

Gateway 1 @ 11
705 Hickory St
Kadoka, SD 57543

Application for Housing Assistance Eligibility
RAM Housing Specialists



Phone: (605) 837-2505

Fax: 605-837-2515

TTY: (800) 877-1113

Applicant Name: _____

Physical Address: _____

City, State & Zip: _____

Contact Number: _____

Additional Contact: _____

Section A: HOUSEHOLD COMPOSITION – List Head of Household and ALL other household members who would be living in the dwelling unit, along with the relationship of each member to the Head of Household.

Full Name	Relationship	Sex	Date of Birth	Veteran?	Social Security #	FT/PT Student?
	Head of Household	M / F		Y / N		Y / N
		M / F		Y / N		Y / N
		M / F		Y / N		Y / N

Reasonable Accommodation

It is the policy of Gateway Apartments to provide reasonable accommodations for disabled applicants and to permit tenants with disabilities to make request(s) for reasonable accommodations upon provision of appropriate documentation of the need for the accommodation or modification.

Further, Gateway Apartments will meet any request for auxiliary aids by tenants and/or applicants that might require large print documents, tape recording, Braille documents, flash cards and/or use of readers and/or interpreters.

Do you or a member of your household have a disability, i.e. a physical or mental impairment that substantially limits one or more major life activities, that you wish to disclose?

Yes No

If the answer to the previous question is “Yes,” do you or a member of your household require a reasonable accommodation?

Yes No

If the answer to the previous question is “Yes,” what is the accommodation that would be requested of Gateway Apartments?

Do you or a member of your household require a specific accessible feature or unit, such as mobility, vision, or hearing-impaired features?

Yes No

Section B: HOUSEHOLD INCOME – Eligibility for occupancy and calculation of rent amount is based on gross income of all household members.

	Type of Income	Amount	Frequency	Details – Address / Account Number
Y / N	Employment			
Y / N	Self -employment			
Y / N	Social Security			
Y / N	SSI			
Y / N	Welfare/child support			
Y / N	Pension			
Y / N	Unemployment			
Y / N	Disability Benefits			
Y / N	Uber, lyft, grub hub,etc			
Y / N	Other/general assis/etc.			

Section C: ASSETS – Calculation of rent amount includes income generated by assets.

	Type of Asset	Current Value	Name of Financial Institution or Title Holder
Y / N	Checking Account		
Y / N	Savings/Money Market		
Y / N	Certificate(s) of Deposit		
Y / N	Stocks / Bonds/Mutual Funds		
Y / N	Real Estate		

Y / N	Life Insurance Term or whole		
Y / N	Direct Deposit Debit Card		
Y / N	IRA, Keogh, trust		
Y/N	Other-specify		

Has any household member listed on this application disposed of any assets within the last Two (2) years? Y / N
If so, complete the following information:

Type of Asset	Date of Disposition	Value of Asset	Amount Received

Section D: ELIGIBLE EXPENSES – Depending on eligibility conditions, the following expense may be used to calculate adjustments to income during the calculation of rent amount.

	Type of Expense	Amount	Provider Name
Y / N	Medicare premiums		
Y / N	Supplemental health insurance premiums		
Y / N	Co-payments to doctors, dentists, opticians, etc.		
Y / N	Co-payments for prescription medications		
Y / N	Other out-of-pocket medical expenses		

Section E: CRIMINAL BACKGROUND – Eligibility for occupancy will include completion of criminal background check on all household members.

Are any household member’s current users or abusers of controlled substances?	Y / N
Has any household member ever been convicted of the illegal use, distribution or manufacturing of a controlled substance?	Y / N
Has any household member ever been convicted of a felony crime?	Y / N
Is there a current warrant for the arrest of any household member or is any household member currently involved in criminal activity?	Y / N
Are any household members listed on page 1 of this application subject to a lifetime sex offender registration requirement in any state? Staff verified: _____	Y / N
List any state that any member of the household	

List any state and any member of the household listed on page 1 of this application has ever lived in:	

Section F: HOUSING / LANDLORD REFERENCES – Eligibility for occupancy will include checking previous rental history for at least the previous five (5) years.

Current	Previous
Property Name: _____	Property Name: _____
Address: _____	Address: _____
Landlord Phone: _____	Landlord Phone: _____
Dates of Tenancy: _____	Dates of Tenancy: _____
Rental Rate: _____	Rental Rate: _____

Has any member of your household even been evicted or involuntarily removed from rental housing? Y / N

Has any member of your household ever lived in HUD Housing? Y / N

If yes, where?

Section G: OTHER INFORMATION - List any motorized vehicle(s) that you own that would use assigned, off-street parking at the property:

Vehicle Model / Make / Year: _____	Color: _____	License Number: _____
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If you are approved for occupancy, do you plan to have a pet live with you? Yes No

Type: _____	Weight: _____
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How did you learn about our property? Newspaper Ad Internet Friend Drive-by Other

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate unit size, and the amount your household will pay toward rent, utilities, and Security Deposit.

Other Uses: HUD uses your family income and other information to assist in making and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted by law.

Penalty: You must provide all of the information requested by the owner, including all social security number you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Gateway Apartments does not discriminate against persons with disabilities.

Applicant Declaration: I hereby declare and affirm under the penalties of perjury that the information provided on this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signed: _____ Date: _____

Signed: _____ Date: _____

**ADDENDUM TO HUD MODEL LEASE FORM HUD-90105-a FOR ELDERLY PROJECTS
ATTACHMENT NO. 6 – PET AMENDMENT**

(03/19)

Project Number SD-99-	Project Name		
Tenant			
Address	City	State	ZIP Code

The TENANT is permitted to keep common household pets in his/her dwelling unit (subject to the provisions in 24 CFR Part 5 and the pet rules promulgated under 24 CFR Part 5). Any pet rules promulgated by the LANDLORD are attached hereto and incorporated hereby. The TENANT agrees to comply with these rules. A violation of these rules may be grounds for removal of the pet or termination of the TENANT's (pet owner's) tenancy (or both), in accordance with the provisions of 24 CFR Part 5 and applicable regulations and State or local law. These regulations include 24 CFR Part 5 (Evictions From Certain Subsidized and HUD-Owned Projects) and provisions governing the termination of tenancy under the Section 8 housing assistance payments and project assistance payments programs. Note: The Part 5 Pet Rules do not apply to an animal used by a Tenant or visitor that is needed as a reasonable accommodation for the Tenant or visitor's disability. The LANDLORD may after reasonable notice to the TENANT and during reasonable hours, enter and inspect the premises. Entry and inspection is permitted only if the LANDLORD has received a signed, written complaint alleging (or the LANDLORD has reasonable grounds to believe) that the conduct or condition of a pet in the dwelling unit constitutes, under applicable State or local law, a nuisance or a threat to the health or safety of the occupants of the project or other persons in the community where the project is located. If there is no State or local authority (or designated agent of such an authority) authorized under applicable State or local law to remove a pet that becomes vicious, displays symptoms of severe illness, or demonstrates other behavior that constitutes an immediate threat to the health or safety of the tenancy as a whole, the LANDLORD may enter the premises (if necessary), remove the pet, and take such action with respect to the pet as may be permissible under State and local law, which may include placing it in a facility that will provide care and shelter for a period not to exceed 30 days. The LANDLORD shall enter the premises and remove the pet or take such other permissible action only if the LANDLORD requests the TENANT (pet owner) to remove the pet from the project immediately, and the TENANT (pet owner) refuses to do so, or if the LANDLORD is unable to contact the TENANT (pet owner) to make a removal request. The cost of the animal care facility shall be paid as provided in 24 CFR Part 5.

Owner/Agent Signature	Date
Tenant Signature	Date
Tenant Signature	Date