

Housing Infrastructure Financing Program

APPLICATION FORM

July 2022



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**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY
HOUSING INFRASTRUCTURE FINANCING PROGRAM
APPLICATION FORM**

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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 DEVELOPMENT AUTHORITY (SDHDA)
HOUSING INFRASTRUCTURE FINANCING PROGRAM (HIFP)
APPLICATION FORM**

Applicant must complete the entire application form and submit all documents and supplementary materials required. Failure to complete the application and submit all required documentation will result in an incomplete application and will delay review and processing of the application.

I. GENERAL PROJECT

A. Project Name: _____
Site Address(es): _____
City: _____ County: _____ Zip Code: _____

B. Proposed Housing to be Developed:

1. Total number of single family lots _____
2. Total number of multifamily rental housing units _____

C. Amount of Housing Infrastructure Financing Program (HIFP) funding requested: \$ _____

Applicant is limited in the dollar amount of HIFP funding. The maximum amount of HIFP funding will be the **lesser** of the following amounts as determined by the limitations below:

1. One third of the Total Project Costs [Total Project Costs _____ x 1/3 = \$ _____];
2. The actual costs of eligible waste water and drinking water expenses as defined in Section II(A)(3) of the HIFP Allocation Plan \$ _____;
3. The calculated funding based on the documented housing units that will be served by the proposed infrastructure:

\$10,000 x number of multifamily rental housing units (all communities) \$ _____

\$25,000 x number of single family lots/units (in communities of 50,000 or fewer in population)
\$ _____

\$15,000 x per single family lots/units (in the communities of Sioux Falls and Rapid City)
\$ _____

4. \$2 million per project.

II. APPLICANT INFORMATION

A. Name of Applicant: _____
Applicant Federal Taxpayer ID No. _____
Applicant Federal Unique Entity ID No. _____ (attach documentation)
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____

B. Contact Person During Application Process:
Contact Person: _____
Company: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____

C. Type of Entity of Developer
 General Partnership Limited Partnership Limited Liability Company
 Corporation Individual Non-Profit Corporation
 Local Government Housing Authority Other (specify) _____

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

<u>Name(s)</u>	<u>Phone</u>	<u>Type of Ownership</u>	<u>% Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Principal's Resume Attached? YES NO
Principal's Financials Attached? YES NO

E. Legal Status of Applicant
 Incorporated Registered Chartered

F. Non-profit Status of Applicant (if applicable)
 501(c)(3) 501(c)(4) 501(a) Exemption

G. Have you or other principal(s) previously developed housing in South Dakota? If yes please list the project(s) below, please attach additional sheets if necessary. No _____ Yes _____

Project Name and Location	List of Principal(s) Ownership Entity	Year Placed in Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Do any conflicts of interest exist? _____ Yes _____ No If yes, please describe:

I. If the Applicant is not the Developer of the land, briefly describe the relationship and complete Section III:

III. DEVELOPER INFORMATION

Applicant must only complete this section if the Applicant is not the developer of the land.

A. Name of Developer: _____
Developer Federal Taxpayer ID No. _____
Developer Federal Unique Entity ID No. _____ (attach documentation)
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____

B. Contact Person During Application Process:
Contact Person: _____
Company: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____

C. Type of Entity of Developer

<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Local Government	<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Other (specify) _____

D. Developer's Principal(s) involved (e.g., general partners, controlling shareholders, etc.)

<u>Name(s)</u>	<u>Phone</u>	<u>Type of Ownership</u>	<u>% Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Principal's Resume Attached? YES NO
 Principal's Financials Attached? YES NO

E. Legal Status of Developer

Incorporated Registered Chartered

F. Non-profit Status of Developer (if applicable)

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

G. Have you or other principal(s) previously developed housing in South Dakota? If yes please list the project(s) below, please attach additional sheets if necessary. No _____ Yes _____

<u>Project Name and Location</u>	<u>List of Principal(s)' Ownership Entity</u>	<u>Year Placed in Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Do any conflicts of interest exist? Yes No If yes, please describe:

IV. SITE INFORMATION

A. Applicant controls site by (select one and attach document):

_____ Deed - attached _____ Option - attached (expiration date _____)
_____ Purchase Contract - attached _____ Long term Lease - attached
(expiration date _____) (expiration date _____)

B. Legal description of the property identified in the site control document:

C. Name of seller (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

D. Is the property located and administered within the city limits? _____ Yes _____ No

If not, when will the property be annexed into the city limits? (explain) _____

E. Is site properly zoned? _____ Yes _____ No If yes, include evidence of proper zoning.

If not, is site currently in the zoning process? _____ Yes _____ No

Provide details (including the date to be resolved): _____

F. Utility services currently available to the site, e.g., gas, electric, water, etc. (both capacity and coverage)

_____ Yes _____ No

If yes, include evidence of utility availability. If no, provide explanation, including dates, when all utilities will be available. _____

G. Has local municipality approved the engineering plans? _____ Yes _____ No

H. Has local municipality issued a resolution? _____ Yes _____ No Include resolution or documentation of status of approval.

I. Attach engineering plans and status of its completion. _____ complete.

J. Have any environmental issues been identified? _____ Yes _____ No

If yes, describe: _____

K. Provide a location map, showing location of the site relative to the surrounding area. Provide photographs of the site(s) and/or building(s). Immediately adjacent land uses:

1. North: _____
2. South: _____
3. East: _____
4. West: _____

V. TOTAL PROJECT COSTS

List all project costs (Specify what all "other" costs are)

Itemized Costs	Actual Costs
LAND AND CONSTRUCTION COSTS	
Land Acquisition	
Demolition	
Site Improvements	
Excavation and Compaction	
Sanitary and Waste Water System	
Storm Water System	
Curb and Gutters	
Lift Stations	
Retention/Detention Ponds	
Inlets	
Expansion of Drinking Water System	
Drinking Water Systems Correcting Health Hazards	
Road Surfacing to Restore to Original Condition	
Roads Surfacing	
Sidewalks	
Erosion Control and Seeding	
Street lighting	
Traffic signals	
General Requirements (max 6% hard costs)	
Contractor Profit (max 6% hard costs)	
Contractor Overhead (max 2% hard costs)	
Excise Taxes	
Permits	
Contingencies	
Other Contractual (Specify)	
Other (Specify)	
Other (Specify)	
LAND AND CONSTRUCTION COSTS SUBTOTAL	
PROFESSIONAL FEES	
Survey Fees	
Legal Fees	
Real Estate Agent	
Engineer Bidding and Design Fees	
Engineer Project Inspection Fees	
Property Appraisal (if applicable)	
Market Study	
Environmental Reports	
Consultant Fees	
Other (Specify)	
PROFESSIONAL FEES SUBTOTAL	

FINANCING FEES	
Payment / Performance Bond	
Construction Insurance	
Construction Interest	
Origination Fee	
Title and Recording	
Other (Specify)	
FINANCING FEES SUBTOTAL	
TOTAL PROJECT COST	

VI. PROJECT FINANCING (SOURCES OF FUNDS)

Financing

List all sources of funds, including grants and equity, and provide documentation of same.

No.	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term
1.				
2.				
3.				
4.				
5.				
	Total Funds			

Total Funds should equal Total Project Costs

1. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Type: _____ Amortizing Loan	_____ Grant	_____ Deferred Loan	_____ Forgivable Loan
_____ Balloon	_____ Owner Equity	_____ Other (Specify) _____	

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

Type: _____ Amortizing Loan	_____ Grant	_____ Deferred Loan	_____ Forgivable Loan
_____ Balloon	_____ Owner Equity	_____ Other (Specify) _____	

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

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify)	_____

4. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify)	_____

5. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify)	_____

VII. PROJECT TIMETABLE

Indicate the actual or expected date by which the following activities will have been completed. In providing this schedule, be sure to take into consideration the requirement that construction should start within nine (9) months of the date of SDHDA Board of Commissioners' approval.

Actual or Scheduled Month/Year	Activity
_____	<u>Site</u>
_____	Acquisition
_____	Zoning
_____	Environmental Review
_____	Engineering Plan Review
_____	Municipal Resolution
_____	Other (specify) _____
_____	<u>Other</u>
_____	Final Plans/Specifications
_____	Conditional Commitment
_____	Construction Start
_____	Construction Completion
_____	Placed in Service

VIII. APPLICANT CERTIFICATION

The undersigned hereby acknowledges the following:

1. That this application form and all exhibits provided by SDHDA to applicants for HIFP funds, including all sections herein relative to preconstruction costs, project costs, and determinations of the amount of HIFP funds necessary to make the project financially feasible, is provided only for the convenience of SDHDA in reviewing applications; that completion hereof in no way guarantees eligibility for the HIFP funds; and that any notations herein describing the HIFP requirements are offered only as general guides and not as legal authority;
2. That the undersigned is responsible for ensuring that the proposed project will, in all respects, satisfy all applicable requirements of the HIFP program allocation plan and any other requirements imposed upon it by SDHDA and ARPA at the time of conditional commitment should one be issued;
3. That SDHDA may request or require changes in the information submitted herewith, may substitute actual figures for any estimated figures provided therein by the undersigned, and may conditionally commit HIFP funds, if any, in an amount different from the amount requested;
4. That conditional commitments are not transferable without prior written approval by SDHDA;
5. That the requirements for applying for the HIFP funds and the terms of any conditional commitment thereof is subject to change at any time by federal or state law, federal, state, or SDHDA regulation, or other binding authority; and
6. That conditional commitment will be subject to certain conditions to be satisfied prior to HIFP fund disbursement.

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 HIFP 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

EXHIBIT 1
APPLICATION SUBMISSION CHECKLIST

The following items, as applicable, must be submitted with the completed Application form to ensure a complete application is received by SDHDA. For more complete details, see the HIFP Allocation Plan Exhibit 1. Please label the attachments “Application checklist item 1”, “Application checklist item 2”, etc.

Submission Item	Enclosed
1. Completed and signed Application Form	_____
2. Housing Market Study	_____
3. Documentation of Housing Need (Exhibit 3)	_____
4. Project Narrative	_____
5. Information regarding Applicant and Developer, as applicable	_____
6. Three years historical financials	_____
7. Documentation of SAM.gov (Unique Entity ID) number	_____
8. Site Control documentation – recorded deed, purchase doc.	_____
9. Resolution from the municipality or sanitary district	_____
10. Infrastructure engineering plans	_____
11. Site information containing photographs of surrounding area	_____
12. Documentation on zoning	_____
13. Documentation of financing	_____
14. Ownership/Organization documentation	_____
15. Documentation of support from local sources (if applicable)	_____
16. Evidence of availability of utilities	_____
17. Consultant Agreement (if applicable)	_____
18. Any other information requested by SDHDA	_____

EXHIBIT 2
DEVELOPMENT TEAM

PROJECT NAME: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

1. NAME OF ENGINEER: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

2. NAME OF CONSULTANT: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

3. NAME OF CONTRACTOR: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

4. NAME OF LEGAL COUNSEL: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

(Provide additional information on additional sheets as necessary.)

EXHIBIT 3
HOUSING INFORMATION

In addition to the project narrative and the housing needs study, Applicant must complete and submit the following. Please indicate N/A if information is not applicable.

The proposed project will consist of the following:

Multifamily Rental Housing

Number of lots developed for multifamily rental housing _____

Anticipated number of multifamily rental units to be developed _____

Selling price of multifamily lots _____

TOTAL FUNDING GENERATED BY MF LOT SALES \$ _____

Single Family Housing

Number of lots developed for single family housing _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

Proposed selling price of lots # of lots _____ at \$ _____

TOTAL FUNDING GENERATED BY SF LOT SALES \$ _____

Additional Information

What percentage of housing need will be addressed with this project? _____

How many residential building permits were issued in last 2 years? _____

How many single family homes are currently on the market? _____

What is the price range of homes on the market _____ to _____

How many vacant homes are in community? _____