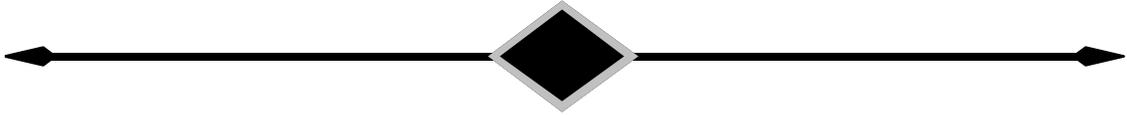


**SDHDA HOME  
HOMEOWNER REHABILITATION  
PROGRAM**



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**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY  
HOME HOMEOWNER REHABILITATION PROGRAM APPLICATION**

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Alternative formats of this document are available to persons with disabilities upon request.

For information regarding Section 504 Accessibility, contact the South Dakota Housing Development Authority 504 Coordinator, Slade Weller, at 1-800-540-4241.

**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY (SDHDA)  
HOME HOMEOWNER REHABILITATION PROGRAM APPLICATION**

This application was created to be utilized with the HOME Program. Unless otherwise specified, the applicant must complete **ALL** applicable parts of the application form **FULLY** and include **ALL** documents and supplementary materials required. All references made and the term "CFR" shall be deemed to mean, 24 Code of Federal Regulations, Subtitle A, Part 92.

**I. GENERAL PROJECT INFORMATION**

Program Name \_\_\_\_\_  
 Program Service Area \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Program Allocation Year \_\_\_\_\_ Application Date \_\_\_\_\_  
 Amount of HOME Funds Requested \$ \_\_\_\_\_

**II. APPLICANT INFORMATION**

Applicant Taxpayer ID No. \_\_\_\_\_ DUNS # \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Non-profit Status of Applicant: \_\_\_\_\_ 501(c)(3) \_\_\_\_\_ 501(c)(4) \_\_\_\_\_ 501(a) Exemption

**III. PROGRAM COSTS AND USES**

**\*\* HOME Administrative expenses are limited up to 7% of HOME Hard Rehabilitation Costs or the actual documented Administrative expenses per completed activity, whichever is less.**

1. Rehabilitation	\$	
2. Weatherization	\$	
3. Furnace Replacement	\$	
4. Other Costs	\$	
<b>A) Hard Cost Total (Items 1 – 4)</b>	\$	
1. **HOME Admin. Costs	\$	
2. Other Admin. Costs	\$	
<b>B) Admin. Cost Total (Items 1 – 2)</b>	\$	
<b>PROGRAM TOTAL (Subtotal A + B)</b>	\$	

### IV. PROGRAM FUNDING SOURCES

No.	Name of Hard Cost Funding Source (Rehabilitation, Weatherization, Furnace Replacement, etc.)	Amount of Funds	Interest Rate	Term	Annual Debt Service
1.		\$	%		\$
2.		\$	%		\$
3.		\$	%		\$
Total Hard Cost Program Funding (Items 1 - 3)		\$			
No.	Name of Administrative Expense Funding Source	XXXXXXXXXXXX			
1.		\$			
2.		\$			
Total Administrative Program Funding (Items 1 – 2)		\$			

**Complete the following for each Source of funds (make additional copies if necessary).**

1. Name of Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source:    ___ Tax Exempt Bond    ___ Conventional    ___ HOME    ___ Private    ___ Owner Equity ___ Federal                ___ Local Gov't    ___ Other (Specify) _____
--

Type:        ___ Amortizing Loan        ___ Grant        ___ Deferred Loan        ___ Forgivable Loan ___ Credit Enhancement    ___ Balloon        ___ Owner Equity        ___ BMIR***Loan ___ Other (Specify) _____
--

2. Name of Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source:    ___ Tax Exempt Bond    ___ Conventional    ___ HOME    ___ Private    ___ Owner Equity ___ Federal                ___ Local Gov't    ___ Other (Specify) _____
--

Type:        ___ Amortizing Loan        ___ Grant        ___ Deferred Loan        ___ Forgivable Loan ___ Credit Enhancement    ___ Balloon        ___ Owner Equity        ___ BMIR***Loan ___ Other (Specify) _____
--

3. Name of Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source:    ___ Tax Exempt Bond    ___ Conventional    ___ HOME    ___ Private    ___ Owner Equity ___ Federal                ___ Local Gov't    ___ Other (Specify) _____
--

Type:        ___ Amortizing Loan        ___ Grant        ___ Deferred Loan        ___ Forgivable Loan ___ Credit Enhancement    ___ Balloon        ___ Owner Equity        ___ BMIR***Loan ___ Other (Specify) _____
--

\*\*\* Below Market Interest Rate

## **V. APPLICANT CERTIFICATION**

### **The undersigned hereby acknowledges the following:**

1. That this application form provided by SDHDA to applicants for HOME funds, including all sections herein relative to project costs and determinations of the amount of HOME funds necessary to make the program financially feasible, is provided only for the convenience of SDHDA in reviewing reservation requests; that completion hereof in no way guarantees eligibility for the HOME funds or ensures that the amount of HOME funds applied for has been computed in accordance with the CFR requirements; and that any notations herein describing the CFR requirements are offered only as general guides and not as legal authority;
2. that the undersigned is responsible for ensuring that the proposed program will be comprised of qualified low-income owner occupied single family residences and that it will in all respects satisfy all applicable requirements of federal law and any other requirements imposed upon it by SDHDA at the time of reservation, should one be issued;
3. that, for the purposes of reviewing this application, SDHDA is entitled to rely upon the representations of the undersigned as to the inclusion of costs for the program as a whole and for each owner occupied single family residence therein individually as well, but that the issuance of a reservation based on such representations in no way warrants their compliance with the CFR requirements;
4. that SDHDA may request or require changes in the information submitted herewith, and may substitute actual figures for any estimated figures provided therein by the undersigned and may reserve HOME funds, if any, in an amount different from the amount requested;
5. that reservations are not transferable without prior approval by to SDHDA;
6. that the requirements for applying for the HOME funds and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state, or SDHDA regulation, or other binding authority; and
7. that reservations will be subject to certain conditions to be satisfied prior to allocation.

### **Further, the undersigned hereby certifies the following:**

1. The Applicant shall not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap; and
2. that, to the best of its knowledge and belief, all factual information provided herein or in connection herewith is true and correct and all estimates are reasonable and can be obtained from any source named herein; and
3. that it will at all times indemnify and hold harmless SDHDA against all losses, costs, damages, expenses, and liabilities of any nature or indirectly resulting from, arising out of or relating to SDHDA's acceptance, consideration, approval, or disapproval of this request and the issuance or nonissuance of HOME funds in connection herewith; and
4. that it provides SDHDA the right to exchange information with other state allocation agencies and with other parties as deemed appropriate.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Legal Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**Attach with this application the Administrative Plan for the Program and label header as Attachment Two.**