegible]

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.