



EVERGREEN MANAGEMENT SERVICES, INC.

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

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to Evergreen Management Services, Inc (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Present Employers	Welfare Agencies
Veterans Administration	Previous Landlords (including public housing agencies)
State Unemployment Agencies	Social Security Administration
Retirement Systems	Support and Alimony Providers
Banks/Other Financial Institutions	Medical and Child Care Providers
Credit/Background Reporting Agencies	Pharmacy Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand that I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Signature

Printed Name & Date

Signature

Printed Name & Date

PROPERTY MANAGEMENT

www.4-evergreen.net

This institution is an equal opportunity provider and employer.





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:
-----------	------------

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