

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.

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 Real Estate Management Company  
1309 Nebraska St.  
Sioux City, IA 51105

Sincerely,  
George Wakeman

## Application Checklist

**Fill out and sign the following attached Forms: We must have Original signatures. Please do not Fax.**

- 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 on the 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:**

- 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 that is 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, Inc. is an Equal Opportunity Provider. Oakleaf Real Estate Management Company, Inc. (also known as Oakleaf Property Management or Oakleaf PM) 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 and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave. SW., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-5964 (voice and TDD), "USDA is an Equal Opportunity Provider and Employer, and Lender."



# Community Listings

## SIoux CITY LOCATIONS

**CENTENNIAL MANOR APTS. (80 units)**  
441 West 3rd St. Sioux City, IA. 51103  
One bedroom apartments for persons 62 yrs.  
of age or older, or persons with disabilities.

**CENTURY II APTS (80 units)**  
515 Court St. Sioux City, IA. 51101  
One bedroom apartments for persons 62 yrs  
of age or older, or persons with disabilities.

**MARTIN TOWER I (80 units)**  
410 Pierce St. Sioux City, IA. 51101  
One bedroom apartments for persons 62 yrs  
of age or older, or persons with disabilities.

**MARTIN TOWER II (6 units)**  
410 Pierce St. Sioux City, IA. 51101  
One bedroom apartments for persons 55 yrs  
of age or older, or persons with disabilities.  
Housing Vouchers accepted.

**MORNING HILLS APARTMENTS (96 units)**  
2627 So. Rustin St, Sioux City, IA. 51106  
One, two, or three bedroom apartments.

**SHIRE I APTS (40 units)**  
4236 Hickory Lane, Sioux City, IA 51106  
One bedroom apartments for persons 62 yrs  
of age or older, or persons with disabilities.

**SHIRE II APTS. (24 units)**  
4236 Hickory Lane, Sioux City, IA 51106  
One bedroom apartments for persons 55 yrs  
of age or older, or persons with disabilities.  
Housing vouchers accepted.

**SOUTHVIEW APARTMENTS (32 units)**  
2728 So. Helen St. Sioux City, IA. 51106  
Two & three bedroom apartments.

**TOWNVIEW APARTMENT (32 units)**  
400 W. 4<sup>th</sup>, Sioux City, IA. 51103 Two &  
three bedroom apartments.

**WEST PARK APARTMENTS (51 units)**  
605 W. 3rd St. Sioux City, IA. 51103  
One bedroom apartments for persons 62 yrs  
of age or older, or persons with disabilities.

## OTHER IOWA LOCATIONS

**FLOYD VALLEY APTS. (59 units)**  
110 6th Ave. NE Le Mars, IA. 51031  
One bedroom apartments. Housing vouchers  
accepted.

**KINGSTON APTS. (24 units)**  
315 E. 4th St. • PO Box 183  
Kingsley, IA. 51028  
One bedroom apartments for persons 50 yrs.  
of age or older, or persons with disabilities.

**LAKELAND PARK APTS. (56 units)**  
210 W. 10th Ave. N. Clear Lake, IA. 50428  
One bedroom apartments for persons 55 yrs.  
of age or older, or persons with disabilities.

**RIDGEWOOD APTS. (36 units)**  
260 4th St. Akron, IA. 51001  
One bedroom apartments for persons 50 yrs.  
of age or older, or persons with disabilities.

**ROSEWOOD HEIGHTS APTS. (56 units)**  
1202 S. 3rd Ave. Rock Rapids, IA. 51246  
One bedroom apartments for persons 50 yrs  
of age or older, or persons with disabilities.

**SOMERSET APTS. (24 units)**  
400 Minnesota Ave. Holstein, IA. 51025  
One bedroom apartments for persons 55 yrs  
of age or older, or persons with disabilities.

Continued...

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# Community Listings

WOODLAND APTS. (48 units)  
1105 Park St. Woodbine, IA. 51579  
One bedroom apartments for persons 50 yrs.  
of age or older, or persons with disabilities.

## **SOUTH DAKOTA LOCATIONS:**

CATHEDRAL SQUARE I APTS. (49 units)  
501 N. Davison, Mitchell, SD 57301  
One bedroom apartments for persons 62 yrs.  
of age or older, or persons with disabilities.

CATHEDRAL SQUARE 11 APTS. (31 units)  
500 N. Langdon, Mitchell, SD 57301  
One bedroom apartments for persons 62 yrs.  
of age or older, or persons with disabilities.

GREENRIDGE APTS. (48 units)  
1500 N. Kimball, Mitchell, SD 57301  
One bedroom apartments for persons 62 yrs.  
of age or older, or persons with disabilities.

GREEN MEADOWS APTS. (20 units)  
1515 N. Davison, Mitchell, SD 57301  
Two & three bedroom apartments.

SCOTLAND APTS. (8 units)  
821 Main St., Scotland, SD 57059  
One and two bedroom apartments.

TOWN SQUARE I APTS. (40 units)  
505 W Main St., Vermillion, SD 57069  
One & two bedroom apartments for persons  
62 yrs. of age or older, or persons with  
disabilities.

TOWNSQUARE II APTS. (30 units)  
507 W Main St., Vermillion, SD 57069  
One bedroom apartments for persons 55 yrs  
of age or older, or persons with disabilities.  
Housing vouchers accepted.

VALLEY PARK APTS. (18 units)  
2200 Green Street, Yankton, SD 57078  
Two & three bedroom apartments.

WAKONDA APTS. (8 units)  
611 First St., Wakonda, SD 57073  
One and two bedroom apartments.

WEST PARK APTS. (80 units)  
1018 11th St., Rapid City, SD 57701  
One bedroom apartments for persons 62 yrs.  
of age or older, or persons with disabilities.

WESTERN HEIGHTS APTS. I (50 units)  
2201 W 46<sup>th</sup> Street., Sioux Falls, SD 57105  
One bedroom apartments for persons 62 yrs.  
of age or older, or persons with disabilities.

WESTERN HEIGHTS APTS. II (30 units)  
2201 W 46th Street, Sioux Falls, SD 57105  
One bedroom apartments for persons 55 yrs  
of age or older, or persons with disabilities.  
Housing vouchers accepted.

## **NEBRASKA LOCATIONS:**

WOODLAND PARK APTS. (32 units)  
302 N. Broadway, Fullerton, NE 68638  
One bedroom apartments for persons 62 yrs.  
of age or older, or persons with disabilities.

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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

# RENTAL APPLICATION



Equal Opportunity Housing

## INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED

All areas must be completed, 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: \_\_\_\_\_

Please Return Completed Application to:

**Oakleaf PM Inc.**

1309 Nebraska St.

Sioux City, Iowa 51105

**Email to:** OPMleasing@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:

Referral Name, address and phone number: \_\_\_\_\_

## Section A: Household Composition and Characteristics

- Familial Status: (check all that apply):  single  married  widowed  separated  divorced  pregnant
- 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 \_\_\_\_\_
- 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	M / F				Y / N
		M / F				Y / N
		M / F				Y / N
		M / F				Y / N
		M / F				Y / N
		M / F				Y / N

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

- 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.

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

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

- Does anyone plan to live with you in the future who is not listed?  Yes  No If yes, please explain: \_\_\_\_\_
- Do any household members intend to become students in the next twelve months?  Yes  No (Some rental programs do not allow students to participate).
- 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.**
- 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: \_\_\_\_\_
- Are you currently receiving Section 8 assistance?  Yes  No
- List of states where the applicant and members of the applicant's household have resided.: \_\_\_\_\_
- For parking purposes, please list any vehicles you own:

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

- 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.
- 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 3 Years, use additional sheet 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: \_\_\_\_\_

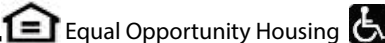
The following information is requested in order to assure the Federal Government that this Property Management Company complies with the **Federal Laws and Authority Policies** prohibiting discrimination against resident applicants on the basis of race, color, national origin, age, sex, disability, religion, 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.*

<b>SIGN HERE</b> (X)	_____	_____
	Applicant Signature	Date
<b>SIGN HERE</b> (X)	_____	_____
	Spouse/Co Applicant Signature	Date
<b>Note:</b> All members of the household 18 years of age and older must sign below:		
<b>SIGN HERE</b> (X)	_____	_____
	Signature	Date
<b>SIGN HERE</b> (X)	_____	_____
	Signature	Date



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1309 Nebraska Street • Sioux City, Iowa 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) \_\_\_\_\_ (X) \_\_\_\_\_ (X) \_\_\_\_\_  
Signature of Applicant / Resident Printed Name of Applicant / Resident 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).

**Equal Housing Opportunity**  
Phone: (712) 255-3665 • TTY: Dial 711 • Toll Free: (877) 521-8750 • Fax: (712) 252-0155 • Emergency Maint: (877) 638-3503 • WWW.OAKLEAFPM.COM  
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**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.

**(X)** \_\_\_\_\_ **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).

 **Equal Housing Opportunity**

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