



**LOAN APPLICATION
HOUSING OPPORTUNITY FUND
PROGRAM (HOF)**

APPLICANT INFORMATION

Applicant #1 (Head of Household)	Applicant #2
Present Address (street, city, state, zip)	Present Address (street, city, state, zip)
Home Phone (Inc. area code)	Home Phone (Inc. area code)
Subject Property Address (street, city, SD, zip)	

EMPLOYMENT INFORMATION

Name & Address of Employer	Name & Address of Employer
Business Phone (Inc. area code)	Business Phone (Inc. area code)

If currently employed in more than one position, complete the following:

Name & Address of Employer	Name & Address of Employer
Business Phone (Inc. area code)	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.).

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, Steve Hughes, at 1-800-540-4241.