

# Sisseton Housing & Redevelopment Commission

## Application Process

### Who can apply for Public Housing?

Sisseton Housing and Redevelopment Commission has 8 family homes. These homes are two (2) and three (3) bedrooms. In order to qualify for a family home, an applicant must fit the definition of “family” as defined by the United States Department of Housing and Urban Development.

Sisseton Housing and Redevelopment Commission also has three (3) apartment complexes, with seventy one (71) one (1) bedroom units and ten (10) two bedroom units, which are preferred Elderly and/or Disabled complexes. To be placed higher on the waitlist for one of these units, an applicant must fit the definition of “Elderly family” or “Disabled family” as defined by the United States Department of Housing and Urban Development.

Additionally, applicant families must fall within income guidelines as set for by the Department of Housing and Urban Development (see attached).

Current HUD guidelines that would automatically render an applicant ineligible would include but are not limited to:

- A Prior conviction of Methamphetamine use or production in a Federally Assisted Housing Program.*
- Conviction requiring an individual to register as a lifetime sex offender.*
- Eviction from a Federally Assisted Housing Program within the past three (3) years.*
- Individuals or Families who are above the income threshold as set by the US Department of Housing and Urban Development.*
- Applicants who submit incomplete or fraudulent information on the application.*

Sisseton Housing & Redevelopment Commission may have additional guidelines set which would automatically render an applicant ineligible for Housing. Please confer with a member of the Sisseton Housing and Redevelopment Commission staff for additional information.

### How to Apply for Housing

1. Complete all sections of the application. DO NOT LEAVE ANY PORTION OF THE APPLICATION BLANK! Please be sure to sign and date all necessary pages.
2. Completed applications will be time stamped upon receipt. Dependent upon vacancies, you may be placed on the waitlist.
  - a. Placement on the waitlist depends upon your preference status such as size of unit required, family status (elderly, disabled, etc.), etc. If you would like more information regarding the Tenant Selection Plan please inquire at the Sisseton Housing & Redevelopment Commission office located at 123 E Chestnut St.



- b. If you are placed a waitlist and your contact information or financial situation changes, you are responsible for contacting the Sisseton Housing & Redevelopment Commission Management Office to update said information. Waitlists are updated Bi-Annually, if you are determined to be ineligible at the time of update, you will be notified by mail.
- 3. All adult applicants will be subject to a national criminal background check and national sex offender registry check.
- 4. Applicants will be subject to prior landlord verification.
- 5. You may mail or bring applications to:
 

Sisseton Housing & Redevelopment Commission  
123 E Chestnut St.  
Sisseton, SD 57262
- 6. Applications may also be faxed to: (605)698-4225 Attn: Housing Specialist.
- 7. Applications may be scanned and emailed to: [HousingSpecialist@SissetonHousing.Net](mailto:HousingSpecialist@SissetonHousing.Net)
- 8. All applicants will be contacted by a staff member with Sisseton Housing & Redevelopment Commission who will conduct an applicant interview.

FY 2019 Income Limit Area	Median Family Income Explanation	FY 2019 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
<b>Roberts County, SD</b>	\$64,700	Very Low (50%) Income Limits (\$) Explanation	24,750	28,250	31,800	<b>35,300</b>	38,150	40,950	43,800	46,600
		Extremely Low Income Limits (\$)* Explanation	14,850	17,000	21,330	<b>25,750</b>	30,170	34,590	39,010	43,430
		Low (80%) Income Limits (\$) Explanation	39,550	45,200	50,850	<b>56,500</b>	61,050	65,550	70,100	74,600



# Application for Public Housing Assistance

**Applicant Name:** \_\_\_\_\_  
Last First Middle

**Current Physical Address:** \_\_\_\_\_  
Street City State Zip

**Current Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Telephone Number:** \_\_\_\_\_  
Home Cell Work

**If you do not have a telephone how can you be reached:** \_\_\_\_\_

**Family Summary:**

Please list each family member who will live in your household including yourself.  
 Please indicate Yes or No as to the Student Status including students in grades Pre-K through College.  
 Please indicate Yes or No as to the Veteran Status of each family member, regardless of age.

Name	Relationship to Head of Household	Date of Birth	Social Security Number	Student Status	Veteran Status
1.	Head of Household				
2.					
3.					
4.					
5.					

**Disability**

Do you or someone in your household require a handicap accessible unit? Y                      N

Do you or someone in your household qualify for a reasonable accommodation due to a disability? If yes, complete the attached reasonable accommodation form. Y                      N

**Living Arrangement**

- |   |   |
|---|---|
| <input type="checkbox"/> Homeless/Lacking Fixed Nighttime Residence<br><input type="checkbox"/> Substandard Housing<br><input type="checkbox"/> Fleeing Violence<br><input type="checkbox"/> Own Home/Mobile Home | <input type="checkbox"/> Public Housing<br><input type="checkbox"/> Soon to Be Without Housing<br><input type="checkbox"/> Rented Home/Mobile Home/Apartment<br><input type="checkbox"/> Other: _____ |
|---|---|



**Assets**

Please list assets of all household members. Each item must be checked "Yes" or "No"

<b>Checking Account(s)</b>	<b>Y</b>	<b>N</b>	Name(s) of Institution(s): _____ Name(s) on Account(s): _____
<b>Savings Account(s)</b>	<b>Y</b>	<b>N</b>	Name(s) of Institution(s): _____ Name(s) on Account(s): _____
<b>Certificate(s) of Deposit</b>	<b>Y</b>	<b>N</b>	Name(s) of Institution(s): _____ Name(s) on Account(s): _____
<b>Bond Account(s)</b>	<b>Y</b>	<b>N</b>	Name(s) of Institution(s): _____ Name(s) on Account(s): _____
<b>Money Market(s)</b>	<b>Y</b>	<b>N</b>	Name(s) of Institution(s): _____ Name(s) on Account(s): _____
<b>Stock Account(s)</b>	<b>Y</b>	<b>N</b>	Name(s) of Institution(s): _____ Name(s) on Account(s): _____
<b>Reliacard</b>	<b>Y</b>	<b>N</b>	PLEASE BRING ATM PRINTOUT
<b>Equity in Real Property</b> This includes having more than 1 vehicle per licensed driver in your household.	<b>Y</b>	<b>N</b>	Type of Property: _____ Property Location: _____ Approximate Value: _____
<b>Other(s)</b>	<b>Y</b>	<b>N</b>	Name(s) of Institution(s): _____ Name(s) on Account(s): _____

**In the last 12 months have you or any member of your household sold any asset for less than fair market value?** **Y** **N**

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_



**Income**

Please include any income any household member expects to receive in the next **12 months**. This includes family members who are temporarily employed away from home. Benefits received on behalf of minors are also considered income.

**Unemployment/Workmen’s Comp**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Social Security/SSI**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Retirement/Pension/Annuities**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Wages/Self Employment**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Military/VA Pay**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Leased Land Trust Income**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Contributions or Gifts from Family or Friends**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Child Support/Alimony**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Net Income from a Business**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Other**

Gross Income(s): \_\_\_\_\_  
Name(s) of Family Member(s): \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Name(s) of Source(s): \_\_\_\_\_

**Child Care**

Do you have any child care costs related to working or attending school?                    **Y**                    **N**

Name of Provider: \_\_\_\_\_                    Provider Phone: \_\_\_\_\_



**Medical Expenses**

**For Elderly or Disabled Preference Only**

Please indicate on whose behalf medical expenses were incurred in the last 12 months. This would include Medical Professionals, Prescriptions, Medical Equipment, Medical Facilities, Etc.

Family Member Name	Name of Provider	Contact Information	Expense Amount

**Insurance Expenses**

**For Elderly or Disabled Preference Only.**

Please indicate any insurance expenses which were incurred in the last **12 months**. Verification will be sent to each Provider Listed.

Family Member Name	Name of Insurance Company	Contact Information	Expense Amount	Frequency of Payment

**Prior Tenancy**

Please list any previous cities and states that you have lived in in the last 5 years, if South Dakota is the only state please indicate such. \_\_\_\_\_

Have you or any member in your household been terminated/evicted from Federally Assisted Public Housing in the past three (3) years? Y                      N

If yes, please list the property name, property address, reason for and date of eviction.



**Previous Landlord(s)-3 Year History**

Name of Landlord	Property Address	Contact Number	Dates of Tenancy

**Criminal History**

**Are you or any member of your household subject to a lifetime sex offender registry in any state?** **Y** **N**  
 If yes, please explain: \_\_\_\_\_

**In the past 3 years, have you been convicted of, or pled guilty to, a drug related offense?** **Y** **N**  
 If yes, please explain: \_\_\_\_\_

**In the past 3 years, have you been convicted of, or pled guilty to, a violent offense?** **Y** **N**  
 If yes, please explain: \_\_\_\_\_

**In the past 3 years, have you been convicted of, or pled guilty to, a crime of dishonesty?** **Y** **N**  
 If yes, please explain: \_\_\_\_\_

**In the past 3 years, have you been convicted of, or pled guilty to, a felony crime involving alcohol?** **Y** **N**  
 If yes, please explain: \_\_\_\_\_

**Have you or any other adult household member used another name?** **Y** **N**  
 If yes, please explain: \_\_\_\_\_

**Have you ever committed any fraud in a Federal Housing Assistance Program or been required to repay money for knowingly misrepresenting information for a housing program?** **Y** **N**  
 If yes, please explain: \_\_\_\_\_

**Do you currently owe money for back rent/damages to another Federally Assisted Housing Program?** **Y** **N**  
 If yes, please explain: \_\_\_\_\_



**CRIME FREE LEASE ADDENDUM**

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:

- 1. Resident, any members of the resident’s household or a guest or other person under the resident’s control shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. “Drug related criminal activity” means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]).
- 2. Resident, any member of the resident’s household or a guest or other person under the resident’s control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near the said premises.
- 3. Resident or members of the household will not permit the dwelling unit to be used for, or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, or a guest.
- 4. Resident, any member of the resident’s household or a guest, or another person under the resident’s control shall not engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance or marijuana as defined in SDCL 22-42, at any locations, whether on or near the dwelling unit premises or otherwise.
- 5. Resident, any member of the resident’s household, or a guest or another person under the resident’s control shall not engage in any illegal activity, including prostitution as defined in SDCL 22-23-1, criminal street gang activity as defined in SDCL 22-10A-1, threatening, intimidating or stalking as prohibited in SDCL 22-19A, assault as prohibited in SDCL 22-18 or the unlawful discharge of firearms, as determined in SDCL 22-14-7, on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other tenant or involving imminent or actual serious property damage, as defined in SDCL 22-34.
- 6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY. A single violation of any of the provisions of this added addendum shall be deemed a serious violation and a material and irreparable noncompliance. It is understood that a single violation shall be good cause for immediate termination of the lease under SDCL 43-32. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by substantial evidence of the type reasonably relied upon by property managers in the usual and regular course of business.
- 7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.
- 8. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Owner and Resident.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Property Manager Signature

\_\_\_\_\_  
Date





**Notice of Law Enforcement K-9 Use on Property**

Purpose of using the Law Enforcement K-9 on the property is to give Landlords, Managers, Tenants and Law Enforcement another tool to provide a safer and drug free property. Landlords and Managers have agreed and provided Law Enforcement with written authorization to have random K-9 sniffs of the property.

The K-9 sniff does not include the tenants living area. The K-9 sniff will include hallways, exterior of buildings, sheds, parking lots (including exterior of the cars), outside garbage containers and recreational areas owned by the Landlord. United States Supreme Court has ruled in specific cases (\*) in favor of Law Enforcement using K-9 sniffs. \*United States vs. Venema, United States vs. Place

By signing this document, indicates you have been notified of possible K-9 sniffs.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord/Manager Signature

\_\_\_\_\_  
Date



I certify that I have received the following documents (Put an X by documents received):

- \_\_\_\_\_ HUD 9887/9887A Fact Sheet
- \_\_\_\_\_ Applying for HUD Housing Assistance, Is Fraud Worth It? Handout
- \_\_\_\_\_ How Your Rent is Determined Fact Sheet
- \_\_\_\_\_ EIV and You Brochure
- \_\_\_\_\_ Resident Rights and Responsibilities
- \_\_\_\_\_ House Rules and Regulations

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (if living with you)

\_\_\_\_\_  
Date

Signature of all Household Members 18 and older:

Signature of person who completed this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Applicant/Tenant Certification**

I (We) certify that the information given in this application is accurate and complete to the best of my (our) knowledge and belief. I (We) understand that false statements are grounds for termination of housing assistance, termination of tenancy, and removal of name from the waitlist.

I (We) hereby certify that I (we) will report all changes of income, family composition, or assets within ten (10) days of the date of the change.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse (if living with you)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Signature of all Household Members 18 and older:

Signature of person completed this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SISSETON HOUSING & REDEVELOPMENT COMMISSION  
REASONABLE ACCOMMODATION REQUEST**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Head of Household: \_\_\_\_\_  
Print Name

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Requestor: \_\_\_\_\_

Person Requesting Auxiliary Aid if different  
from Head of Household

Sisseton Housing and Redevelopment Commission takes appropriate steps to ensure effective communication with applicants, beneficiaries, and members of the public.

Auxiliary aids include, but are not limited to, providing the following items or services when necessary for effective communication between Sisseton Housing and Redevelopment Commission and person including, but not limited to, applicants, residents or program participants:

1. A qualified sign language interpreter
2. Telecommunication Device for the Deaf
3. Assisted Listening Device
4. A reader
5. Printed materials in Braille
6. Printed materials in large print
7. Audiotape versions of print materials

Sisseton Housing and Redevelopment Commission furnishes appropriate auxiliary aids when necessary to afford an individual with disabilities an equal opportunity to participate in, and enjoy the benefits of, its programs or activities. In determining what auxiliary aids are necessary, Sisseton Housing and Redevelopment Commission shall give primary consideration to the requests of the individual with disabilities.

Sisseton Housing and Redevelopment Commission is not required to provide individually prescribed devices, readers for personal use or study, or other devices of a personal nature including, but not limited to, personal hearing aids, walkers, canes, or wheelchairs.

**THE FOLLOWING IS TO BE COMPLETED BY STAFF**

1. Type of auxiliary aid requested: \_\_\_\_\_
2. If a sign language interpreter is request, obtain the following information:
  - a. Address where the interpreter needs to be: \_\_\_\_\_
  - b. Date and time the interpreter is needed: \_\_\_\_\_
  - c. How long (in hours) the interpreter is needed: \_\_\_\_\_
  - d. What kind of interpreter is needed (e.g. American Sign Language, Signed English or oral interpretation): \_\_\_\_\_
3. If an assistive listening device is requested, what type is required: \_\_\_\_\_



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4. If materials in large print format are requested, what font size and font style do you require:\_\_\_\_\_

5. If printed materials in audio tape format are requested, what language is required:\_\_\_\_\_

6. The following is additional information that is necessary for providing the requested aid:\_\_\_\_\_

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The Sisseton Housing and Redevelopment Commission staff person obtaining information regarding auxiliary aids may direct questions to the ADA Coordinator listed below.

Individuals may obtain a copy of the Sisseton Housing and Redevelopment Commission Reasonable Accommodation Policies and Procedures, upon request, from SHRC staff. You may also get additional copies of this request form from the ADA Coordinator:

Eric Weiss, DHS ADA Coordinator

Eric.Weiss@state.sd.us

Phone: (605) 773-4644

TTY: (605) 773-6412

