



# TENANT APPLICATION TINY HOMES FLANDREAU SANTEE SIOUX TRIBE

<b>THE PROPERTY:</b>	<p><b>Tiny Homes</b></p> <p><b>Flandreau, SD 57028</b></p> <p><b>4 Single Family Homes, Two Bedroom, One Bathroom</b></p> <p><b>Pets: 1 dog under 30 pounds, or 1 cat allowed. \$300 additional pet deposit required</b></p> <p><b>Smoking is Not Allowed</b></p> <p><b>12 Month Lease</b></p> <p><b>Rent is \$450.00 per month</b></p> <p><b>Security Deposit is \$450.00</b></p>
<b>OWNER:</b>	<p><b>Flandreau Santee Sioux Tribe</b></p> <p><b>PO Box 283</b></p> <p><b>Flandreau, SD 57028</b></p>
<b>MANAGER:</b>	<p><b>FSST Housing Department</b></p> <p><b>(605) 997-2194</b></p>

## APPLICANT INFORMATION

Applicant First Name:	Middle:	Last:
Date of Birth:	Social Security Number:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Telephone Number: (    )	Driver's License Number:	Marital Status:
Are you a Member of the Flandreau Santee Sioux Tribe? <input type="checkbox"/> Y <input type="checkbox"/> N		Enrollment Number: _____
Current Address: Street	City	State            ZIP

## CO-APPLICANT INFORMATION

Is there a Co-applicant to this application? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe relationship to applicant: _____		
Date of Birth:	Social Security Number:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Telephone Number: (    )	Driver's License Number:	Marital Status:

Are you a member of a federally-recognized tribe?	<input type="checkbox"/> Y <input type="checkbox"/> N	Enrollment Number if Applicable: _____
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**PREVIOUS RENTAL HISTORY**

Has ANY member of the applying household ever lived in any FSST Housing before? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, Where: _____ When: _____

<b>Current Landlord</b>	
Name: _____	Telephone Number: ( ) _____
Address: _____	How long at this residence? _____

<b>Previous Landlord</b>	
Name: _____	Telephone Number: ( ) _____
Address: _____	How long at this residence? _____

Has ANY member of the applying household been evicted for:
Unpaid Rent: <input type="checkbox"/> YES <input type="checkbox"/> NO
Damages: <input type="checkbox"/> YES <input type="checkbox"/> NO
Other: <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES to any, describe: _____

Please provide a picture ID (example: Driver's License, Identification Card, or Tribal ID) to be copies

**BACKGROUND INFORMATION**

<b>**Note: We will conduct and enforce criminal background checks on ALL adult members of the household.</b>	
Please list all states and counties in which ALL of the members of the applying household have lived the last 10 years: States: _____ Counties: _____	Have ANY members of the applying household ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:
Are ANY members of the applying household subject to a lifetime sex offender registration? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are ANY members of the applying household currently using illegal drugs or abusing alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO

**CURRENT EMPLOYMENT**

Applicant: _____ Company: _____ Occupation: _____ Length of Employment: _____	Company Address: _____ Monthly Income: \$ _____ Company Supervisor: _____
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Applicant: _____ Company: _____ Occupation: _____ Length of Employment: _____	Company Address: _____ _____ Monthly Income: \$ _____ Company Supervisor: _____
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**PERSONAL REFERENCES**

<b>Reference #1</b> Name: _____ Address: _____	Relationship: _____ Telephone Number: (    ) _____ - _____
<b>Reference #2</b> Name: _____ Address: _____	Relationship: _____ Telephone Number: (    ) _____ - _____

**ADDITIONAL INFORMATION**

Is ANY member of the applying household in need of an American with Disabilities Act (ADA) compliant unit?

YES                       NO

If YES, please describe: \_\_\_\_\_

Is ANY member of the applying household in need of a Reasonable Accommodation for a disability? (For example, an apartment feature that helps with a hearing, mobility or vision impairment).

YES                       NO

If YES, please describe: \_\_\_\_\_

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Do you prefer an upstairs or downstairs unit?     Upstairs     Downstairs     No preference

Additional Details (If Any):

**SIGNATURE(S)**

I hereby certify that I am at least 55 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain any and all Unlawful Detainer, Credit Reports, Telechecks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

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

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

**Completed applications may be e-mailed to [housing@fsst.org](mailto:housing@fsst.org) OR dropped off at either the FSST Housing Department Office or the FSST Tribal Office.**