

# HOME Investment Partnership Program



## Single Family Homeownership Application Form

June 2019



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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.



**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY (SDHDA)  
SINGLE FAMILY HOME APPLICATION**

This application was created to be utilized with the HOME Program Allocation Plan. Unless otherwise specified, the applicant must complete **ALL** applicable parts of the application form **FULLY** and include **ALL** documents and supplementary materials required. All references made and the term "CFR" shall be deemed to mean 24 Code of Federal Regulations, Subtitle A, Part 92. All code "Section" references are to, and the term "IRC" shall be deemed to mean, the Internal Revenue Code of 1986, as amended.

Applicants who are also applying for Housing Opportunity Funds (HOF) must complete this application and the HOF supplemental application for the appropriate program(s) located on the SDHDA website under the program tab.

**I. GENERAL PROJECT INFORMATION**

A. Project Name: \_\_\_\_\_  
Site Address (es): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Application Date: \_\_\_\_\_

Amount of Funds Requested: HOME: \$ \_\_\_\_\_

B. The following questions relate to **HOME** project only:  
Requesting from CHDO Set-Aside? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, must complete CHDO Application and include with HOME Application).

CHDO Capacity: \_\_\_\_\_ Developer \_\_\_\_\_ Sponsor \_\_\_\_\_

Type of HOME Application (check **all** that apply)

- HOMEOWNERSHIP PROGRAM:  
\_\_\_\_\_ New Construction  
\_\_\_\_\_ Acquisition/Rehabilitation  
\_\_\_\_\_ Lease/Purchase  
\_\_\_\_\_ Site Development

Note: Separate applications are required for the following programs: Homeowner Rehabilitation, HOME Homebuyer Assistance, and Security Deposit Assistance.

**II. APPLICANT INFORMATION**

**The Applicant must be either a legal entity (e.g. partnership, Corporation, etc.) or an individual for whom the HOME funds will be committed.**

A. Applicant Information  
1. Applicant: \_\_\_\_\_  
Applicant Federal Taxpayer ID No.: \_\_\_\_\_ Duns No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Nonprofit Status of Applicant:  
 Not Applicable       501(c)(3)       501(c)(4)       501(a) Exemption

3. Type of Entity:  
 General Partnership\*       Corporation\*       Housing Authority  
 Limited Partnership\*       Nonprofit Corporation\*\*       Individual  
 Limited Liability Co       Local Government       Other (specify): \_\_\_\_\_

\***Required materials:** Articles of incorporation, by-laws, partnership agreement, and other relevant information regarding legal status

\*\* **Required materials:** See Section IV

4. Contact Person during Application Process:  
Contact Person: \_\_\_\_\_  
Name/Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_

1. Principal(s) involved (e.g. general partners, controlling shareholders, etc.) (Please insert all percentages in document as a decimal)

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

Principals' Resume Attached?       Yes       No  
Principals' Financials Attached?       Yes       No

2. Legal Status of Applicant:  
 Incorporated       Registered       Chartered

3. Have you or other principals previously receive HOME funds and/or tax credits in South Dakota? If yes, please list the project below, please attach additional sheets if necessary.      Yes \_\_\_\_\_      No \_\_\_\_\_

<u>Project Name and Location</u>	<u>List of Principal(s) Ownership Entity</u>	<u>Year and Type of Funding Received</u>
_____	_____	_____
_____	_____	_____

In other states?  Yes       No (If yes, complete Exhibit B)  
If yes, which states and allocation years \_\_\_\_\_

### III. DEVELOPMENT TEAM

A. Detailed information (address, phone, contact person, qualifications) for each of the development team is to be included in Exhibit A.  
Name of Developer: \_\_\_\_\_  
Name of Contractor: \_\_\_\_\_  
Name of Certified Public Accountant: \_\_\_\_\_  
Name of Architect: \_\_\_\_\_

- B. Identity of interest among Development Team and/or Ownership Entity  
 Do any members of the development team or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, provide a description of the relationship: \_\_\_\_\_

**IV. NONPROFIT INVOLVEMENT**

\_\_\_\_\_ IF THERE IS NO NONPROFIT INVOLVEMENT IN THIS PROJECT, PLEASE INDICATE BY CHECKING HERE AND GO TO PART V.  
 \_\_\_\_\_ APPLICATIONS COMPETING FOR FUNDS FROM THE COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) SET-ASIDE, PLEASE INDICATE BY CHECKING HERE, COMPLETE THE REMAINDER OF THIS SECTION, AND YOU MUST COMPLETE AND SUBMIT THE CHDO APPLICATION (EXHIBIT F)

The Applicant must submit Articles of Incorporation and IRS documentation of status prior to allocation request (or at such earlier date as SDHDA may require). To qualify for the CHDO pool or the nonprofit pool, an organization must be described in IRC Section 501(a) and exempt from taxation under IRC Section 501(c)(3) or (4), whose purposes include the fostering of low income housing:

1. Must "materially participate" in the development and operation of the project throughout the compliance period; and
2. Refer to Exhibit 5 of the HOME Program Allocation Plan for additional CHDO requirements.

This will require a case-by-case assessment of each CHDO and its involvement in the proposed project. To qualify for the CHDO Set-Aside, the CHDOs involvement shall satisfy all of the requirements specified above.

Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 CHDO Federal Taxpayer ID Number: \_\_\_\_\_ (HOME Applicants Only)

**V. PROJECT CHARACTERISTICS**

In order to qualify for HOME funds the homes must be sold to income qualified buyers. Please refer to the corresponding allocation plans for the income and selling price requirements.

A. Project and Building Information

- \_\_\_\_\_ 1. Total number of single family homes in the project  
 \_\_\_\_\_ Number of units designated for HOME: \_\_\_\_\_  
 1 Bdr \_\_\_\_\_ 2 Bdr \_\_\_\_\_ 3 Bdr \_\_\_\_\_ 4 Bdr \_\_\_\_\_  
 \_\_\_\_\_ Number of units designated for Housing Opportunity Fund  
 1 Bdr \_\_\_\_\_ 2 Bdr \_\_\_\_\_ 3 Bdr \_\_\_\_\_ 4 Bdr \_\_\_\_\_
- \_\_\_\_\_ 2. Percentage of units designated as low income
- \_\_\_\_\_ 3. No. of Section 504 accessible units for the mobility impaired; \_\_\_\_\_ and sensory impaired
- \_\_\_\_\_ 4. No. of other rehab low income units
- \_\_\_\_\_ 5. Number of garages
- \_\_\_\_\_ 6. Exact area of site (in square feet); \_\_\_\_\_ Exact area of site (in acreage)

- B. Project Type: \_\_\_\_\_ One Single Family Home \_\_\_\_\_ Single Family Development (2 or more homes)

- C. Type of Units:  
 Townhomes     Semi-Detached (Duplex)     Detached (Single Family)     Other
- D. Targeting of Homes (Indicate type and % of homes)  
 Families with Children     Persons with Physical Disabilities  
 Housing for Older Person     Persons with Mental Disabilities  
 Homeless     Persons with Developmental Disabilities
- Will homebuyer counseling be provided to homebuyers?     Yes     No
- E. Housing Purpose: Home Ownership     Tenant Ownership (Lease/Purchase)
- F. Project Amenities – check all that apply (please include these in the project narrative description as well)  
 range/oven     range hood     microwave     refrigerator     dishwasher  
 garbage disposal     washer     dryer     other: \_\_\_\_\_  
 Garage  
 On-Site Amenities (including recreational amenities): \_\_\_\_\_
- Are low income units' amenities substantially equivalent to those of the market rate units?  Yes     No  
 In no, explain differences: \_\_\_\_\_
- G. Project Location: As applicable, points will be awarded to projects located in close proximity of community services and areas of opportunity. Close proximity is defined as within one half mile of the project. Applications for funding from HOME Set-asides will not be scored on the following criteria but should still check the applicable services and areas of opportunity in regard to the development.
- Community Services – check the following community services in close proximity to the project. (Provide map marking location of services)  
 Grocery/Retail (5)     Hospital/Medical Clinics (5)  
 Schools/Senior Center (as applicable) (5)     Special Service Office (5)  
 Public Transportation Stop within 1 Block (20)  
 Owner will provide free transportation to tenants on regular schedule (4 or more times per week) or on-call basis (20)  
 Project that has on-call transportation service provided to tenants at reduced rates (10)
  - Areas of Opportunity – check the following if the project is located within an SDHDA defined area of opportunity. The following weblinks provide GIS maps of the SDHDA approved area of economic or educational opportunities. (Provide map identifying the area of opportunity)  
 Low Poverty Census Tracts – Less than 10% poverty rate (5)  
 High Ratio of Jobs to Population – Above the state average ratio (5)  
 Below Average Unemployment – Less than the state unemployment rate (5)  
 High Scoring Schools – Above average school performance index posted by South Dakota Department of Education (5)  
 Economics:  
<https://sdhda.maps.arcgis.com/apps/MapTools/index.html?appid=f2cc4768b4444109a15bb977907fcb7d>  
 Schools:  
<https://sdhda.maps.arcgis.com/apps/MapTools/index.html?appid=833dc9bd52344f45a8c6a3b3c1d8e0fc>

**VI. SITE INFORMATION**

A. Applicant controls site by (select one and attach document – MANDATORY):\*

- Deed- attached
- Option – attached (expiration date \_\_\_\_\_)
- Purchase Contract – attached (expiration date \_\_\_\_\_)
- Long Term Lease – attached (expiration date \_\_\_\_\_)

B. \_\_\_\_\_ Applicant is to acquire property by deed (or lease for a period no shorter than period property will be subject to occupancy restrictions) no later than \_\_\_\_\_ \* (must be this year).

\*If there is more than one site for the project and more than one expected date of acquisition by Applicant, please indicate and attach separate sheet specifying each site, number of existing buildings on the site, if any, and type of control of each site.

C. Name of seller (if applicable): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E. Is the site properly zoned? \_\_\_\_\_ Yes \_\_\_\_\_ No **(If yes, include evidence of proper zoning)**  
If no, is site currently in the zoning process? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Provide details: \_\_\_\_\_

When is zoning issue scheduled to be resolved (estimated date)? \_\_\_\_\_

F. Are all utilities presently available to the site? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**(If yes, include evidence of utility availability).** If no, provide explanation, including dates, when all utilities will be available \_\_\_\_\_  
\_\_\_\_\_

G. Has locality approved site plan? \_\_\_\_\_ Yes \_\_\_\_\_ No **(Include site plan approved by locality)**

H. Has locality issued building permit? \_\_\_\_\_ Yes \_\_\_\_\_ No **(Include building permit or documentation of status of approval)**

I. Attached are the Plan and Specifications: \_\_\_\_\_ percent complete.

J. Are there any environmental issue related to the property? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_

K. Legal description of the property that identifies it as the site in the site control document:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- L. Provide a location map showing location of the site relative to the surrounding area. Describe the immediate adjacent land uses:  
 North: \_\_\_\_\_  
 South: \_\_\_\_\_  
 East: \_\_\_\_\_  
 West: \_\_\_\_\_

**VII. ACQUISITION/REHABILITATION INFORMATION**

- A. Acquisition  
 Are HOME funds being requested for acquisition of existing buildings?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, go on to Rehabilitation)
1. Buildings acquired or to be acquired from:  
 \_\_\_\_\_ Related party \_\_\_\_\_ Unrelated Party \_\_\_\_\_ FHA \_\_\_\_\_ USDA Rural Development
  2. The buildings were last occupied on this date: \_\_\_\_\_  
 Are the buildings currently vacant? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (If the answer is No and HOME funds are requested, you may have to submit a tenant questionnaire for each tenant (Exhibit 6 of the HOME Program Allocation Plan)  
 The buildings were built in what year? \_\_\_\_\_  
 The date the buildings will be acquired? \_\_\_\_\_  
 Addresses for the buildings being acquired: \_\_\_\_\_  
 \_\_\_\_\_
  3. Existing Debt:  
 Will the existing debt be: \_\_\_\_\_ Prepaid \_\_\_\_\_ Assumed  
 \_\_\_\_\_ (Assumed Debt Maturity Date)  
 Estimated amount of funds to be prepaid or assumed: \$ \_\_\_\_\_  
 Estimated date the debt will be prepaid or assumed: \$ \_\_\_\_\_

- B. Rehabilitation  
 If no HOME funds are being requested for existing buildings being rehabilitated, is the property in good to excellent condition? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Has any maintenance been deferred? \_\_\_\_\_ Yes \_\_\_\_\_ No (Go on to Part XI)  
 If HOME funds are requested, please continue.
1. Historic Properties
    - a. Is this building in a historic district or designated a historic building? \_\_\_\_\_ Yes \_\_\_\_\_ No
    - b. Year built: \_\_\_\_\_
    - c. Please attach:
      1. Photographs of the building. The photos should show all exterior sides of the building and the inside of a typical unit.
      2. Description of what type of exterior rehabilitation is necessary.
      3. Description of what type of interior rehabilitation is necessary by apartment unit and for common space.
      4. Description of condition and age of major building systems (i.e. roof, heating, cooling, plumbing and electrical)

**VIII. PROJECT FINANCING (SOURCES OF FUNDS)**

- A. Construction Financing  
 List all preliminary and enforceable financing commitments, including grants and provide copies of same. If the applicant plans to finance part or all of the project out of its own resources, the applicant must prove to SDHDA's satisfaction that such resources are available and committed solely for this purpose. If a mortgage broker is involved in arranging financing from another source, so indicate. Any owner equity contributions or deferred fees should also



be listed below if the funds will provide a source of financing. Indicate with an asterisk (\*) enforceable financing commitments.

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

Make copies of this page and complete the following for each Residential Construction Lender or source of funds.

1. Name of Lender/Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
	<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

2. Name of Lender/Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
	<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

\*\*\*Below Market Interest Rate

**B. Permanent Financing**

List all preliminary and enforceable financing commitments, including grants and provide copies of same. If the applicant plans to finance in part or all of the project out of its own resources, the applicant must prove to SDHDA's satisfaction that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing. If a mortgage broker is involved in arranging financing, so indicate. Indicate with an asterisk (\*) enforceable financing commitments.

No.	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term/ Amort	Annual Debt Service	Commitment Date
1.						
2.						
3.						
4.						
5.						
	Subtotal Permanent Financing					
	Total Permanent Financing Sources					

**Make copies of this page and complete the following for each Lender or source of funds.**

1. Name of Lender/Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Source:  Tax Exempt Bond  Conventional  HOME  Private  Owner Equity  
 Federal  Local Gov't  Other (Specify) \_\_\_\_\_

Type:  Amortizing Loan  Grant  Deferred Loan  Forgivable Loan  
 Credit Enhancement  Balloon  Owner Equity  BMIR\*\*\*Loan  
 Other (Specify) \_\_\_\_\_

2. Name of Lender/Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Source:  Tax Exempt Bond  Conventional  HOME  Private  Owner Equity  
 Federal  Local Gov't  Other (Specify) \_\_\_\_\_

Type:  Amortizing Loan  Grant  Deferred Loan  Forgivable Loan  
 Credit Enhancement  Balloon  Owner Equity  BMIR\*\*\*Loan  
 Other (Specify) \_\_\_\_\_

\*\*\*Below Market Interest Rate

**IX. PROJECT COSTS AND USES**

List all residential project costs. (**Specify what ALL "other" costs are**)

Itemized Costs	Actual Costs
Land	
Existing Structures	
Demolition	
Other (specify)	
<b>1. SUBTOTAL</b>	
On Site Improvements	
Off Site Improvements	
Site Utilities	
Roads, Driveways & Walks	
Landscaping	
Earth Work	
Other (specify)	
<b>2. SUBTOTAL</b>	
New Buildings	
Rehabilitation	
Garages/Accessory Structures	
Garages/Other	
General Requirements (max 6% hard costs)	
Contractor Profit (max 6% hard costs)	

Contractor Overhead (max 2% hard costs)	
Excise Taxes	
Building Fees & Permits	
Appliances	
Other (specify)	
<b>3. SUBTOTAL</b>	
Construction Contingency	
Other (specify)	
<b>4. SUBTOTAL</b>	
<b>PROFESSIONAL FEES</b>	
Architect Design	
Architect Supervision	
Real Estate Attorney	
Real Estate Agent	
Engineer/Survey	
Physical Needs Assessment	
CPA – Cost Certification	
Other (specify)	
<b>5. SUBTOTAL</b>	
Payment/Performance Bond	
Construction Insurance	
Construction Interest	
Operating Interest	
Construction Loan Origination Fee	
Construction Loan Credit Enhancement	
Title and Recording (construction only)	
Legal Fees	
Real Estate Taxes	
Other (specify)	
<b>6. SUBTOTAL</b>	
Credit Report	
Loan Origination Fees	
Credit Enhancement	
Title and Recording	
Legal Fees	
Other (specify)	
<b>7. SUBTOTAL</b>	
Property Appraisal	
Market Study	
Environmental Reports	
Compliance Fees	
Soft Cost Contingency	
Other (specify)	
<b>8. SUBTOTAL</b>	
Developer Fee	
Developer Overhead	
Developer Profit	
Consultant Fee	
<b>9. SUBTOTAL</b>	

Other (specify)	
<b>10. SUBTOTAL</b>	
<b>TOTALS</b>	

**X. PROJECT TIMETABLE**

Indicate that 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 the project must start construction or rehabilitation within 1 year of the SDHDA Board approval.

Actual or Scheduled  
Month/Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activity  
Site  
Acquisition  
Zoning Approval  
Plat Approval  
Tax Abatement  
Environmental Review Completed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Construction Financing  
Loan Application  
Conditional Commitment  
Firm Commitment  
Closing and Disbursement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent Financing  
Loan Application  
Conditional Commitment  
Firm Commitment  
Closing and Disbursement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local Permits  
Conditional Use Permit  
Variance  
Site Plan Review  
Building Permit  
Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Loans and Grants  
Application  
Closing or Award

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other  
Final Plans/Specs  
Construction Start  
Placed in Service  
Construction Completion  
Sale of all Low Income Units

## **XI. NOTIFICATION OF LOCAL OFFICIAL**

Provide the name of the local political jurisdiction (town or city, if incorporated, otherwise, county or Indian Reservation) in which the project will be located and include the name and address of the chief executive officer of the political jurisdiction.

Name of the Local Governing Body: \_\_\_\_\_  
Name of Chief Executive Officer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Letter of notification to the local community official is attached? \_\_\_\_\_ Yes \_\_\_\_\_ No  
See Exhibit 3 of the HOME Program Allocation Plan

## **XII. APPLICATION FEE**

HOME Application fee due (not required if applying for HOME Set-asides): \$500.00  
Amount of application fee submitted: \$ \_\_\_\_\_  
(Make checks payable to South Dakota Housing Development Authority)

## **XIII. APPLICANT CERTIFICATION**

**The undersigned hereby acknowledges the following:**

1. That this application form provided by SDHDA to applicants for HOME funds, including all sections herein relative to project costs, and determinations of the amount of HOME funds necessary to make the project financially feasible, is provided only for the convenience of SDHDA in reviewing reservation requests; that completion hereof in no way guarantees eligibility for the HOME funds or ensures that the amount of HOME funds applied for has been computed in accordance with the CFR and/or Code requirements; and that any notations herein describing the CFR and/or Code 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 be comprised of qualified low income buildings and that it will in all respects satisfy all applicable requirements of federal tax law and any other requirements imposed upon it by SDHDA at the time of reservation, should one be issued;
3. That, for the purposes of reviewing this application, SDHDA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis for the project as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, but that the issuance of a reservation based on such representations in no way warrants their compliance with the CFR and/or the Code requirements;
4. 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 reserve HOME funds, if any, in an amount different from the amount requested;
5. That reservations are not transferable without prior approval by SDHDA;
6. That the requirements for applying for the HOME funds and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or SDHDA regulation or other binding authority; and
7. That reservations will be subject to certain conditions to be satisfied prior to allocation.

**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;
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;
3. That it will at all time 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 HOME funds in connection herewith;
4. That, if it proposes to utilize USDA Rural Development financing, it agrees to provide a copy of this application, Pro Forma, CPA Cost Certification, HOME loan documentation and IRS Form 8609 to USDA Rural Development, and further acknowledges that USDA Rural Development and SDHDA will work cooperatively to ensure that RHS assistance, HOME funds and/or housing tax credits provided is not more than is necessary to provide affordable housing after taking account from all Federal, State and local sources; and
5. That it provides SDHDA the right to exchange information with other state allocation 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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**EXHIBIT A**  
**DEVELOPMENT TEAM EXPERIENCE**

1. **PROJECT NAME:** \_\_\_\_\_  
Site Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. **APPLICANT NAME:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_
3. **NAME OF DEVELOPER:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_
4. **NAME OF CONTRACTOR:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_  
  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_
5. **NAME OF CONSULTANT:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_



6. **NAME OF CERTIFIED PUBLIC ACCOUNTANT:** \_\_\_\_\_  
 Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
 No. of Years' Experience: \_\_\_\_\_

7. **NAME OF TAX ATTORNEY:** \_\_\_\_\_  
 Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
 No. of Years' Experience: \_\_\_\_\_

8. **NAME OF ARCHITECT:** \_\_\_\_\_  
 Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
 No. of Years' Experience: \_\_\_\_\_

Do any members of the development team have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the level of participation and/or relationship of each: \_\_\_\_\_  
 \_\_\_\_\_

Describe any default, disposition of or status of default, foreclosure or finding on non-compliance for any of the projects listed on attachments. Use an additional sheet of paper if necessary. \_\_\_\_\_  
 \_\_\_\_\_

The undersigned, being duly authorized, hereby represents and certifies tht the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed development team.

\_\_\_\_\_  
 Signature of Legal Applicant Title Date

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## HOME PROGRAM PERFORMANCE QUESTIONNAIRE

The person or entity identified on page 1 has applied for an allocation of HOME funding in the State of South Dakota. They have provided on page 1 a list of the HOME developments in your state in which they have developed an ownership interest or perform as management agent. As part of the application review process, SDHDA examines the applicant's previous participation and performance history. Please review the list of properties and answer the following questions.

1. Notice(s) of violations has/have been issued in the past 36 months in the following categories:

Issue	Corrected	Not Corrected	Correction(s) Due
Major violations of health, safety and buildings codes			
Refusal to lease to Section 8 voucher holders			
Violation under the Fair Housing Act			
Leasing to unqualified tenants			
Lack of proper documentation			
Failure to recertify tenants annually			
Rents not properly restricted			
Instances of transient occupancy			
Failure to maintain minimum housing quality standards			
General non-compliance with governing regulations			

2. Applicant's attached list does not disclose all of the LIHTC or HOME properties owned or managed in this state. (Please list additional properties):

3. Applicant has been involved in bankruptcy, an adverse fair housing settlement, an adverse civil rights settlement, or an adverse federal or state government proceeding and settlement. (Please explain):

4. Applicant has failed to meet tax credit deadlines or compliance standards of a tax credit allocation. (Includes returning a reservation of credits after the carryover allocation agreement has been signed):

5. Applicant has demonstrated performance issues in the development and construction phase. (Please explain):

6. Additional information/comments:

7. Overall agency rating of the Applicants' performance: \_\_\_\_\_Excellent\_\_\_\_\_ Good\_\_\_\_\_ Average\_\_\_\_\_ Poor\_\_\_\_\_ Barred

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Preparer's Name/Title

Date

Please return the entire questionnaire to SDHDA within 10 days of receipt. Your response is greatly appreciated.

**South Dakota Housing Development Authority**  
**Attn: Rental Housing Development**  
**PO Box 1237**  
**Pierre, SD 57501**

**If you have questions or comments, please contact:**  
**South Dakota Housing Development Authority**  
**Rental Housing Development:**  
**605.773.3181**  
**www.sdhda.org**

**EXHIBIT C**  
**PROJECT REHABILITATION CHECKLIST**

Projects involving rehabilitation must attach a description of the work to be completed. The description must list rehabilitation costs for the exterior and interior of each home. Please indicate the following items that are included in the scope of the rehabilitation:

Exterior Work

- Foundation
- Porches
- Steps, Stairs
- Roof
- Gutter, Drain
- Windows
- Doors
- Siding
- Paint
- Sidewalk
- Masonry
- Landscaping
- Doors
- Window Coverings

Interior Work

- Basement
- Ceilings
- Walls
- Electrical
- Heating
- Plumbing
- Paint
- Flooring
- Cabinetry
- Counter Tops
- Light Fixtures
- Air Conditioning Units/Central Air
- Appliances

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**EXHIBIT D**  
**HISTORICAL REQUIREMENTS**  
**FOR ANY HOME ASSISTED PROJECT**

Please include the following information when submitting your application for project review under Section 106 of the National Historic Preservation Act (NHPA).

1. A description of your project that identifies and explains any work that will involve disturbance of the ground, or the demolition or modification of any existing buildings. If no ground disturbance, demolition, or modification of existing structures will take place, please indicate. If the area has been previously disturbed by activities other than agriculture please include this information:

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Sources:

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2. For projects that involve new construction on vacant lots, please include information as to what previously occupied the site and whether that site has any known historical or archaeological significance.

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Sources:

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3. Please enclose clear, original photographs of any affected buildings/structures constructed more than 49 years ago. An overall front view of each structure is required, as well as any other views necessary to fully describe the structure(s) and the proposed undertaking. Also include clear, original photographs of the subject property itself, whether there are any structures on it or not.

The above information is true and correct to the best of my ability:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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**EXHIBIT E**  
**APPLICATION CHECKLIST**

The following must be submitted with the completed application form to ensure a complete application is received by SDHDA. Please refer to the HOME Allocation Plan and application for clarification of any submission items.

SDHDA HTC/HOME Completed and Signed Application \_\_\_\_\_

Submission Item	Enclosed	Meet SDHDA Requirements
1. Market Study/Local Housing Need	_____	_____
2. Project Narrative	_____	_____
3. Chief Executive Officer notification	_____	_____
4. Pro-Forma	_____	_____
5. Evidence of Applicant's Characteristics	_____	_____
6. Site Control	_____	_____
7. Architectural Site Plan	_____	_____
8. Architectural Floor and Unit Plan	_____	_____
9. Zoning Letter and Project Plat	_____	_____
10. PHA Notification	_____	_____
11. Nonprofit Questionnaire	_____	_____
12. Local Area Map – Project Location	_____	_____
13. Local Area Map – Areas of Opportunity	_____	_____
14. Executed Project Characteristics (Exhibit 4)	_____	_____
15. Evidence of Financing	_____	_____
16. Legal Opinion of Good Standing	_____	_____
17. Consultant Contract	_____	_____
18. Acquisition Rehab Projects		
a. Detailed Rehabilitation Listing	_____	_____
b. Documentation of Historical Character	_____	_____
c. Lead Based Paint Disclosure	_____	_____
19. Application Fee of \$500 (if required)	_____	_____
20. Evidence of Local Financial Support	_____	_____
21. Lease Purchase Management Plan	_____	_____
22. Intent to Serve Families with Children	_____	_____
23. Availability of Utility Service	_____	_____
24. HOME Match Exhibit 7	_____	_____
25. HOF Supplemental Application	_____	_____
26. CHDO Supplemental Application	_____	_____



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**EXHIBIT F  
CHDO APPLICATION**

**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY  
COMMUNITY HOUSING DEVELOPMENT ORGANIZATION APPLICATION**

Legal Name of Organization	Tax ID Number
Mailing Address	City
Contact Name	Contact's Title
Contact's Email Address	Phone Number
Board President Name	Phone Number
<b>SELECT THE CHDO SET-ASIDE ELIGIBLE ACTIVITIES YOUR ORGANIZATION PLANS TO UNDERTAKE AS A CHDO (check all that apply)</b>	
<input type="checkbox"/> Acquisition and/or rehabilitation of rental property	<input type="checkbox"/> Acquisition and/or rehabilitation of homebuyer property
<input type="checkbox"/> New construction of rental property	<input type="checkbox"/> New construction of homebuyer property
<b>PLEASE INCLUDE ALL ITEMS BELOW WITH YOUR APPLICATION AS WELL AS ALL CHECKLIST ITEMS (Attachment A)</b>	
<input type="checkbox"/> List of geographic areas covered by the organization	<input type="checkbox"/> Explanation of organization's experience in housing
<input type="checkbox"/> Listing of Board of Directors	<input type="checkbox"/> Letter explaining proposed project and funding needs

**CHDO CHECKLIST**

The information contained in this checklist refers to the definition of Community housing Development Organizations (CHDOs) in Subpart A, 92.2 of the HOME Rule. The checklist is a tool for participating jurisdictions concerning the documents they must receive from a nonprofit before it may be certified or recertified as a CHDO.

**I. LEGAL STATUS**

- A. The nonprofit organization is organized under State or local laws, as evidenced by:  
 \_\_\_\_\_A Charter, OR  
 \_\_\_\_\_Articles of Incorporation
- B. No part of its net earnings inure to the benefit of any member, founder, contributor or individual, as evidenced by:  
 \_\_\_\_\_A Charter, OR  
 \_\_\_\_\_Articles of Incorporation
- C. Has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c)(3) or (4) of the Internal Revenue Code of 1986, as evidence by :  
 \_\_\_\_\_A 501(c)(3) or (4) Certificate from the IRS, OR  
 Is classified as a subordinate of a central organization nonprofit under Section 905 of the Internal revenue Code, as evidenced by:  
 \_\_\_\_\_A group exemption letter from the IRS that includes the CHDO

- D. Has among its purposes the provision of decent housing that is affordable to low and moderate income people, as evidenced by a statement in the organization's:
- Charter,
  - Articles of Incorporation
  - By-Laws, OR
  - Resolutions

**II. CAPACITY**

- A. Conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems," as evidenced by:
- A notarized statement by the president or chief financial officer of the organization;
  - A certification from a Certified Public Accountant, OR
  - A HUD approved audit summary

- B. Has a demonstrated capacity for carrying out activities assisted with HOME funds as evidenced by:
- Resumes and/or statements that describe the experience of key paid staff members who have successfully completed projects similar to those to be assisted with HOME funds, OR
  - Contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization

\*Submit 3 years audited financial statements; if new CHDO, financials from parent organization  
 \*Submit documentation of operating budget, including funds received from other sources

- C. Has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by:
- A statement that documents at least one year of experience in serving the community, OR
  - For newly created organizations formed by local churches, service or community organizations, and a statement that documents that its parent organization has at least one year of experience in serving the community.

The CHDO or its parent organization must be able to show one year of serving the community prior to the date the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities which it provided (or its parent organization provided), such as, developing new housing, rehabilitating existing stock and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities. The statement must be signed by the president or other official of the organization.

**III. ORGANIZATIONAL STRUCTURE**

- A. Maintains a least one-third of its governing board's membership for residents of low-income neighborhoods, other low income community residents, or elected representatives of low income neighborhood organizations as evidence by the organization's:
- By-Laws
  - Charter, OR
  - Articles of Incorporation

Under the HOME program, for urban areas, the term "community" is defined as one or several neighborhoods, a city, county, or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods, a town, village, county, or multicounty area (but not the whole state).

- B. Provides a formal process for low income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development and management of affordable housing projects, as evidenced by:  
 \_\_\_\_\_The organization's by-laws  
 \_\_\_\_\_Resolutions, OR  
 \_\_\_\_\_A written statement of operating procedures approved by the governing body
- C. A CHDO may be chartered by a State or local government, but the following restrictions apply: (1) the State or local government may not appoint more than one-third of the membership of the organization's governing body; (2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and (3) no more than one-third of the governing board members are public officials (including any employees of the PJ), as evidenced by the organization's:  
 \_\_\_\_\_By-Laws  
 \_\_\_\_\_Charter, OR  
 \_\_\_\_\_Articles of Incorporation
- D. If the CHDO is sponsored or created by a for profit entity, the for profit entity may not appoint more than one-third of the membership of the CHDO's governing body, and the board members appointed by the for profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's:  
 \_\_\_\_\_By-Laws  
 \_\_\_\_\_Charter, OR  
 \_\_\_\_\_Articles of Incorporation

**IV. RELATIONSHIP WITH FOR PROFIT ENTITIES**

- A. The CHDO is not controlled, nor receives directions from individuals, or entities seeking profit from the organization, as evidenced by:  
 \_\_\_\_\_The organization's by-laws, OR  
 \_\_\_\_\_A Memorandum of Understanding (MOU)
- B. A CHDO may be sponsored or created by a for profit entity, however: (1) the for-profit entity's primary purpose does not include the development or management of housing, as evidenced:  
 \_\_\_\_\_In the for profit organization's by-laws, AND  
 (2) the CHDO is free to contract for goods and services from vendor(s) of its own choosing, as evidenced in the CHDO's:  
 \_\_\_\_\_By-Laws  
 \_\_\_\_\_Charter, OR  
 \_\_\_\_\_Articles of Incorporation

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END