



432 5TH STREET
BROOKINGS, SD 57006



RENTAL APPLICATION

Date: _____

How did you hear about us? _____

Unit size interested in _____

PERSONAL INFORMATION

Applicant's Full Name _____

Date of Birth _____ Sex _____

Maiden, Alias or Former Names _____

Social Security # _____

Email Address _____

Phone Number _____

Co Applicant's Full Name _____

Date of Birth _____ Sex _____

Maiden, Alias or Former Names _____

Social Security # _____

Email Address _____

Phone Number _____

Vehicle #1 Make _____ Model _____

Year _____ State/License _____

Vehicle #2 Make _____ Model _____

Year _____ State/License _____

ADDITIONAL HOUSEHOLD MEMBERS

Full Name	Relation to Head	Date of Birth	SS#	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY CONTACT (Should not include persons in the apartment)

Name _____ Relationship _____ Phone _____

Address _____ City/State _____

Name _____ Relationship _____ Phone _____

Address _____ City/State _____

RESIDENCE HISTORY (Please provide at least 3 years of residency information - Additional landlords can be listed on separate page and attached)

Present Address _____

City/State _____ Zip Code _____ Actual Dates _____

Landlord & Phone # _____ Mo/Pmt \$ _____

Previous Address _____

City/State _____ Zip Code _____ Actual Dates _____

Landlord & Phone # _____ Mo/Pmt \$ _____

INCOME & ASSETS

Current Employer _____ City/State _____

Phone # _____ Length of Employment _____ Salary/Month _____

Co Applicant's Employer _____ City/State _____

Phone # _____ Length of Employment _____ Salary/Month _____

Other Sources of Income _____ Salary/Month _____

MANAGEMENT

MISCELLANEOUS

- Yes No Are you receiving any assistance from any Housing Assistance Program (HUD, Section 8, etc.)?
- Yes No Have you applied for any Housing Assistance Program (HUD, Section 8, etc.)?
- Yes No Has any household member been evicted or asked to leave? If yes, please explain.

- Yes No Do you anticipate ANY change in your household during the next 12 months? If yes, please explain.

- Yes No Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? If yes, please explain.

- Yes No Has any household member lived in any other state within the past 10 years? If yes, please explain.

CRIMINAL HISTORY

- Yes No Has any household member ever been convicted, adjudicated, or plead guilty to a felony?
- Yes No Has any household member ever been convicted, adjudicated, or plead guilty to an assault
- Yes No Has any household member ever been convicted, adjudicated, or plead guilty to the illegal use, manufacture or distribution of a controlled substance or for possession of drug paraphernalia?
- Yes No Has any household member ever been convicted, adjudicated, or plead guilty to criminal sexual conduct, harassment, or stalking?
- Yes No Has any household member ever been convicted, adjudicated, or plead guilty to criminal damage to property or any gang related crime?
- Yes No Is any household member a registered sex offender?
- Yes No Does any household member have any pending criminal charges?

CRIMINAL AND CREDIT CHECK

\$40.00 Is required from each adult in the household for a criminal and background check. This fee is non-refundable. Additional fees may apply for additional states of residency. All background checks will be conducted through Trans Union Smart Move and an Email address will be required in order to process. All applicants are required to pay their criminal and credit checks online following the Email request from HME Management Services. If an applicant is unable to pay online, please contact Lane at lane@hmemanagement.net to discuss payment options. If background checks are not completed within three (3) days of the request, this may result in a delay or denial of the application process.

PLEASE REVIEW AND READ THIS ENTIRE DOCUMENT BEFORE SIGNING

The undersigned represent that all of the above statements are true and complete and hereby authorize HME Management Services, its employees and agents to contact and obtain information from any individuals or entities that may have information regarding credit history, banking information, employment, criminal and past residential arrangements of the undersigned. The undersigned does hereby indemnify and hold HME Management Services, its employees, agents and all other individuals or entities contacted by Management harmless from all causes of action, actions, expenses, losses or damages of any kind or nature arising from or related to any information obtained regarding the undersigned. All persons will be treated fairly and equally without regard to race, religion, color, sex, familial status, handicap, national origin, marital status or status with respect to public assistance in compliance with the Fair Housing Act. This application is preliminary only and does not obligate HME Management Services, to deliver possession or keys to the premises. Any false statement on this application may result in rejection of our application or immediate termination of your lease. No contract will be established between the parties until all parties have signed a lease agreement. The undersigned acknowledge they are at least 18 years of age or older.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Upon completion of this form, please send one (1) copy via email to tony@hmemanagement.net, or mail a hard copy to HME Management Services, LLC, c/ o Tony Brallier, 432 5th Street, Brookings, SD 57006.