



# APPLICATION FOR HOUSING RURAL DEVELOPMENT- H



Property Name: **McDonnell Apartments**  
 Street Address: **102-104 Pugh Street**  
 City/State/Zip Code: **Martin SD 57551**

FOR OFFICE USE ONLY				
Date Application Received:				
Time Application Rec'd:				
▼ CIRCLE ONE ▼				
		A.M.	P.M.	
Eff.	1 Bd	2 Bd	3 Bd	4 Bd 5 Bd
▼ PM Initial & Date ▼				
▲ UNIT TYPE/SIZE ▲				

Current Date: \_\_\_\_\_  
 If Mailed Please Check Here:

**PLEASE READ BEFORE PROCEEDING:** Please note that all lines, questions, or requests for information must be completed. This requires that you provide an answer to each item and where the item does not apply, you are asked to simply fill it in with N/A- Not Applicable. Each application can include the Head of Household and a Co-Applicant defined as a Spouse, Domestic Partner or Common Law Spouse. EACH ADDITIONAL ADULT HOUSEHOLD MEMBER MUST COMPLETE A SEPARATE APPLICATION.

**I. Applicant (Head of Household) or Adult Household Member:**

LAST NAME			FIRST NAME			M.I.
Current Address: _____						
Complete Street/Mailing Address						
City		State		Zip Code		
Social Security No:		ST. Abbrev. & Driver's Lic. No:				
Current Phone No:			Alternate Phone No:			

**I. Applicant or Adult Household Member Employment #1:**

Name of Employer/Company				◀ N/A			
Complete Street/Mailing Address		City		State		Zip Code	
Employer Phone No:		Contact/Supervisor Name:					
Occupation:		Length of Service:		YRS. MOS.			
CHECK ONE ► Full Time Employment: <input type="checkbox"/> Part-Time Employment: <input type="checkbox"/> Unemployed: <input type="checkbox"/> Last Day: _____							
No. of Hrs. _____		Pay Rate of \$ _____		OR		Current Salary Amt: \$ _____ Per: _____	
Per Week		Per Hour		Wk- 2Wks- Bi-Mo - Mo.			

**I. Applicant or Adult Household Member Employment #2:**

Name of Employer/Company				◀ N/A			
Complete Street/Mailing Address		City		State		Zip Code	
Employer Phone No:		Contact/Supervisor Name:					
Occupation:		Length of Service:		YRS. MOS.			
CHECK ONE ► Full Time Employment: <input type="checkbox"/> Part-Time Employment: <input type="checkbox"/> Unemployed: <input type="checkbox"/> Last Day: _____							
No. of Hrs. _____		Pay Rate of \$ _____		OR		Current Salary Amt: \$ _____ Per: _____	
Per Week		Per Hour		Wk- 2Wks- Bi-Mo - Mo.			

**CHECK IF APPLIES & Complete**  **CO-APPLICANT= Spouse, Domestic Partner, Common Law Spouse**

**IA. Co-Applicant:**

	LAST NAME	FIRST NAME	M.I.
Current Address:	Complete Street/Mailing Address		
	City	State	Zip Code
Social Security No:	ST. Abbrev. & Driver's Lic. No:		
Current Phone No:	Alternate Phone No:		

**IA. Co-Applicant Employment #1:**  **◀N/A**

Name of Employer/Company			
Complete Street/Mailing Address		City	State
Zip Code			
Employer Phone No:	Contact/Supervisor Name:		
Occupation:	Length of Service: <input type="text"/> YRS. <input type="text"/> MOS.		
CHECK ONE► Full Time Employment: <input type="checkbox"/> Part-Time Employment: <input type="checkbox"/> Unemployed: <input type="checkbox"/> ► Last Day: <input type="text"/>			
No. of Hrs. <input type="text"/>	Pay Rate of \$ <input type="text"/>	OR	Current Salary Amt: \$ <input type="text"/>
Per Week	Per Hour		Per: <input type="text"/>
			Wk- 2Wks- Bi-Mo - Mo.

**IA. Co-Applicant Employment #2:**  **◀N/A**

Name of Employer/Company			
Complete Street/Mailing Address		City	State
Zip Code			
Employer Phone No:	Contact/Supervisor Name:		
Occupation:	Length of Service: <input type="text"/> YRS. <input type="text"/> MOS.		
CHECK ONE► Full Time Employment: <input type="checkbox"/> Part-Time Employment: <input type="checkbox"/> Unemployed: <input type="checkbox"/> ► Last Day: <input type="text"/>			
No. of Hrs. <input type="text"/>	Pay Rate of \$ <input type="text"/>	OR	Current Salary Amt: \$ <input type="text"/>
Per Week	Per Hour		Per: <input type="text"/>
			Wk- 2Wks- Bi-Mo - Mo.

**II. CHILD CARE EXPENSE INFORMATION** **Head of Household Completes for ALL Members**  **◀N/A**

Child care expenses may be deductible for care of children under the age of 13 years when care is necessary to enable a family member to work, seek employment, or further his/her education (academic or vocational), the family has determined there is no adult member capable of providing care during the hours care is needed, the expenses are not paid to a family member living in the unit, the amount deducted reflects reasonable charges for child care and/or the expense is not reimbursed by an agency or individual outside the family. Further restrictions may apply and will be discussed with you by Management. PLEASE PROVIDE THE FOLLOWING INFORMATION:

PLEASE LIST EACH CHILD RECEIVING CHILD CARE SERVICES THAT QUALIFIES UNDER THE EXPLANATION PROVIDED ABOVE	Last Name	First Name	M.I.

**CHILD CARE PROVIDER INFORMATION:**

NAME OF CHILD CARE PROVIDER:

STREET ADDRESS OF CHILD CARE PROVIDER:

CITY, STATE & ZIP CODE:

COMPLETE PHONE NO:

Fax No:

AMOUNT PAID: \$

PAID PER:  WEEK

MONTH

◀ CHECK ONE

**III. Head of Household Only Must List Self & Each Additional Household Member:**

Please note that each household member you list has a number at the far left-hand side of each entry line, pre-assigned. As you fill out the second part of this information please note that the household member number must correspond with the second line of information for the same member, for example, 1 and 1a are for the same household member.

No.	Last Name	First Name	M.I.	Maiden/Alias Name		M	F	◀ Sex
1.					HofH	<input type="checkbox"/>	<input type="checkbox"/>	Check One
2.						<input type="checkbox"/>	<input type="checkbox"/>	Check One
3.						<input type="checkbox"/>	<input type="checkbox"/>	Check One
4.						<input type="checkbox"/>	<input type="checkbox"/>	Check One
5.						<input type="checkbox"/>	<input type="checkbox"/>	Check One
6.						<input type="checkbox"/>	<input type="checkbox"/>	Check One
7.						<input type="checkbox"/>	<input type="checkbox"/>	Check One
8.						<input type="checkbox"/>	<input type="checkbox"/>	Check One
9.						<input type="checkbox"/>	<input type="checkbox"/>	Check One
10.						<input type="checkbox"/>	<input type="checkbox"/>	Check One

**III: Continued- Please provide the following information in the same order as each household member is listed above**

Is Member now, or will member be, enrolled as a student in an institution of higher education?

No.	BIRTHPLACE		BIRTHDATE			SOCIAL SECURITY NO.	Is Member now, or will member be, enrolled as a student in an institution of higher education?		Check One
	City	State	MO	DAY	YEAR	### - ## - ####	Yes	No	
1a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
2a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
3a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
4a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
5a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
6a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
7a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
8a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
9a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One
10a.							<input type="checkbox"/>	<input type="checkbox"/>	Check One

**IV. Elderly, Handicapped, &/or Disabled Households Only, Need Complete the Following:**

**◀INITIAL box if this does NOT APPLY to household**

Medical expense amounts in excess of 10% of annual income and not reimbursed by Medicare or other insurance coverage or other source, and when combined with disability assistance expenses, are in excess of 10% of annual income, are allowable deductions in determining rent. Disability &/or Life Insurance Policy expenses are NOT deductible. Voluntary disclosure of information is appreciated. LIST OUT-OF-POCKET EXPENSES:

Medicare Expense: \$		Describe:
Medical Premiums: \$		Describe:
Doctor Bill Pymts: \$		Describe:
Hospital Bill Pymts: \$		Describe:
Med. Over the Counter:\$		Describe:
Prescription Medicine: \$		Describe:
Dental Expenses: \$		Describe:
Eyeglasses & Exams: \$		Describe:
Medical/Health Products (hearing aids, wheel chairs, etc.) \$		Describe:
Live-in or Periodic Medical Care (visiting nurse, care attendant) \$		Describe:
Cost of assistance animals and its upkeep:\$		Describe:
Other:		Describe:

**V. Asset Information:**

Check One ▶  Head of Household & Spouse **OR**  Adult Household Member

**Net Family Assets Do Not Include Necessary Personal Property** such as Car(s)/vehicles that a family relies on for transportation for personal or business use (e.g., bike, motorcycle, skateboard, scooter, etc.), furniture, carpets, linens, kitchenware, common appliances, common electronics (e.g., radio, television, DVD player, gaming system, etc.), clothing, personal effects that are not luxury items (e.g., toys, books, etc.), wedding & engagement rings, jewelry used in religious/cultural celebrations and ceremonies, religious and cultural items, medical equipment and supplies, healthcare-related items, musical instruments used by the family, personal computers, phones, tablets, printers, and related equipment, professional tools of trade (e.g., professional books), educational materials and equipment used by the family, including equipment to accommodate persons with disabilities, equipment used for exercising (e.g., treadmill, stationary bike, weight lifting equipment, kayak, paddleboard, ski equipment, etc.)

**A. Non-Necessary Personal Property:**

**CHECKING** Name of Bank or Credit Union: \_\_\_\_\_

Single Acct. Full Street Address: \_\_\_\_\_

Joint Acct. City, State, ZIP Code: \_\_\_\_\_

**No Ckg. Acct.** Complete Account No: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

**SAVINGS** Name of Bank or Credit Union: \_\_\_\_\_

Single Acct. Full Street Address: \_\_\_\_\_

Joint Acct. City, State, ZIP Code: \_\_\_\_\_

**No Svgs. Acct.** Complete Account No: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

<b>CD or Money Market</b>		Name of Bank or Credit Union:		
<input type="checkbox"/>	Single Acct.	Full Street Address:		
<input type="checkbox"/>	Joint Acct.	City, State, ZIP Code:		
<input type="checkbox"/>	<b>No CD or MM Acct.</b>	Complete Account No:	Current Balance:	\$
<b>Other Assets</b>		Trust Fund Officer:		
<input type="checkbox"/>	Trust Fund	Principal Value:	Contact No:	
<input type="checkbox"/>	<b>No Trust Fund</b>	Beneficiary:		
<input type="checkbox"/>	Real Estate	Complete Address:		
<input type="checkbox"/>	<b>No Real Estate</b>	Est. Value: \$	Rental Income:	<input type="checkbox"/> YES <input type="checkbox"/> No
<input type="checkbox"/>	Stocks or Bonds	Provide Company Name & Address:		
<input type="checkbox"/>	<b>No Stocks or Bonds</b>	City, State, ZIP:	Phone No:	
		▼ If You Own, Describe Each Item In Detail, <u>or enter- NO</u> ▼		
<b>Recreational Vehicle (camper, ATV, UTV, etc.)</b>				
		Declared Value:		
<b>Recreational Boat/Watercraft</b>				
		Declared Value:		
<b>Expensive Jewelry Valued at \$500 or more (without religious or cultural value or which does not hold family significance)</b>				
		Declared Value:		
<b>Collectibles items valued at \$500 or more (Stamps, coins, cards, memorabilia, etc.)</b>				
		Declared Value:		
<b>Equipment/machinery (not used to generate income for a business)</b>				
		Declared Value:		
<b>Gems, Semi &amp; Precious Stones &amp; Metals items valued at \$500 or more (includes gold, silver, copper, etc. ingots)</b>				
		Declared Value:		
<b>Antique Vehicles</b>				
		Declared Value:		
<b>Other:</b>				
		Declared Value:		
<b>Other:</b>				
		Declared Value:		

Have you disposed of any assets (home, land, bus., etc.) within the past 2 yrs. for less than fair market value?  Yes  No

YES What Asset:  Est. Value: \$  Amt. Rec'd: \$

**VI. Rental and Occupancy History:** Check One  Head of Household & Spouse **OR**  Adult Household Member

1. Are you currently residing in a HUD assisted unit?  Yes  No
2. If you are receiving, or have ever received HUD rental assistance, has your assistance ever been terminated for fraud, non-payment of rent, failure to comply with the recertification process or for any other reason?  Yes  No
3. Are you displaced by government action or a presidentially declared disaster?  Yes  No
4. Have you ever been, or are you now, being evicted or a party to any dispute over rent, resident relations, or HUD-subsidy?  Yes  No
5. Have you notified your current Landlord you are moving?  Yes  No Reason for moving:

If you answered YES to questions 2, 3, or 4 please provide an explanation of the circumstances:

**Please provide the following information of your continuous five (5) year rental/residential history:**

**Current Landlord Name:**  Rented from:  to

**Landlord Street Address:**  Current Rent Amount per Month: \$

**City, State, Zip Code:**  Does rent include all Utilities:  Yes  No

**Phone Number:**  **Facsimile No:**

**Previous Landlord Name:**  Rented from:  to

**Landlord Street Address:**  Rent Amount per Month: \$

**City, State, Zip Code:**  Did rent include all Utilities:  Yes  No

**Phone Number:**  **Facsimile No:**

**Previous Landlord Name:**  Rented from:  to

**Landlord Street Address:**  Rent Amount per Month: \$

**City, State, Zip Code:**  Did rent include all Utilities:  Yes  No

**Phone Number:**  **Facsimile No:**

**Previous Landlord Name:**  Rented from:  to

**Landlord Street Address:**  Rent Amount per Month: \$

**City, State, Zip Code:**  Did rent include all Utilities:  Yes  No

**Phone Number:**  **Facsimile No:**

Previous Landlord Name:	<input type="text"/>	Rented from:	<input type="text"/>	to	<input type="text"/>	
Landlord Street Address:	<input type="text"/>	Rent Amount per Month: \$	<input type="text"/>			
City, State, Zip Code:	<input type="text"/>	Did rent include all Utilities:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Phone Number:	<input type="text"/>	Facsimile No:	<input type="text"/>			

**VII. Credit Information:** Check One  Head of Household & Spouse **OR**  Adult Household Member

Vendor/Creditor Name	Current Balance	Are you current with payments:	Yes	No	Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One
	\$	Are you current with payments:			◀Check One

**VIII. Other Income Sources:** Check One  Head of Household & Spouse **OR**  Adult Household Member

Type of Income Source	Is this a source of income- Check Yes or No		Monthly Amount Rec'd	Household Member Receiving Income
	Yes	No		
Social Security [SS]	Yes	No	\$	
Supplemental Security Income [SSI]	Yes	No	\$	
Black Lung Benefits	Yes	No	\$	
Unemployment Benefits	Yes	No	\$	
Disability Compensation	Yes	No	\$	
Military Wages/Allotment	Yes	No	\$	
National Guard Earnings	Yes	No	\$	
Pension/Retirement	Yes	No	\$	
Alimony	Yes	No	\$	
Child/Parental Support	Yes	No	\$	
Baby-sitting Income	Yes	No	\$	
General Relief	Yes	No	\$	
ADC/AFDC/TANF	Yes	No	\$	
Worker's Compensation Benefits	Yes	No	\$	
Scholarship	Yes	No	\$	
Education Grant(s)	Yes	No	\$	
Lottery Winnings	Yes	No	\$	
Other: _____	Yes	No	\$	

**IX. ALL Criminal History** Check One  Head of Household & Spouse **OR**  Adult Household Member

**In the past three (3) years have you or any member of your household been evicted from federally subsidized housing for drug-related criminal activity?**  Yes  No **◀ Check One**

**Have you, a co-applicant, or any member of your household ever been charged or convicted of any of the following?**

Type of Crime/Felony/Misdemeanor	Yes	<u>Check One</u>	No	If YES, provide Household Member's Name Involved:
Murder (all degrees) or Attempted		<u>Check One</u>		
Aggravated Assault/Assault		<u>Check One</u>		
Theft/Burglary/B & E		<u>Check One</u>		
Trespass/Restraining Order Violation		<u>Check One</u>		
Violent Acts to Persons or Property		<u>Check One</u>		
Drug Use/Sale or Possession		<u>Check One</u>		
Drug Production/Paraphernalia Poss.		<u>Check One</u>		
Criminal Mischief		<u>Check One</u>		
Sex Offense (all types)		<u>Check One</u>		
Registered Sex Offender		<u>Check One</u>		
DUI/OMI/OMVI/Drunk Driving		<u>Check One</u>		
Alcohol Abuse		<u>Check One</u>		
Fraud/Embezzlement/Bad Checks		<u>Check One</u>		
Other: _____		<u>Check One</u>		
Other: _____		<u>Check One</u>		

**Circle Each State Head of Household & Spouse or Adult Household Member Has Lived In:**

Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Florida	Georgia
Hawaii	Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Massachusetts
Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	
New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	
	South Carolina	South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia
Wisconsin	Wyoming	Washington District of Columbia							

**X. Certification of Applicants:** You are about to sign a legally binding document; please read the following:

**I/WE CERTIFY THAT THE APARTMENT UNIT APPLIED FOR WILL BE MY/OUR SOLE RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENT UNIT IN A DIFFERENT LOCATION. I/WE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE, AND I/WE AUTHORIZE INQUIRES TO BE MADE TO VERIFY THE STATEMENTS ABOVE. I GIVE CONSENT TO RELEASE WAGE MATCHING DATA TO RURAL DEVELOPMENT.**

Purpose: Your income and other information are being collected to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Penalty: You must provide all of the information requested by the owner, including social security numbers you, and all other household members have and use. Giving the social security numbers of all household members 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.

**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).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a), (6), (7) and (8).\*\*

How did you learn about this community? Please Check All That Apply or Supply Information if Other:

<input type="checkbox"/> Current Resident	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other Periodical (Penny Saver, for example)
<input type="checkbox"/> HUD/Contract Administrator Referral	<input type="checkbox"/> Former Resident	<input type="checkbox"/> Property Signage/Drive-by
<input type="checkbox"/> Yellow Pages/Phone Directory	<input type="checkbox"/> Internet/Website	<input type="checkbox"/> Other: _____

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs or activities. Each applicant is encouraged to make known accessibility needs and/or reasonable accommodations necessary at initial application or as part of occupancy consideration.

I/we certify the information given in this application (pages 8 of 8), is accurate and complete, and has been provided based on a complete review and understanding of the "Resident Selection Plan", the basis for determining eligibility. I/we understand that any intentional inaccuracies or information withheld may be a basis for immediate denial of my/our application by the owner/agent. I/we, by signature below, authorize the owner/agent to request a complete criminal, credit, sex offender, employment and landlord investigation through the use of an outside independent service provider to secure a written report of all information pertaining to my/our application request. There is no separate verification form used in the processing of this background check other than this application as applicable. I/we understand individual verification forms will be presented for signature if/when the eligibility for occupancy process begins. I/we further agree and understand that this application does not constitute an oral and/or written commitment on the part of the owner/agent for eligibility or occupancy. I/we understand the owner/agent will request only that information necessary to determine eligibility and/or level of assistance.

<input type="text"/>	<input type="text"/>
Signature of Applicant (Head of Household)	Month, Day & Year Signed
<input type="text"/>	<input type="text"/>
Signature of Co-Applicant (Spouse)	Month, Day & Year Signed
<b>OR</b>	
<input type="text"/>	<input type="text"/>
Signature of Adult Household Member	Month, Day & Year Signed
<input type="text"/>	<input type="text"/>
Signature of Adult Household Member	Month, Day & Year Signed

Applicants on the waiting list will be reviewed and contacted by letter once annually to insure continued interest to remain on the waiting list and to update any changes to the original information supplied at the time of initial application. Failure to respond to this annual review will result in the applicant being removed as "inactive", requiring the applicant to reapply. All inactive (including denied applications) will be held for three years as required by regulation.

Integrity Management Company  
IMC Form AFH06- HOME (Revised 6.29.2025)