

HOMES ARE POSSIBLE, INC. (HAPI)
Application for Down Payment/Closing Cost and Rehabilitation Assistance
ESTIMATED GRANT AMOUNT REQUEST \$3,500

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 <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/>	Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/>
Number in Household _____	
E-mail address _____	
Cell Phone _____	

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-yr tax returns.)***

LENDING INSTITUTION

Institution _____	Contact Person _____	Address _____
email: _____	605 _____	/605 _____
	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 <input type="checkbox"/> No <input type="checkbox"/>
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

Does the property being purchased need repairs/improvements? yes no

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, windows, doors, furnace and/or ac installation, water heaters.
NOT ACCEPTABLE: APPLIANCES, TOOLS, LANDSCAPING, CURTAINS, RUGS OR WATER SOFTENERS.

ELIGIBILITY CRITERIA –Priority will be given to those who meet the following criteria

Eligible homeowners must be below 50% of the area median income.

Please check the appropriate box:

Are you or a member of your household:

- Disabled/Handicapped (Physically or Mentally) yes no
- Age 62 or older yes no
- Recovering from Physical Abuse yes no
- Recovering from Alcohol or Drug Abuse yes no

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.)*

APPLICANT

ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

RACE

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

SEX

- Male Female

CO-APPLICANT

ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

RACE

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

SEX

- Male Female

SIGNATURES

Applicant #1 _____ Date _____

Applicant #2 _____ Date _____

Lender _____ Date _____
Please Attach: Signed Hapi Application
Signed Lender Application
Good faith estimate
****Verification of Income (see above)**

Submit to HAPI
9 Fifth Ave. SE Aberdeen, SD 57401-4332
Telephone: (605) 225-4274
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: _____

HOMES ARE POSSIBLE, INC. (HAPI)



Homes are Possible, Inc. is an Equal Housing Opportunity Agency. "In accordance with Federal Law and US Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibited bases apply to all programs) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington, DC 20250-9410 or call (800) 795-3271 (voice) or (202) 720-6382 (TTD). USDA is an equal opportunity provider, employer and Lender."

I hereby authorize any person, agency or institution to supply requested by HAPI, concerning me or my family and to allow inspection and reproduction of records in his or their possession pertaining to me or my family by a duly authorized representative of HAPI. This authorization is given only in connection with its use by HAPI in its administration of its programs and for no other purpose. It shall continue in effect until such time as I state, in writing to HAPI.

I understand that collateral contacts may be necessary to verify my wages, rent, income and other aspects of eligibility and hereby give permission for such contacts to provide the requested information. I hereby approve and allow HAPI and their representatives to enter the premise to perform the work regarding this application, which they deem necessary.

I hereby declare that this home is not scheduled for acquisition or clearance under any government program. I will disclose to HAPI if and when this should ever occur.

Privacy Act Information: This information will be used by this office to determine your eligibility for this program. Statements of home ownership, family size and income must be accurate, and-all other information must be given to the best of your knowledge. Information obtained from this and other forms may be used by FHLB to monitor the effectiveness of this program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. Should you decline to provide the information requested on this form your home will not be considered for assistance. No information on this application is made available to the general public. This is an equal opportunity program. Discrimination is prohibited by Federal Law.

I have furnished this application information to the best of my knowledge and by this signature approve and verify it. Any misrepresentation regarding this information may lead to the recapture of the total amount of funds allocated to each project. I am aware that any fraudulent statements made in this application can be legal grounds for prosecution by any agency of the government using this application as a basis for assistance.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____