

## Apartments Rental Checklist

Twin Cities Development  
1620 Broadway/2350 Five Rocks Rd  
Scottsbluff, NE 69361  
308-632-2833 (phone)  
308-633-2854 (fax)

Applicant:

Email Address:

Documentation needed:

\_\_\_\_-Application

\_\_\_\_-Drivers License & Social Security Card (for every income earning tenant)

\_\_\_\_-Lease Agreement

\_\_\_\_-Signed Statement of Rental Regulations & Guidelines

\_\_\_\_-Deposit

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**Twin Cities Development  
Rental Housing Application  
Northfield Apartments**

Today's Date: \_\_\_\_\_ Unit Size: 1BR 2BR Move in date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Current Marital Status (Applicant): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Current Marital Status (Co-Applicant): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Co-Applicant Phone: \_\_\_\_\_

Current Landlord (Applicant): \_\_\_\_\_

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

Co-Applicant Landlord: \_\_\_\_\_

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

**Part I – Family Composition**

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive. By definition, all tenants of elementary or high school age are considered full time students.)

Names of ALL people to Occupy Unit:

Name	Date of Birth	Gender (MF)	Relationship
1. _____	_____	_____	APPLICANT
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

## Part II – Household Income

For questions (3) through (22), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance. If no income is received, put 0.

- |  |                 |
|--|-----------------|
| (1.) Gross Annual Wages- Applicant (include overtime, tips, bonuses, commissions, and payments received in cash)   | \$ _____        |
| (2.) Gross Annual Wages-Co-applicant (include overtime, tips, bonuses, commissions, and payments received in cash) | \$ _____        |
| (3.) Child Support (include child support you are entitled to but may not be receiving)                            | \$ _____        |
| (4.) Alimony (include alimony you are entitled to but may not be receiving)  | \$ _____        |
| (5.) Social Security or Supplemental Security Income (SSI)   | \$ _____        |
| (6.) Public Assistance – ADC, TANF, and/or Aid to Families w/Dependent Children (AFDC)                             | \$ _____        |
| (7.) Veterans Administration Benefits  | \$ _____        |
| (8.) Pensions and/or Annuities   | \$ _____        |
| (9.) Unemployment Compensation   | \$ _____        |
| (10.) Disability, Death Benefits and/or Life Insurance Dividends   | \$ _____        |
| (11.) Workers' Compensation  | \$ _____        |
| (12.) Severance Pay  | \$ _____        |
| (13.) Net Income from a Business (Self employment, inc rental prop., land contracts or other forms of real estate) | \$ _____        |
| (14.) Income from Assets   | \$ _____        |
| (15.) Regular Contributions and/or Gifts from Person not residing at unit  | \$ _____        |
| (16.) Lottery Winnings or Inheritances (Paid as an annuity)  | \$ _____        |
| (17.) All regular pay paid to members of the Armed Forces (Military Pay)   | \$ _____        |
| (18.) Education Grants, Scholarships, or Other Student Benefits  | \$ _____        |
| (19.) Long Term Medical Care Insurance Payments in excess of \$180/day   | \$ _____        |
| (20.) Other Income _____   | \$ _____        |
| <b>TOTAL</b>   | <b>\$ _____</b> |

- |  |  |                          |
|--|--|--------------------------|
| (21.) Total Gross Annual Income from Previous Year |  |                          |
| Applicant  |  | \$ _____                 |
|  |  | <i>(From Tax Return)</i> |
| Co-Applicant                                       |  | \$ _____                 |
|  |  | <i>(From Tax Return)</i> |

**Part III – Employment History**

- (22.) Applicant's Current Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly
- (23.) Applicant's Previous Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly
- (24.) Co-Applicant's Current Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly
- (25.) Co-Applicant's Previous Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City State Zip*  
Length of Employment? \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Circle One: Annually Weekly Bi-weekly Monthly

**Part IV – Credit References**

	<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
(26.)	_____	_____	\$ _____
(27.)	_____	_____	\$ _____

**Part V – Other**

- (29.) Would you or any members of your household benefit from a handicapped-accessible unit?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
- (30.) Will this be your only place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_
- (31.) What is the condition of your current housing?  
\_\_\_\_\_ Standard  
\_\_\_\_\_ Unsafe or Unhealthy  
\_\_\_\_\_ Living with Parents  
\_\_\_\_\_ No indoor Plumbing/Kitchen  
\_\_\_\_\_ Currently without Housing

**Part VI – Special Needs**

(32.) Does anyone in your household have special needs?  Yes  No If yes, explain: \_\_\_\_\_

(33.) Are special living accommodations required?  Yes  No If yes, explain: \_\_\_\_\_

**Part VII – In Case of Emergency, Notify: To be completed by applicant**

Name/Relationship		Address		Phone

**Part VIII – Resident’s Statement**

(34.) Do you have a legal right to be in the United States: (Check one that applies)

Yes, because I am a United States Citizen

Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)

No

*If you answered “YES” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.*

**Part IX – Applicant’s Signatures**

I /We certify that the application contained herein is true and correct. Falsification of information will constitute the breach of all contracts. I/We hereby acknowledge and agree that the Program Administrator may contact all persons listed on this application, and I/we have no objections in checking my/our application for the purposes of verification and credit-processing. I understand that this application is for purposes of consideration for the Twin Cities Development Rental Housing Program and the Program Administrator shall have absolute discretion to accept or reject my/our application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant

**Twin Cities Development**

Scottsbluff, NE 69361  
308-632-2833

**Twin Cities Development**  
1620 Broadway  
Scottsbluff Nebraska 69361  
308-632-2833 (phone)  
308-633-8254 (fax)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

*I authorize the above named organizations to obtain information pertinent to my eligibility and income qualification for participation in affordable housing programs as administered by Twin Cities Development & Western Nebraska Housing Opportunities. I also understand that this information will be shared with the United States Department of Agriculture Rural Development Division to further ascertain my credit worthiness and income eligibility for participation in these programs. Furthermore, I realize that pertinent information pertaining to my credit worthiness and eligibility for this program submitted to the United States Department of Agriculture will be shared with Twin Cities Development and Western Nebraska Housing Opportunities.*

***I authorize Twin Cities Development to obtain information on the following:***

- *Employment History.*
- *Employer Verification.*
- *Military Pay Verification.*
- *Verification of income received by any of the residents (pension, workers compensation, unemployment, etc.).*
- *Prior tax returns.*
- *6 consecutive pay check stubs.*
- *Information on all bank and/or savings accounts.*
- *Bank and/or savings account verifications.*
- *Student and status history.*
- *School transcripts.*
- *Independent valuation of any assets held in Resident's name.*
- *Divorce decree.*
- *Court orders (child support, alimony etc.).*
- *Payment history from Social Services (including payments SSI, AFDC, etc.).*
- *Section 8 rental assistance agreement.*
- *Drivers license, social security card and/or birth certificate.*
- *Live in care attendant affidavit; and*
- *Obtain information regarding previous rental history.*
- *Any other reasonable information needed to properly verify applicant's income for ability to pay rent.*
- *Landlord reference information.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*



# United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

<input type="checkbox"/> I am a citizen of the United States.
— OR —
<input type="checkbox"/> I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

<b>PRINT NAME</b>	_____
	<u>(first, middle, last)</u>
<b>SIGNATURE</b>	_____
<b>DATE</b>	_____

## **Resident Rules and Regulations Twin Cities Development**

Downtown Apartments - 1620 Broadway, Scottsbluff, NE  
Northfield Apartments- 2350 Five Rocks Road, Gering, NE

It is the goal of Twin Cities Development (TCD) to provide rental units that are affordable, decent, safe and appropriate housing to benefit low-and-moderate-income persons and market rate units that are also decent, safe and appropriate housing to non-qualified households.

The following resident rules and regulations are to be read and followed. Failure to abide by these rules is cause for non-renewal of your lease or immediate eviction, depending upon the severity of the rules violation.

1. This is a non-smoking facility. No smoking is allowed in the entire building and entry/exits of building. If a tenant violates the smoking policy, it is grounds for termination of the lease.
2. Tenants are responsible for having the utilities changed into their name effective the date the lease is signed and prior to receiving keys to the unit.
3. Tenants are responsible to keep the complex neat and clean and free of debris. Please keep trash picked up and disposed of in the proper trash receptacles.
4. Tenants are not allowed to have any stored items outside of the building. Additional storage may be rented at an additional fee upon request by the tenant.
5. Rent is due and payable on the first day of the month and delinquent on the fifth day of the month. A \$25 late fee will be assessed if rent is not received by the fifth day of the month in which it is due. An additional \$25 per each 5 day period will be assessed until the rent and all late fees are paid in full.
6. If a tenant becomes delinquent on rent, an official notice will be sent informing the tenant of the amount due that must be paid in full to prevent termination of the lease. This does not release the tenant from past due rent obligations or obligations of fulfilling the lease terms. All efforts to collect rent and lease obligations will be pursued including but not limited to court proceedings and garnishment of wages.
7. Absolutely no pets will be tolerated on the premises. If an unauthorized animal is found on the premises, a \$50 fine will be assessed. If the animal is not removed from the premises within 2 days, the animal control dept. will be contacted.
8. As a tenant in a multi-family unit, it is important to be considerate of your neighbors. Noise should be kept at reasonable levels. This includes but is not limited to TV, radio, stereo, music, voices, etc. All volumes of media need to be lowered to a minimum after 9 pm on weekdays and 11 pm on weekends. Use of headphones is another option.
9. If a tenant has a check returned for non-sufficient funds, a \$25 fee will be assessed. After two returned checks, the resident must pay rent with cash, cashiers check or money order thereafter.
10. Repairs and/or maintenance of vehicles are not allowed on the premises or in the public parking lots. Any vehicle with leaks cannot be parked in the parking lots. City code does not allow unlicensed, non-working vehicles to sit in the parking lot or on the street. A 48 hour notice will be given to residents to remove non-working vehicles. Any leaks caused by a tenant's vehicle will be cleaned and the expense of cleaning will be charged to the tenant.
11. If a tenant is locked out of their apartment, they will need to contact the TCD office during business hours to unlock at 308-632-2833. If someone has to come



to the apartment building after hours to unlock a unit, there will be a \$25 fee assessed to the tenant.

12. Tenant is responsible for replacing light bulbs, smoke detector batteries and other expendable items after moving into the apartment. Property manager will replace all furnace filters on a scheduled bases.
13. Tenant must notify the property manager or TCD in writing if they have a guest staying in the unit for more than 14 consecutive days. Beyond the 14 day period, the guest could be considered an additional tenant and must fill out an application to be approved by TCD. Under no circumstances shall another occupant move into the apartment without proper approval and authorization.
14. TCD understands that there will be normal wear and tear on the unit. If there are any problems with plumbing, electrical, maintenance, etc., please notify the property manager as soon as possible so that repairs can be made. If repairs are due to carelessness of the resident or damage from a resident's guests, the tenant will be charged for the repair.
15. If a tenant loses their keys, they will be charged \$25 for the cost issuing new keys.
16. Management will give a tenant 24 hours notice to enter a resident's apartment, unless there is an emergency. If the tenant cannot be present when repairs need to be made, management will need the tenant's permission to enter the unit to make repairs.
17. No satellite dishes, outdoor lights or other objects may be attached to the exterior of the building.
18. A periodic inspection of the rental units will be done to assess any damages or repairs that are needed. Units will be selected at random to be inspected. Residents will be given a 24 hour notice of the inspection. If the tenant is not able to be present for the inspection, the person doing the inspection shall enter the unit and conduct the inspection. Notification will be given to the tenant stating whether or not the unit passed inspection. If the unit failed inspection a notification will be given with a deadline given for needed repairs. A re-inspection will be made to insure the repairs have been made.
19. Tenants are responsible for any bills incurred due to failure to report a problem. (Example: leaking faucets or toilets that run continuously and cause a high water bill or water damage).
20. Tenant agrees that the Management will have the carpet professionally cleaned at the tenants cost upon vacating the property. The cost shall be actual costs incurred. This amount will be deducted from the deposit.
21. If the tenant vacates the premises without notice and keys are not returned, a \$75 fee will be assessed to replace the apartment locks and \$25.00 to replace the mail box lock.
22. Absolutely no illegal activities shall be conducted on the premises. If illegal activities are discovered by TCD staff, termination of the lease can be a result.

I have read and understand the above rules and regulations:

\_\_\_\_\_  
Resident tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident tenant

\_\_\_\_\_  
Date