

Application for Down Payment/Closing Cost and Rehabilitation Assistance ESTIMATED GRANT AMOUNT REQUEST _____

APPLICANT INFORMATION

Applicant #1

Applicant #2

Name _____		Name _____	
County: _____		County: _____	
Present Address _____		Present Address _____	
DOB(mm/dd/yyyy) _____		DOB(mm/dd/yyyy) _____	
Phone Number _____		Phone Number _____	
Married _____ Separated _____ Unmarried _____		Married _____ Separated _____ Unmarried _____	
Number in Household _____			

ANNUAL HOUSEHOLD INCOME

Applicant #1

Applicant #2

\$ _____		\$ _____	
Gross Income _____		Gross Income _____	
Other _____		Other _____	

TOTAL HOUSEHOLD GROSS INCOME ** (Attachment: Copy of VOE, or last 3 year-to-date pay stubs, child support documentation, TANF, SSI or Soc. Sec. Award; If self-employed – provide 2-yrs tax returns.)

LENDING INSTITUTION

Institution _____		Address _____	
Contact Person _____		605 _____ /605 _____	
email: _____		Phone Number _____ Fax _____	

NO INTERNET LENDERS OR MORTGAGE BROKERS CAN BE USED TO ACCESS GRANT FUNDS

Closing Agent Address & phone # _____ **Closing Date** _____

LOAN INFORMATION

\$ _____	\$ _____	1 st time Buyer Yes _____ No _____
Purchase Price _____	Finance Amount _____	
Taxes \$ _____	Insurance \$ _____	Monthly PITI _____

Type of Loan: SDHDA ___ USDA Direct ___ USDA Guarantee ___ Conventional ___ FHA ___ VA ___ PMI ___

Term _____ Interest rate _____ Informed applicant of Home Buyer Education? _____ YES _____ NO _____

HOMES MUST BE ON PERMANENT FOUNDATION - NO MOBILE HOMES

REHAB (IMPROVEMENTS) INFORMATION

A minimum of \$1,000 of the grant funds must be used for rehabilitation of the property being purchased.

Type of work to be done: _____
Estimated dollar amount toward rehab \$ _____. **The lender is required to have the project inspected on completion, and provide HAPI with documentation of the fees paid for rehab (labor, materials, etc.) and the lien waivers.**

Acceptable rehab: paint, floor covering, electrical upgrade, shingles, siding, new door locks, bathroom fixtures, towel bars, light fixtures, window blinds, windows, doors, furnace and/or ac installation, water heaters.

NOT ACCEPTABLE: APPLIANCES, TOOLS, LANDSCAPING, CURTAINS, WALLPAPER, OR WATER SOFTENERS.

ELIGIBILITY CRITERIA –Income Limits

Household of 1 or 2 Persons:	\$29,300 (Brown Co.)	Household of 3 or more persons:	\$33,695 (Brown Co.)
	\$33,500 (Hughes Co.)		\$38,525 (Hughes Co.)
	\$30,550 (Stanley Co.)		\$35,133 (Stanley Co.)
	\$28,250 (Other Counties)		\$32,488 (Other Counties)

\$4000 Maximum Grant: _____ \$1000 Minimum Grant: _____ \$1000 Minimum for Rehab: _____
 Grant Funds are not to exceed 20% of the total purchase price: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to provide it. However, if you choose not to provide it, under Federal regulations this **Lender is required to note race and sex on the basis of visual observation or surname**. If you do not wish to furnish the above information, please check the box below. *(Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)*

<u>APPLICANT</u>	<u>CO-APPLICANT</u>
_____ Disabled/Handicapped	_____ Disabled/Handicapped
<u>ETHNICITY</u>	<u>ETHNICITY</u>
_____ Hispanic or Latino	_____ Hispanic or Latino
_____ Not Hispanic or Latino	_____ Not Hispanic or Latino
<u>RACE</u>	<u>RACE</u>
_____ American Indian/Alaskan Native	_____ American Indian/Alaskan Native
_____ Asian	_____ Asian
_____ Black or African American	_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander	_____ Native Hawaiian or Other Pacific Islander
_____ White	_____ White
_____ Other _____	_____ Other _____
<u>SEX</u>	<u>SEX</u>
_____ Male _____ Female	_____ Male _____ Female

SIGNATURES

Applicant #1	Date	Applicant #2	Date
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Lender	Date	Submit to HAPI
Please Attach: Signed Hapi Application		9 Fifth Ave. SE Aberdeen, SD 57401-4332
Signed Lender Application		
Good faith estimate		Telephone: (605) 225-4274
**Verification of Income (see above)		Fax: (605) 226-4274
		Email: info@homesarepossible.org

Information below to be completed by HAPI

Reservation of funds: 60 days from date of approval (Extension may be granted on a case by case basis)

Date sent for homebuyer education: _____ **Amount of estimated grant approved:** _____

HAPI Review Committee: _____ **Date:** _____ **HAPI Director:** _____ **Date:** _____

Name of Borrower: _____ **8/2008**