

**SOUTH DAKOTA
HOUSING OPPORTUNITY FUND (HOF)
DISCRETIONARY (DISASTER FUNDS) APPLICATION**

Applicant: _____

Current Mailing Address: _____

City: _____ Zip Code: _____

Phone No. _____ E-Mail Address: _____

Home Address (if different from mailing): _____ City _____

Number of members in household: _____

2014 Adjusted Gross Income: _____ (Attach copy of 2014 Tax Return)

Amount of HOF funding Requested: \$_____ (Attach FEMA and/or insurance documentation)

HOF Requested for:

HOF Assistance	Estimated Costs
Down payment Assistance	
Reconstruction of Home	
Rental Deposits	
Utility Deposits	
Purchase of appliances (please list)	
TOTAL COSTS	

***Documentation of expenses such as invoices and receipts will be required.**

The undersigned hereby certifies the following:

1. that, to the best of his/her 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; and
2. that applicant 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 non-issuance of HOF funds in connection herewith; and
3. that applicant provides SDHDA the right to exchange information with other federal, state and local agencies and with other parties as deemed appropriate by SDHDA.

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

Signature of Applicant

Signature of Applicant

Printed Name

Date

Printed Name

Date