



Dear Housing Program Applicant:

Thank you for your interest in our Housing Assistance Program. Please complete and return the enclosed Application, General Release Form, and the supporting documentation listed on the enclosed Supporting Documentation Checklist. The requested documentation must be submitted for all adult household members (even those not on the primary mortgage loan or the title of the property).

Failure to provide all the above-requested documentation will delay the processing of your application.

If you have any questions about the application, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Fuller".

Lisa Fuller
Housing Technician, Planning & Development Services
City Center
231 North Dakota Avenue
605-367-8180
lfuller@siouxfalls.org

Enclosures

Supporting Documentation Checklist

Please provide copies for all of the following applicable supporting information for all adults residing in the household.

Yes	Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	Two months of the most recent pay stubs for every wage earner, showing year-to-date income.
<input type="checkbox"/>	<input type="checkbox"/>	Social Security or SSI current year's award letter(s).
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity/Retirement current year's benefit letter(s).
<input type="checkbox"/>	<input type="checkbox"/>	If you receive Child Support, child support order or 12-month printout from the Department of Social Services (DSS) or other documentation if case not filed with the DSS.
<input type="checkbox"/>	<input type="checkbox"/>	All other documentation for regular payments received.
<input type="checkbox"/>	<input type="checkbox"/>	Two most recent months of bank statements showing all debits and credits for each account held for every adult in the household.
<input type="checkbox"/>	<input type="checkbox"/>	Most recent mortgage statement showing current balance. <i>(Not applicable for Homebuyer or Neighborhood Revitalization)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Homeowner's insurance declarations page. <i>(Not applicable for Homebuyer or Neighborhood Revitalization)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Signed income tax returns from last year, including all schedules and forms for every adult in the household.
<input type="checkbox"/>	<input type="checkbox"/>	All W2s for last year's tax return(s).
<input type="checkbox"/>	<input type="checkbox"/>	Self-employed applicants must submit the last two years of tax returns, including all schedules and forms.
<input type="checkbox"/>	<input type="checkbox"/>	Proof of legal residency if necessary.
<input type="checkbox"/>	<input type="checkbox"/>	Photo ID must be submitted before loan closing.

APPLICATION

- Single-Family Rehabilitation Program**

 Neighborhood Revitalization Program
 Emergency Mobile Home Repair Program

Applicant _____ Social Security No. _____
 Address _____ Home Phone (____) _____
 U.S. Citizen: Yes No Cell Phone (____) _____
 Birth Date _____ Email Address _____

Spouse _____ Social Security No. _____
 U.S. Citizen: Yes No Email Address _____
 Birth Date _____ Cell Phone (____) _____

1. Complete the information below for all persons living in your home including yourself. Remember to list all people even if they are not related to you. If you need more room, please attach another sheet.

Name of Household Members			Relationship to Head	Age	Sex		Are you a full-time student (check one)
First	MI	Last	of Household		Female	Male	
			(for example: spouse, child, sibling, friend)				
			Head of Household		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Does anyone in the household receive regular payments from any of the following?

- | | | | |
|---|--|--------------------------------------|--|
| Wages from Employment | <input type="checkbox"/> Yes <input type="checkbox"/> No | TANF | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Self-Employed | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Income | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security or SSI | <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | Workman’s Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pensions/Retirement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Benefits (Other than SSI) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Death Benefits and/or Life Insurance Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Please list all regular payments received for all items indicated above on the following table. Remember to list for all people in the household.

Household Member’s Name	Type of Income (for example, wages, social security, child support)	Name of Source	Gross Amount Received	How often is amount received? (yearly, monthly, bi-weekly, weekly)	If receiving wages, provide start date if employed less than 1 year

4. Are there any adult household members who have no income?

Yes No

If Yes:

Name of Household Member _____ How does this person pay for food, shelter, transportation, clothing, and other expenses? _____

5. Were any adult household members required to file a tax return last year?

Yes No

If Yes:

Name of Household Member (list more than one on same line if filed jointly)

6. Does anyone in the household have any of the following assets?

Checking Yes No Certificates of Deposit (CDs) Yes No
Savings Yes No Stocks/Bonds/Mutual Funds Yes No
Reloadable Card Yes No Other Asset Accounts Yes No
Money Market Yes No

7. Please list all accounts for all items indicated above on the following table. Remember to list for all people in the household.

Owner's Full Name	Type of Account	Account Number	Name of Financial Institution

8. Are you delinquent on any of your financial liabilities, including, but not limited to, loans, credit cards, child support, judgments, or unpaid county aid liens?

Yes No

9. Do you currently own any other real estate?

Yes No

If Yes:

Address of property: _____

10. Will only those persons listed on this application reside in the property in the next six months?

Yes No

If Applying for Single-Family Rehab or Emergency Mobile Home Repair, answer the following questions:

11. Do you have a mortgage against this property?

Yes No

If Yes:

Name of Lender: _____

12. Do you have homeowners insurance on this property?

Yes No

13. Describe work needed to be done:

If Applying for Neighborhood Revitalization, answer the following questions:

****An application for the Homebuyers Assistance Program must be submitted and approved before you make an offer on a property.***

14. Do you currently reside in subsidized housing?

Yes No

15. Will you occupy the property purchased as your principal residence?

Yes No

16. Have you owned a house in the last 36 months?

Yes No

If Yes:

Are you a displaced homemaker?

Yes No

Are you currently living in manufactured housing?

Yes No

Are you currently living in housing not feasible for rehabilitation?

Yes No

How did you find out about our Housing Program?

- | | |
|---|---|
| <input type="checkbox"/> City Website | <input type="checkbox"/> Mailing—Utility Bill Insert |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Nonprofit Agency _____ |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Friends/Relatives | <input type="checkbox"/> Other (TV/Radio) |
| <input type="checkbox"/> Lender/Banker (please specify) _____ | <input type="checkbox"/> Past Client |
| <input type="checkbox"/> Local Government Cable Channel | <input type="checkbox"/> Realtor (please specify) _____ |
| <input type="checkbox"/> Mailing—Postcard | <input type="checkbox"/> Social Media |

Demographic Information

Please Note: The following demographic data is optional and is obtained for statistical purposes only. Data will not be considered by any local or federal office in determining eligibility. If you choose to provide this information, please answer all three questions.

Ethnicity—Please check one:

- Hispanic or Latino
 Not Hispanic or Latino

Race—Please check one:

- 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—more than one race

Disabled? Yes No

Certification by Applicant(s):

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining assistance under a housing program, and is true and complete to the best of the Applicant's knowledge and belief. Verification of any of the information contained in this application may be obtained from any source named herein.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

Warning: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure) shall apply to the foregoing certification. Title 18 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

Return completed application and general release form to:

**Housing Division
City Center
P.O. Box 7402
231 North Dakota Avenue
Sioux Falls, SD 57117-7402
fuller@siouxfalls.org**





General Release Form
City of Sioux Falls, Housing Division
231 North Dakota Avenue, P.O. Box 7402
Sioux Falls, SD 57117-7402
Telephone: (605) 367-8180
TTY (605) 367-7039 (Hearing Impaired)
An Equal Opportunity Office

The applicant identified below has applied for federal financial assistance through one of the programs administered by this office. The information that you provide is for the confidential use by this agency and will be used for the purposes of determining eligibility. The applicant by signing the following statement has authorized the City of Sioux Falls to obtain the information requested.

Applicant _____ Social Security No. _____

Applicant _____ Social Security No. _____

Address _____

City/State _____ Zip Code _____

I/We hereby authorize the City of Sioux Falls or its designated agents to obtain and receive all records and information that they request for the purposes of determining eligibility for assistance through programs that are administered through their office. This information may include, but is not limited to, the following: employment, income (including IRS returns), mortgages, indebtedness, credit, residency, benefits, and banking records. This authorization hereby gives the City of Sioux Falls the right to request information from all persons, companies, or firms holding or having access to such information on any matter referred to above. I/We agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Sioux Falls. The term of this authorization shall commence on the date of signature and be valid for a period of two years.

Name _____ Date _____
(Signature of Applicant)

Name _____ Date _____
(Signature of Applicant)