



104 Ash Street East, Sisseton, SD 57262

Phone (605) 698-7654 Fax (605) 698-3038  
Website: [growsd.org](http://growsd.org) Email: [info@growsd.org](mailto:info@growsd.org)

GROW South Dakota would like to thank you for your interest in the Cornerstone Court apartment complex. 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:

- **\$40.00 application fee per 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 ex. most recent pay stub, award letter, etc

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

- Landlord references
- Credit history check
- Income eligibility, ability to pay the rent
- Criminal background search
- Verification of references, including: employer, personal, social media, etc

If your application has been processed and determined eligible, an approval letter will be sent to you. At which time you will need 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. If you are approved to 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](mailto: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](mailto:program.intake@usda.gov).



# Application for Occupancy Cornerstone Court

**Household Info:** Please list everyone that lives in your household, including yourself.

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

**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** \_\_\_\_\_

1. Head                      Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Elderly Status: \_\_\_\_\_  
 2. Co-Head                 Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Elderly Status: \_\_\_\_\_  
 3. Member                 Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Elderly Status: \_\_\_\_\_

**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: \_\_\_\_\_ Fax for Employer \_\_\_\_\_

**CO-HEAD of Household**

Name of Employer \_\_\_\_\_ Gross Earnings \_\_\_\_\_

**Yes** \_\_\_ **No** \_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone for Employer: \_\_\_\_\_ Fax for Employer: \_\_\_\_\_

**Other household income?** (include child support, TANF, alimony, 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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