

# 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. Repeat Homebuyer Loan Program
  4. 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_____   |                |                     |