



SOUTH DAKOTA HOUSING **OPPORTUNITY** FUND

**APPLICATION FORM**

**For**

**HOF PROGRAMS**

(Homeowner Rehabilitation, Homelessness Prevention,  
And Homebuyer Assistance)



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**SOUTH DAKOTA  
HOUSING OPPORTUNITY FUND (HOF)  
APPLICATION FOR HOF PROGRAMS**

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For information regarding Section 504 Accessibility, contact the South Dakota Housing Development Authority 504 Coordinator, Andy Fuhrman, at 1-800-540-4241.

**SOUTH DAKOTA  
HOUSING OPPORTUNITY FUND (HOF)  
APPLICATION FOR HOF PROGRAMS**

Unless otherwise specified, the applicant must complete **ALL** applicable parts of the application form **FULLY** and include **ALL** documents and supplementary materials required.

**I. GENERAL INFORMATION**

- A. Project Name: \_\_\_\_\_  
Site Address(es): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- B. Total Amount of HOF Funding Requested: \$ \_\_\_\_\_  
Total Admin. Requested (max 10% of requested HOF funding): \$ \_\_\_\_\_  
Total of HOF and Admin. Requested: \$ \_\_\_\_\_
- C. HOF Requested for:  
\_\_\_\_\_ Homebuyer Assistance  
\_\_\_\_\_ Homeowner Rehabilitation  
\_\_\_\_\_ Homelessness Prevention
- D. HOF Financing Type (check one):  
\_\_\_\_\_ 5 yr. Deferred Mortgage  
\_\_\_\_\_ 5 yr. Forgivable Loan (forgiven annually)

**II. APPLICANT**

- A. Applicant: \_\_\_\_\_  
Applicant Federal Taxpayer ID No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
- B. Type of Entity  
\_\_\_ General Partnership      \_\_\_ Limited Partnership      \_\_\_ Limited Liability Co  
\_\_\_ Corporation              \_\_\_ Tribal Government      \_\_\_ Non-Profit  
\_\_\_ Local Government      \_\_\_ Housing Authority      \_\_\_ Other (specify) \_\_\_\_\_

C. Principal(s) involved (e.g., general partners, controlling shareholders, etc.)

Name(s)                                      Phone                                      Type of Ownership                                      % Ownership

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Principals' Resume Attached?     YES     NO

Principals' Financials Attached?     YES     NO

D. Legal Status of Applicant

Incorporated                                       Registered                                       Chartered

E. Non-profit Status of Applicant

501(c)(3)                                       501(c)(4)                                       501(a) Exemption

F. Has applicant previously developed or administered housing programs in South Dakota? If yes please list the project(s) below, please attach additional sheets if necessary.    No  Yes

Project Location                                      Number of Housing Units                                      Type of Activity

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In other states? No  Yes

If yes, which states and when \_\_\_\_\_

### **III. PROGRAM CHARACTERISTICS**

A. Total number of households to be assisted \_\_\_\_\_

B. Targeting of Units (Indicate type and % of units)

Families with Children                                       Persons with Disabilities

Housing for Older Persons (55+)                                       Homeless

Housing for Older Persons (62+)                                       Other \_\_\_\_\_

Frail Elderly (Assisted Living or Congregate Facility)

C. Income Targeting:

AMI Target	Number of Units/Households	Projected Dollar amount of Award
30%		
50%		
80%		
115%		

- D. Will support services be provided to the tenants?  Yes  No
- E. Will homebuyer counseling be provided to the homebuyers?  Yes  No

Provide a description of the service(s) or special accommodations and letter of intent from service agencies, if applicable. \_\_\_\_\_  
 \_\_\_\_\_

F. Extended Use Restriction:

By Marking this election, this project/program will be subject to an Extended Use Commitment for a minimum of ten (10) years beyond the mandatory HOF affordability period.

**IV. PROGRAM NARRATIVE AND FINANCIAL FEASIBILITY**

Applicants must provide written narrative of their program and document the feasibility of their proposed application. The narrative must outline the target homeowners and clients, selection process, administrative cost of carrying out the program, demonstrate that the selling price of the homes are affordable for the AMI being served, and outline performance measurements, as applicable.

**V. PROGRAM FINANCING (SOURCES OF FUNDS)**

List and provide documentation of all sources of funds, including grants and equity, that will be used for this project/program.

Name of Lender or Other Funding Source	Amount of Funds	Interest Rate	Term
Total Funds			

## VI. PROGRAM COSTS AND USES

List ALL program costs (Specify what ALL "other" costs are).

<b>Homebuyer Assistance</b>	<b>Estimated Costs</b>
Downpayment Assistance	
Closing Costs	
Homebuyer Education	
Administrative Costs	
Other (Specify)	
Other (Specify)	
<b>TOTAL COSTS</b>	
<b>Homeowner Rehabilitation</b>	<b>Estimated Costs</b>
Rehabilitation	
Soft Costs	
Fees & Taxes	
Administrative Costs	
Other (Specify)	
Other (Specify)	
<b>TOTAL COSTS</b>	
<b>Homelessness Prevention Activities</b>	<b>Estimated Costs</b>
Rental Deposits	
Utility Deposits	
Rental Arrears	
Utility Arrears	
Short-term Rental Assistance (0 – 3 months)	
Medium-term Rental Assistance (3 – 6 months)	
Long-term Rental Assistance (6 – 12 months)	
Administrative Costs	
Other (Specify)	
Other (Specify)	
<b>TOTAL COSTS</b>	

**VII. APPLICANT CERTIFICATION**

**The undersigned hereby acknowledges the following:**

1. That this application form and all Exhibits, provided by SDHDA to applicants for HOF funds, including all sections herein relative to project costs, operating costs, and determinations of the amount of HOF funds necessary to make the program financially feasible, is provided only for the convenience of SDHDA in reviewing applications; that completion hereof in no way guarantees HOF funds;
2. that the undersigned is responsible for ensuring that the proposed program will, in all respects, satisfy all applicable requirements of the HOF Program and any other requirements imposed upon it by SDHDA at the time of conditional commitment, should one be issued;
3. 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 conditionally commit HOF funds, if any, in an amount different from the amount requested;
4. that conditional commitments are not transferable without prior approval by SDHDA;
5. that the requirements for applying for the HOF funds and the terms of any conditional commitment thereof is subject to change at any time by state law, SDHDA regulation, or other binding authority; and
6. that conditional commitments will be subject to certain conditions to be satisfied prior to loan closing.

**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 HOF funds in connection herewith; and
4. that it provides SDHDA the right to exchange information with other state and local agencies and with other parties as deemed appropriate by SDHDA.

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 Date

**VIII. APPLICATION SUBMISSION CHECKLIST (CONTINUED)**

The following items, as applicable, must be submitted with the completed Application form to ensure a complete application is received by SDHDA (please refer to the HOF Allocation Plan for additional information and/or requirements).

<b><u>HOF Programs</u></b>	<b><u>Enclosed</u></b>
1. Completed and signed Application form and recent financials	_____
2. Information regarding applicant	_____
a. -Include staff and years of experience	
3. Documentation of Program Demand	_____
a. If services are a continuation of an existing program, include your most recent quarterly report or year end summary.	
4. Project Narrative	_____
5. If applicable, documentation of financial support from local sources	_____
6. Letters of local support	_____
7. Program Policy and Procedure Manual	_____
8. Documentation of other program funds (match/leverage)	_____
a. If funds are being provided by another party, include written documentation/terms of that commitment.	
9. Documentation showing proof of partnering with other agencies	_____