

**Northeast South Dakota Community Action Program
Sisseton, SD**

HOUSING REQUEST

Applicant #1

Applicant #2

Name _____

Name _____

Present Address _____ State _____ Zip _____

Present Address _____ State _____ Zip _____

Phone # _____ Cell # _____ Work # _____

Phone # _____ Cell # _____ Work # _____

SS# _____ Date of Birth _____

SS# _____ Date of Birth _____

Email _____ Education Level _____

Email _____ Education Level _____

Total Number in Household _____ # of Dependents _____

Currently: Own/Rent _____

PROGRAM APPLYING FOR

Down Payment _____ CD Pledge _____ Partnership Loan _____ Direct Loan _____ Development Corporation Loan _____

ANNUAL HOUSEHOLD INCOME

Applicant #1

Applicant #2

\$ _____

\$ _____

Base Income _____ Other _____

Base Income _____ Other _____

Employer _____ Start Date _____

Employer _____ Start Date _____

LENDING INSTITUTION/LOAN INFORMATION

Lender Please Complete this Section

Institution/Loan officer _____

Address _____

Phone Number (605) _____ Fax Number (605) _____

Is Borrower current with other creditors? Yes ___ No ___ If not, please comment _____

Has an inspection/appraisal of the property been conducted? Yes ___ No ___ Appraised Value \$ _____

Borrower's Net Worth \$ _____ Total Assets \$ _____ Total Liabilities \$ _____

Projected closing date: _____

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Purchase Price Bank Amount Owners Equity NESDCAP Amount Total Loan

1st time Homebuyer Yes ___ No ___ New Home ___ Existing Home ___ Square Footage _____

Type of Loan: SDHDA ___ USDA Direct ___ USDA Guarantee ___ Conventional ___ FHA ___ VA ___ PMI ___

Term _____ Interest rate _____ Has applicant completed NESDCAP Homebuyer Education Class? YES ___ NO ___

\$ _____
Principle, Interest, Tax, Insurance (PITI) Applicants Ratios Loan to Value

Source of other funds & amount required to complete project: _____

Closing Agent Address & phone # _____ Closing Date _____

MISCELLANEOUS INFORMATION

Use of Proceeds, Rehab Improvement, & Description of project: _____

(Use separate sheet if necessary)

Estimated dollar amount toward Rehab \$ _____

(The lender is required to have the project inspected on completion, and provide NESDCAP with documentation of the fees paid for rehab (labor, materials, etc.) and the lien waivers.)

Information for CD Pledge Program: NESDCAP CD Interest Rate: _____% # Months _____ # Years _____

ELIGIBILITY CRITERIA

ALL APPLICATIONS SUBJECT TO AGENCY PROGRAM CRITERIA AND FUNDING AVAILABILITY!

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to provide it. However, if you choose not to provide it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to provide the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT

____ I do not wish to furnish this information

ETHNICITY

____ Hispanic or Latino
____ Not Hispanic or Latino

RACE

____ American Indian/Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White
____ Other _____

SEX

____ Male ____ Female

CO-APPLICANT

____ I do not wish to furnish this information

ETHNICITY

____ Hispanic or Latino
____ Not Hispanic or Latino

RACE

____ American Indian/Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White
____ Other _____

SEX

____ Male ____ Female

SIGNATURES

Applicant #1

Date

Applicant #2

Date

Lender

Date

Submit to: NESDCAP

104 Ash Street East, Sisseton SD 57262

Telephone: 605 698 7654 Fax: 605 698 3038

**** Please Attach: Lender Loan Application/Verification of Income**

Information below to be completed by NESDCAP

Date received request: _____

Date sent for Homebuyer Education Class (Required prior to closing): _____ Amount approved: _____

NESDCAP Review Committee: _____ Date: _____

Reservation of funds: 60 days from date of approval (Extension may be granted on a case by case basis)