

## LOAN APPLICATION GOVERNOR'S HOUSE HOMEBUYER PROGRAM

## **APPLICANT INFORMATION**

Applicant #1 (Head of Household)		Applicant #2			
Present Address (street, city, state, zip)		Present Address (str	Present Address (street, city, state, zip)		
Home Phone (Inc. area code)		Home Phone (Inc. ar	Home Phone (Inc. area code)		
Subject Property Address (street, o	city, SD, zip)				
	<b>EMPLOYMEN</b>	T INFORMATION			
Name & Address of Employer		Name & Address of Employer			
Business Phone (Inc. area code)		Business Phone (Inc	Business Phone (Inc. area code)		
If currently employed in more th	an one positior				
Name & Address of Employer		Name & Address of Employer			
Business Phone (Inc. area code)		Business Phone (Inc	Business Phone (Inc. area code)		
HOUSEHOLD COMPOSITION  List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.					
Member's Full Name	Relationship	Social Security No.	Birthdate	Age	
	Head of Household				
Head of Household Hispanic? ☐ Yes ☐ No / If No, Check One Race of Head of Household ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native & White ☐ Asian & White ☐ Black/African American & White ☐ American Indian/Alaskan Native & Black African American ☐ Other Multi-Racial (This information is being collected to assure compliance with fair housing and equal opportunity rules.)					

**INCOME INFORMATION:** For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

Member's Full Name	Type and Source of Income (e.g. wages)	Payment Basis (weekly, monthly, etc.)	Annual Income Per Source

**ASSET INFORMATION:** List the type and source of any family assets. Provide both the current cash value and the amount of income that can be expected from that source during the next 12 months.

Member's Full Name	Type and Source of Asset (e.g. bank accounts, investments)	Cash Value of Asset	Annual Income From Asset

Provide most current source documents evidencing Annual Income (e.g. verification of employment, wage statement, interest statement, etc.).

FIRST MORTGAGE LENDER INFORMATION (PERMANENT FINANCING)

	TOTAL ELITPERT INTO		1 1117 11101110
Name & Address		Phone No.	Contact Name
*Acquisition Cost	Maximum First Mortgage	Other Non HOME Financia	al Assistance provided?
\$ Provide Copy of Purchase Agreement	\$ Provide Evidence (ie Certificate & Good Faith Est.)	Yes No If `	Yes, Amount/Source ovide Evidence
	ost of acquiring a completed Governsideration for the residence, include		
program:Yes	sing or received rental assis	,	
Provide copy of Certifica	ate of Completion for Home	ouyer Education	
	ICATION: I/we understar		_

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive financial assistance. I/we certify that the above described subject property will be my/our principal residence. I/we authorize the South Dakota Housing Development Authority to verify all information provided on this application. 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.

Applicant #1 Signature	Date	Applicant #2 Signature	Date





Alternative formats of this document are available to persons with disabilities upon request.

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