

HOME Homeowner Rehabilitation Program



**January 2023
Application**



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

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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. _____ UEI # _____
 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	\$	
A) Hard Cost Total (Items 1 – 4)	\$	
1. **HOME Admin. Costs	\$	
2. Other Admin. Costs	\$	
B) Admin. Cost Total (Items 1 – 2)	\$	
PROGRAM TOTAL (Subtotal A + 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:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
	<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

2. Name of Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
	<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

3. Name of Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
	<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> 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.