Security Deposit Assistance Program Application

January 2007

SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY

P.O. Box 1237 • Pierre, SD 57501-1237
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www.sdhda.org

The Security Deposit Assistance Program (SDAP) establishes $100,000 for funding in emergency situations to prevent homelessness or to assist persons in transitional housing to secure permanent rental housing. Funds may also be used to assist low income families in securing a more affordable rental unit. Funds will only be used for payment of security deposits. Sub-recipients are eligible for an administrative fee based on program expenses

Eligible applicants for SDAP are qualified Public Housing Authorities (PHAs) and non-profit entities. Funds will be awarded on a first-come, first-serve basis as applications are deemed complete. The HOME funds will be set aside for 12 months following the award letter from HUD. If after the 12 months funds remain, they will revert to the General HOME Pool and will no longer be designated for this program. Availability of funds will be posted on SDHDA's website at www.sdhda.org.

General Requirements

The sub-recipient awarded funds from SDAP must comply with the following eligible costs and requirements per 24 CFR 92.209(j) of the HOME Program:

- The security deposit may not exceed the equivalent of one month's rent for the housing unit. In addition, HOME funds must be used in a manner consistent with the State Consolidated Plan;
- Funds will be used only as security deposits for rental units; no other type of assistance will be allowed. Sub-recipients must develop written guidelines which comply with program requirements, including tenant selection guidelines. These guidelines must be in place prior to commitment of funds. Tenant selections must comply with Federal Regulations 24 CFR 92.209(c);
- Only the prospective tenant may apply to the sub-recipient for SDAP funding, however, the sub-recipient must pay the security deposit directly to the landlord on behalf of the tenant. The income of all assisted tenants may not exceed 60 percent of the median income by household size. Income eligibility must be verified and documented at the time the security deposit assistance is provided;
- Prior to occupancy, rental units must be inspected and documented by the sub-recipient. The rental unit must meet Housing Quality Standards compliance as set forth in 24 CFR 982.401
- The tenant must have a written lease of no less than one year unless otherwise agreed upon the sub-recipient and both parties. Lease agreements must comply with the requirements as set forth in 24 CFR Part 92.253(b);
- The sub-recipient will provide assistance to the tenant in the form of a grant.

Program Selection

Applications will be reviewed initially for completeness, including all additional submission requirements. Incomplete applications will be returned to the applicant and may be resubmitted for consideration once the application is complete.

Any eligible proposal not funded because of funding limitations will be reconsidered along with new applications received when funds become available. If program requirements change, the applicant may be required to submit additional documentation. Any application wishing to withdraw an application from further consideration must do so in writing. **Preference will be given to those sub-recipients who apply for funding to help homeless individuals and families.**

Monitoring for Compliance

SDHDA will monitor sub-recipients administering SDAP for compliance with program requirements. Program compliance will be assessed through annual certification of compliance and on-site reviews conducted by SDHDA staff.

General

SDHDA's review of all documents submitted in connection with the HOME program is for its own processing purposes only. SDHDA makes no representations to the applicant or anyone else as the feasibility or viability of the proposed program.

No member, officer, agent, or employee of SDHDA shall be personally liable concerning any matters arising out of or in relation to, the commitment of HOME Program funds with regard to feasibility or viability of the proposed program.

South Dakota Housing Development Authority
Security Deposit Assistance Program
Application

Applicant Information

1. Name of Organization:_____

2. Mailing Address:_____

3. Email Address:_____

4. Name of Director/Owner: _____

   Phone:_____

5. Project Contact Person: _____

   Phone:_____

6. Tax ID #:_____

7. If applicant is a partnership or is incorporated, list the names of all partners or all board members and the Board President: _____
_____
_____
_____

8. Mission or goals of organization (**Attach a copy of the By-Laws and the Articles of Incorporation).** _____
_____
_____
_____
_____
_____
_____

9. History of Organization: _____
_____
_____
_____
_____
_____
_____
_____

10. Describe prior experience with Federal Programs:_____

_____
_____
_____
_____
_____
_____
_____

Public Service Projects

1. Describe in **DETAIL** your proposed program/activity for which Security Deposit Assistance funding is being requested (you may add additional sheets if necessary). _____

_____
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_____
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2. Check one of the following boxes that apply to the specific program/activity for which funding is being requested:

- ☐ New Program or Activity
- ☐ Existing program or activity where the number of individuals served will not increase
- ☐ Expansion of an existing program or service where it will permit additional individuals to be served
- ☐ Other, please describe: _____

_____

_____
_____

3. What is the specific goal or measurable outcome that will be achieved as a result of this program or activity? (i.e. Why is the project being undertaken and how will it directly benefit the clientele being served?) _____
_____
_____
_____
_____
_____
_____

4. If this is an existing program or service, how many individuals were served in the previous 12-month period?

Ethnicity –
_____ Hispanic or Latino
_____ Not Hispanic or Latino

Race –
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White
_____ American Indian or Alaska Native AND White
_____ Asian AND White
_____ Black or African American AND White
_____ American Indian or Alaska Native AND
_____Black or African American
_____ Other:_____

5. How many individuals will be served by this program or activity in the next 12-month period for which funding is being requested? (#)_____ of individuals.

6. This program/activity will serve the following groups. Check all that apply.

_____ Abused and/or Neglected Children
_____ Homeless Individuals
_____Homeless Families
_____Chronically Homeless Individuals
_____ Elderly Persons
_____ Persons with disabilities
_____ Battered Spouse
_____ Illiterate Persons
_____ Persons with HIV/AIDS
_____ Migrant Farm Workers

7. Will information on the household size and income of the beneficiaries of this program/activity be obtained and verified by your organization?
_____ Yes _____ No

8. Provide a cost breakdown for this program/activity:

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
Administration Cost (up to 10% of grant requested) $_____

TOTAL ESTIMATED PROGRAM/ACTIVITY COST **$_____**

9. List and identify by name all other funding sources for this program/activity. (Note: The total program/activity cost must equal the total of all funding sources).

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
HOME funding requested for this program/activity **$_____**
(Applicants should request amounts that will be utilized within one year)

TOTAL OF ALL FUNDING SOURCES **$_____**

10. Are all other funds identified for this project available and/or committed?
_____ Yes _____No; If no, please identify which funds are not and when they will be:_____
_____
_____
_____
_____

11. What will be the status of your program/activity if you do not receive HOME funding or if you do not receive the full amount requested?_____
_____
_____
_____

_____

Applicant

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

_____
Date

Return Original Application to:

South Dakota Housing Development Authority
Attn: Lisa Bondy, Housing Research and Development Officer
PO Box 1237
Pierre, SD 57501

All applicants must include the most recent fiscal year end audited financial statement with application