2015 SDHDA Homeownership Advertising Co-op Claim Form

Lender Information

Lender _____ Advertised Location(s) _____

Primary Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Media Information

Name of Publication _____

Size of Length of Advertisement _____

Dates of Publication Start: _____ End: _____

Net Cost of Ad(s) _____

Requirements

Ad must be pre-approved by e-mailing to: amanda@sdhda.org - or by faxing to 605-773-5154. Please allow for 3 business days for ad approval.

All co-op claims must be submitting with this form and meet the following requirements:

- All ads must devote 50 percent of the ad space to SDHDA specific products.
- Must promote one of the following programs:
  1. First-time Homebuyer Program
  2. SDHDA Tax Credit – Mortgage Credit Certificate
  3. Community Home Improvement Program (CHIP)

- All ads must include the SDHDA and Equal Housing Opportunity Logos.
- The SDHDA logo can be smaller than the Lender Logo but it must be legible and proportionately scaled.
- The Equal Housing Opportunity Logo must be included in the ad.
- All ads must follow any additional truth in lending requirements.

All co-op claims must also include:

- An original or copy of the media invoice
- A tearsheet or copy of the newspaper ad with the publication date printed on it.

Mail claim and required documentation to:

SDHDA, Co-op Advertising Program
Attn: Amanda Weisgram
PO Box 1237
Pierre, SD 57501

All claims must be submitted within 45 days of date of advertising.

Office Use Only

Claim Received Date_____Approved_____Denied_____
Amount Paid_____Date Paid_____YTD Co-op Paid_____
Reason for Denial_____