



EVERGREEN MANAGEMENT SERVICES, INC.

430 Oriole Drive, Spearfish, SD 57783 ▪ phone 605-642-0619 fax 605-642-0620

Tenant Application

Property Information

Building:	Unit Size:
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Applicant's Full Name		Date of Birth	Social Security Number	
Present Address			(PO Boxes for Mailing Purposes Only)	
City	State	Zip	Phone Number	Email Address
Current Landlord's Name		Current Landlord's Phone Number		
Applicant's Prior Address		City	State	Zip

Co-Applicant's Full Name		Date of Birth	Social Security Number	
Present Address (No PO Boxes)				
City	State	Zip	Phone Number	
Current Landlord's Name		Current Landlord's Phone Number		
Applicant's Prior Address		City	State	Zip

Other Household Members	Social Security Number	Date of Birth	Sex

List all states you have lived in:

Applicant's Current Employer		Employer's Address		
Employer's Phone #	Position	Dates: From-To	Salary & Average Hours Worked	
Previous Employer			Phone Number	

FOR MANAGEMENT USE ONLY: Received completed application on _____ at _____ o'clock a.m. p.m.

Co-Applicant's Current Employer		Employer's Address	
Employer's Phone #	Position	Dates: From-To	Salary & Average Hours Worked
Previous Employer			Phone Number

Other Income: (Social Security/Disability/Pension)	Amount:
Other Income: (Alimony/Business)	Amount:
Other Income:	Amount:

HOUSEHOLD ASSETS	\$ VALUE	\$ INTEREST/ INCOME	IDENTIFY SOURCE/BANK
Checking, Savings Accounts & Cash on Hand			
Certificates of Deposit & Money Market			
Stocks and Bonds (Any Type)			
IRA's and Retirement Accounts			
Life Insurance (Cash Value)			
Accounts Receivable			
Value of excess Vehicles, Recreational or Other Equipment			
Business Assets			
Real Estate (See Below)			
TOTAL ASSETS			

REAL ESTATE AND BUSINESS ASSETS

Description	Current Value	Debt	Annual Income	Annual Expense

Are any household members full time students? Yes No

Tenants or Co-tenants who are disabled or over age 62 may qualify for an income adjustment; do you qualify under this provision? (HUD and Rural Development subsidized properties only) Yes No

Do you or any member of your household require the features of a handicap accessible unit? Yes No

Are you or any member of your household a current user of controlled substances? Yes No

Have you or any member of your household previously been convicted of illegal use, manufacture or distribution of a controlled substance? Yes No

Have you or any members of your household been convicted of a felony? Yes No

If yes, please explain: _____

Are you or any member of your household subject to the Lifetime Sex Offender registry? Yes No

I/WE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE AUTHORIZE INQUIRES TO BE MADE TO VERIFY THE STATEMENTS ABOVE.

Applicant Signature

Date

Co-applicant Signature

Date



This institution is an equal opportunity provider and employer



Applicant	Co-Applicant
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Race: American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>	Race: American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>
Ethnicity: Hispanic/Latino <input type="checkbox"/> Non-hispanic/latino <input type="checkbox"/>	Ethnicity: Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/>
Decline to Report <input type="checkbox"/>	Decline to Report <input type="checkbox"/>