



104 Ash Street East, Sisseton, SD 57262

Phone (605) 698-7654 Fax (605) 698-3038
Website: growsd.org Email: info@growsd.org

GROW South Dakota would like to thank you for your interest in the Cornerstone Court Apartments. We take pride in our services and are pleased with what we have to offer.

Please completely fill out the attached application, sign and date and return to our agency along with:

- **\$50.00 non-refundable application fee per adult applicant**
 - Made payable to Cornerstone Court.
- Driver's license or picture ID for all adults in the household.
- Social security cards for all members of the household.
- Proof of income for the last 12 months – *to show history & affordability for rent*
 - Ex. most recent pay stub, award letter, etc.

The following are items used to process the application and determine your eligibility:

- Current and previous landlord references.
- Credit history check:
 - Credit score above 680 or review of additional credit references.
- Income verification to determine affordability for rent and electricity:
 - Must show income of at least **\$1,900 per month.**
- Review of criminal background check and sex offender registry search.
- Verification of additional references as needed:
 - Ex. employer, financial institution, personal, social media, etc.

Once your application has been processed and you have been determined eligible, you will be notified, and you will need be asked to specify a date and time to sign the move in documents, complete the move in inspection, and pay the \$450 security deposit plus the first month's rent. Upon move in, you will be required to place the electric services from Ottertail Power Company in your name.

If you have any questions please contact, GROW South Dakota at (605) 698-7654 or info@growsd.org.



GROW SOUTH DAKOTA is an Equal Opportunity Lender, Provider, and Employer. Complaints of discrimination should be sent to: US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410, by fax (202) 690-7442 or by email at program.intake@usda.gov.



Application for Occupancy Cornerstone Court

\$50.00 non-refundable application fee per adult, due with application

Household Info: Please list everyone that will live in the apartment, including yourself.

Relation	First Name	M.I.	Last Name	Date of Birth	SS Number
1. Head					
2. Co-Head					
3. Member					

What is your current street/mailling address?

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email Address** _____

Circle One:

- | | | | | | |
|------------|-------------|------------------|-----------------------|------|--------|
| 1. Head | Race: _____ | Ethnicity: _____ | Elderly Status: _____ | Male | Female |
| 2. Co-Head | Race: _____ | Ethnicity: _____ | Elderly Status: _____ | Male | Female |
| 3. Member | Race: _____ | Ethnicity: _____ | Elderly Status: _____ | Male | Female |

Race: 1 = American Indian, 2 = Asian, 3 = African American, 4 = Native Hawaiian, 5 = White, 6 = Multi Racial/other

Ethnicity: a=Hispanic b= Non Hispanic

Elderly Status: 0 = Non- Elderly, 1 = 62 or Older, 2= Disabled

Employment Wages or Salaries? (include fees, tips, bonuses, overtime, money for services, commissions, and payments received in cash.)

HEAD of HOUSEHOLD Name of Employer _____ Gross Earnings _____
Yes ___ **No** ___ Mailing address: _____ City: _____ State: ___ Zip: _____
 Phone for Employer: _____ Length of Employment: _____

CO-HEAD of Household Name of Employer _____ Gross Earnings _____
Yes ___ **No** ___ Mailing address: _____ City: _____ State: ___ Zip: _____
 Phone for Employer: _____ Length of Employment: _____

Other household income? (include child support, TANF, alimony, social security, retirement etc),

Which Houshold Member? Type of Income: _____

Head _____ Amount of Income: \$ _____ Frequency: _____

CO-Head _____ Comments: _____

If any of the following is left blank, your application will be considered incomplete and returned to you.

Do you currently: Rent _____ Own _____ Other (please explain) _____

If you rent, please list the landlord's name & mailing address

Name of Landlord: _____ Phone: _____

Mailing Address: _____

How much is rent: _____ How long have you been renting: _____

If you own your home, please list your Mortgage Company: _____

If residing at current address for **less than 2 years**, where did you live previously?

Rent _____ Own _____ Other (please explain) _____

If you rented, please list the landlord's name & mailing address

Name: _____ Phone: _____

Mailing Address: _____

If you owned your home, please list your Mortgage Company: _____

Please answer the following questions:

Do you pay Electricity? Yes _____ No _____ If yes who do you pay?:

Electric company Name: _____ Account number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Do you pay for fuel oil, propane, natural gas? Yes _____ No _____ If yes:

Fuel Provider Name: _____ Account number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Do you pay water, sewer, garbage? Yes _____ No _____ If yes:

Company Name: _____ Account number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Do you pay for phone or cable? Yes _____ No _____ If yes:

Company Name: _____ Account number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Do you have a financial Institution: (ex: bank, credit union) Yes _____ No _____ If yes:

Financial Institution Name: _____ Account number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Additional Credit Reference: (ex: car insurance, daycare, other reoccurring bills)

Name: _____ Account number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Name: _____ Account number: _____

Mailing Address: _____

Phone: _____ Fax: _____

Questions concerning use of controlled substances, criminal background, & felonies:

Yes	No	Is any member of your household a current illegal user of controlled substances?
Yes	No	Has any member of the household been convicted of illegal use, manufacture or distribution of controlled substance?
Yes	No	Has any member of the household completed or currently enrolled in a controlled substance abuse recovery program?
Yes	No	Has any member of the household been convicted of a felony? If yes, in which state?
Yes	No	Has any member of the household been convicted of any criminal activity? If yes, please explain _____ Which state was conviction in? _____
Yes	No	Is any member of the household a registered sex offender? If yes, in which state? _____

Please list all states you have ever lived in:

The information regarding race, ethnicity, and sex designation solicited on this application is request in order to assure the Federal Government, acting through USDA, Rural Housing Service, 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, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

WARNING: Willful False Statements or Misrepresentation are a criminal offense under Section 1001 or Title 18 of U.S. Code

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

GROW South Dakota is an equal housing opportunity organization.





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AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

Applicant Name: _____

Social Security Number: _____ Date of Birth: _____

Co-Applicant Name: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

City State Zip Code

I/We authorize any person, agency or institution to supply information requested by GROW South Dakota, concerning me or my family and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my family by a duly authorized representative of GROW South Dakota.

I/We authorize GROW South Dakota to release such information to providers or cooperating State or Federal Agencies.

I/We hereby release any person, agency, or institutions from any and all liability to me or my family for supplying such information.

I/We hereby authorize and instruct GROW South Dakota, to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by GROW South Dakota. I/We understand and agree that GROW South Dakota intends to use the credit report for the purpose of evaluating my current financial situation.

My/Our signature below also authorizes the release to credit reporting agencies of financial or other information that I/we have supplied to GROW South Dakota in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

This authorization is given only in connection with its use by GROW South Dakota in its administration of its programs and for no other purpose. It shall continue in effect until such time as I/We state, in writing, to GROW South Dakota.

Applicant Signature: _____ Date

Co-Applicant Signature: _____ Date



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