



# TENANT APPLICATION INKPA DUTA HOUSING COMPLEX FLANDREAU SANTEE SIOUX TRIBE

<b>THE PROPERTY:</b>	<b>Inkpa Duta Housing Complex</b> <b>404, 402, 306, 304 Inkpa Duta Road</b> <b>Flandreau, SD 57028</b>  <b>16 Total Units, Two Bedroom, One Bathroom Units in Fourplexes</b> <b>Pets: 1 dog under 30 pounds, or 1 cat allowed. Additional pet deposit required.</b> <b>Smoking is Not Allowed.</b> <b>12 Month Lease</b> <b>Rent is \$650 per month.</b> <b>Security Deposit is \$650.</b>
<b>OWNER:</b>	<b>Flandreau Santee Sioux Tribe</b> <b>PO Box 283</b> <b>Flandreau, SD 57028</b>
<b>MANAGER:</b>	<b>FSST Housing Department</b> <b>Shelli Marshall</b> <b>(605) 997-2194</b>

## APPLICANT INFORMATION

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

## ADDITIONAL OCCUPANTS

Are there other occupants subject to this application? Yes / No If yes, describe relationship to applicant:		
<b>Additional Tenant 1:</b>		
Date of Birth:	Social Security Number:	Sex:      M / F

Telephone Number: ( )	Driver's License Number:	Marital Status:
Are you a Member of the Flandreau Santee Sioux Tribe?	Y / N	Enrollment Number if Applicable: _____
<b>Additional Tenant 2:</b>		
Date of Birth:	Social Security Number:	Sex: M / F
Telephone Number: ( )	Driver's License Number:	Marital Status:
Are you a Member of the Flandreau Santee Sioux Tribe?	Y / N	Enrollment Number if Applicable: _____
<b>Additional Tenant 3:</b>		
Date of Birth:	Social Security Number:	Sex: M / F
Telephone Number: ( )	Driver's License Number:	Marital Status:
Are you a Member of the Flandreau Santee Sioux Tribe?	Y / N	Enrollment Number if Applicable: _____

### PREVIOUS RENTAL HISTORY

Has ANY member of the applying household ever lived in any FSST Housing before? YES / NO If yes, Where: _____ When: _____
Current Landlord Name: _____ Telephone Number: ( ) Address: _____ How long at this residence? _____
Previous Landlord Name: _____ Telephone Number: ( ) Address: _____ How long at this residence? _____
Has ANY member of the applying household been evicted for(circle one): Unpaid Rent: YES / NO Damages: YES / NO Other: YES / NO If YES to any, describe: _____
Please provide a picture ID (example: Drivers License, Identification Card, or Tribal ID to be copies

### BACKGROUND INFORMATION

**Note: We will conduct and enforce criminal background checks on ALL adult members of the household.	
Please list all states and counties in which ALL of the members of the applying household have lived the last 10 years: States: _____ Counties: _____	Has ANY members of the applying household ever been convicted of a felony or a misdemeanor? YES / NO If yes, please explain: _____

Are ANY members of the applying household subject to a lifetime sex offender registration?  YES / NO	Are ANY members of the applying household currently using illegal drugs or abusing alcohol?  YES / NO
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**CURRENT EMPLOYMENT**

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

Reference #1 Name:  Address:	Relationship:  Telephone Number: ( )
Reference #2 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).
Do you prefer an upstairs or downstairs unit? _____  Additional Details (If Any):

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**SIGNATURE(S)**

(All applicants over 18 years of age must sign):

I hereby certify that I am at least 18 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: \_\_\_\_\_

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

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

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