



MHRC

Madison Housing & Redevelopment Commission

Public Housing Office
Lakeview Tower
111 S. Washington Ave.
Madison, SD 57042
(605) 256-2112 - phone
(605) 256-9677 - fax

Townhome Rental Application

Applicant #1	Applicant #2
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone: (H) (W)	Telephone: (H) (W)
SS#: Birthdate:	SS#: Birthdate:
Car Make: Model:	Car Make: Model:
Driver's License #:	Driver's License #:
Employed at: Since:	Employed at: Since:
Supervisor: Phone:	Supervisor: Phone:
Approx. Annual Income:	Approx. Annual Income:
Contact in Case of Emergency:	
Name:	Name:
Address:	Address:
Phone:	Phone:
Other occupants residing with you:	
Name:	SS#: Birthdate:
Name:	SS#: Birthdate:
Name:	SS#: Birthdate:
Name:	SS#: Birthdate:

Have you or any other occupants residing with you ever been evicted from a rental property? Yes No
 Did you go to court to contest the eviction? Yes No
 If yes, please list the name and address of the Landlord, when/where/reason for eviction and result of eviction:

Do you or any other occupants residing with you have unpaid judgements against you? Yes No
 Have you been convicted of a felony or misdemeanor? Yes No
 If so, what was the crime you were convicted of? When and where did the conviction occur?

Do you currently, or has any other occupant residing with you ever engaged in drug related criminal activity such as use, possession, distribution, trafficking, or manufacture of an illegal drug or substance? Yes No
 Have you or any other occupant residing with you been involved in criminal activity that poses a threat to the health, safety, or welfare of others? Yes No
 If you answered yes to any of the above questions, please explain the circumstances, outcome and present status:

Please indicate desired choice of unit by number in order of preference.

Equal Housing Opportunity

Equal Housing Opportunity logo and contact information.

SD TTY Service Available at 1-800-877-1113

www.madisonhousingsd.com

Please list Landlord references for the past five (5) years. If co-applicants did not live together for the past five years, please list other landlords on an additional sheet. If no Landlord references are available due to no previous rental history, a qualified co-signer must be provided.

Apartment/Address	Landlord Name	Landlord Phone (Day & Evening)	Dates Rented
Applicant #1 (Present)			
Applicant #1 (Previous)			
Applicant #1 (Prior)			
Applicant #2 (Present)			
Applicant #2 (Previous)			
Applicant #2 (Prior)			

List three additional references (name, address and phone) per applicant who have known you three (3) years or longer (neighbor, co-worker, past employer, or teacher, etc.) Do not list friends or relatives.

Applicant #1

Applicant #1

Applicant #1

Applicant #2

Applicant #2

Applicant #2

For the safety of all unit residents, all applicants must complete the application in full prior to acceptance. The following criteria will be applied uniformly to all applicants and will be the basis of final acceptance or rejection: (1) Police Background Check, (2) Comments from prior and present Landlords, (3) Comments from other references and (4) Verification of information provided. The MHRC will not discriminate against any person because of race, color, religion, sex, national origin, handicap, familial status, or sexual orientation. Applicants understand and represent: (A) That this application is complete and contains all material facts, (B) Applicant hereby gives full authority and permission to verify the information set forth herein, (C) Applicant represents the statements and information set forth herein are true and correct, and (D) Applicant gives the MHRC or it's authorized agent authorization to investigate and verify such information before and after renting to the applicant. APPLICANT AGREES THAT IF S/HE RENTS A UNIT, SUCH RENTAL MAY BE CANCELLED BY THE MHRC OR IT'S AUTHORIZED AGENT IN THE EVENT THAT ANY STATEMENT OR INFORMATION FURNISHED BY THE APPLICANT IN THIS APPLICATION IS FALSE. A non-refundable application processing fee of **\$25.00** must be submitted with application. A Security Deposit equal to one month's rent is due before move in. I understand if occupancy is approved by the lessor, and I do not take the apartment as agreed, I will forfeit this payment. The Security Deposit will be placed in an interesting bearing account, of which the interest will be paid to the owner of the property. The Tenant agrees that the deposit can be transferred to the owner or new property manager, upon mailing proper notification, when the owner or property manager changes. The Security Deposit will be refunded only after each and all of the conditions as set forth in the rental agreement and house policies have been met. Resident agrees that in the case of roommates, the Security Deposit will remain with the unit until all parties have vacated. Tenants may not apply Security Deposit to rent.

BY SIGNING BELOW, I HEREBY UNDERSTAND THAT ALL EMPLOYEES OF MADISON HOUSING AND REDEVELOPMENT COMMISSION ARE AGENTS FOR THE OWNER, ARE AUTHORIZED TO MANAGE THE PREMISES, AND ARE AUTHORIZED BY THE OWNER TO ACCEPT SERVICE OF PROCESS AND TO RECEIVE AND GIVE RECEIPT FOR NOTICES AND DEMANDS, IN ACCORDANCE WITH SOUTH DAKOTA STATUTES.

THIS IS A BINDING LEGAL DOCUMENT - READ CAREFULLY BEFORE SIGNING

Applicant #1 Signature Date

Applicant #2 Signature Date

Management Signature Date

Checks in the amount of \$25.00
(non-refundable application processing fee) may be issued to MHRC.