

2024 APPLICATION INSTRUCTIONS

WHAT IS REQUIRED FOR A COMPLETE APPLICATION?

- ❑ **Application form:** Complete every section, including all required signatures for applicant(s).
- ❑ **Identification documents** and **financial documents:** Refer to the **required documents checklist**.
Do not submit your application unless all required documents are included with your application form.

IMPORTANT: The selection committee evaluates and scores each applicant using a point system. During the application process, you can earn higher points by submitting an application that is fully complete (including all required documents) on the first submission. Please read all instructions and follow them!

WHEN CAN I SUBMIT MY APPLICATION?

- The 2024 application round opens on: **October 1, 2024**
- The 2024 application deadline is: **October 31, 2024, at 6 p.m.**

Habitat cannot accept late applications. Applications must be received and must be fully complete by October 31.

HOW DO I SUBMIT MY APPLICATION?

BY MAILING TO: ATTN: Lisa Ross
Habitat for Humanity of Greater Sioux Falls
721 East Amidon Street, Sioux Falls, SD 57104

BY DROP BOX: Put your completed application in a large envelope and drop it in one of the **secure drop boxes** located just inside the front entrance of the Habitat ReStore at 721 E. Amidon Street, Sioux Falls.

RESTORE HOURS: Tuesday through Saturday, 10 a.m. to 6 p.m.
The ReStore is closed on Sundays and Mondays.

IN-PERSON: Schedule an appointment with Lisa. See instructions below.

HAVE QUESTIONS OR NEED HELP?

Call or email Lisa at the Habitat office. Most questions can be handled by phone or email. If in-person help or application review is needed, it will be available **by appointment only**. Drop-in assistance is not available.

If in-person application help or review is needed, contact Lisa for an appointment. The following dates have been reserved for in-person applicant appointments:

- Monday, **October 7** // 10am-5:30pm (at **Downtown Library** – 200 N. Dakota Avenue, Sioux Falls)
- Monday, **October 14** // 9am-5:30pm (at **Habitat for Humanity** – 721 E. Amidon St., Sioux Falls)
- Monday, **October 21** // 9am-5:30pm (at **Habitat for Humanity** – 721 E. Amidon St., Sioux Falls)

Habitat contact person: [Lisa Ross, Homeowner Services Coordinator](#)

Phone: 605-274-6290 ♦ Email: lisa.ross@siouxfallshabitat.org ♦ Website: www.siouxfallshabitat.org

Office Hours: Monday-Friday, 8:30 am to 5:30 pm ♦ In-Person Assistance: By appointment only!

REQUIRED DOCUMENTS CHECKLIST

2024 Application – Homeownership program

For all household members (adults and children):

- Social security card:** You may copy up to six social security cards on one page.
- Proof of residency:** Provide **one item** per person—birth certificate or U.S. passport or permanent resident card (green card) or citizenship form.
- Driver's license or picture ID:** Provide for anyone who is (or will be) 18 or older by 12/31, if their proof of residency document does not include a photo.

For applicants (borrowers) only:

- Bank statements:** Provide past two months' bank statements for all checking, savings, and certificate of deposit accounts held in the applicant's name (individually or jointly), excluding retirement accounts. All pages of the monthly bank statement are required.
- Assets:** If applicant or co-applicant owns land or a home, provide a current statement showing the monthly required payment and balance for any outstanding loans.

For every adult in the household who is 21 or older by 12/31:

- Tax records for 2023 and 2022:**
 - Provide copy of federal tax return (Form 1040), including all pages and schedules
 - Provide W-2 forms and/or 1099 forms from all employers for past two tax years
- Paystubs:** Provide past one month's paystubs from all current employers, covering consecutive pay periods over the last four weeks.
- Self-employment:** A minimum of two years' profit and loss history is required. For 2024, provide a statement showing year-to-date income and expenses (profit & loss) covering January to September.
- Child support income:**
 - Provide copy of court order that established child support payments.
 - Provide statement showing past 12 months' child support payments received (since 10/1 last year, even if the amount received was \$0).
- Social security, SSI or SSDI income:** Provide current year's award letter for anyone in the household who is receiving this income.
- Pension, annuity, retirement income:** Provide current year's benefit letter.

HAVE QUESTIONS OR NEED HELP?

Call or email Lisa at the Habitat office. Most questions can be handled by phone or email. See **2024 Application Instructions** for dates and times when in-person appointments can be scheduled.

Habitat contact person: **Lisa Ross, Homeowner Services Coordinator**

Phone: 605-274-6290 ♦ Email: lisa.ross@siouxfallshabitat.org ♦ Website: www.siouxfallshabitat.org

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We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.



2024 Application

Homeownership program

Dear Applicant: Please complete this application truthfully, completely, and accurately. Do not leave any boxes or sections blank. All fields are required, unless marked optional. All information you include on this application will be maintained in accordance with our privacy policy.

1. WHAT TYPE OF CREDIT ARE YOU APPLYING FOR? (Must check one)

- I am applying for **individual** credit. (One person is applying for a Habitat loan, without a co-applicant or co-borrower.)
- I am applying for **joint** credit. (Two people are applying together for a Habitat loan, as co-applicants or co-borrowers.)

2. APPLICANT INFORMATION

Applicant (Borrower)			Co-applicant (Co-Borrower)			
First Name:			First Name:			
Middle Name(s):			Middle Name(s):			
Last Name:			Last Name:			
Cell Phone Number ()	Home Phone Number ()		Cell Phone Number ()	Home Phone Number ()		
Email:			Email:			
Are you a U.S. citizen or permanent legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a U.S. citizen or permanent legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			
Social Security Number - -	Date of Birth (mm/dd/yyyy) / /	Age	Social Security Number - -	Date of Birth (mm/dd/yyyy) / /	Age	
CURRENT ADDRESS (street, city, state, zip code)			CURRENT ADDRESS (street, city, state, zip code)			
_____ Apt # _____			_____ Apt # _____			
City _____ Zip Code _____			City _____ Zip Code _____			
How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			
PRIOR ADDRESS (if less than 2 years at current address)			PRIOR ADDRESS (if less than 2 years at current address)			
_____ Apt # _____			_____ Apt # _____			
City _____ Zip Code _____			City _____ Zip Code _____			
How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			How long at this address? _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			
YOUR CHILDREN* AND OTHER ADULTS who live with you now (PT or FT) and are expected to still be living with you in 3 years:						
Other Household Members (who are not applicants)	Age	Date of Birth	Male	Female	Relationship to Applicant	
_____	_____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	_____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	_____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	_____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	_____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	_____	/ /	<input type="checkbox"/>	<input type="checkbox"/>	_____	

*Minor children may only be listed if the applicant, co-applicant, or another adult in the household is their parent, legal guardian, or legal custodian.

3. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving in the United States Armed Forces? (Marine Corps, Army, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)? **Applicant:** Yes No **Co-Applicant:** Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour: ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour: ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

4. WILLINGNESS TO PARTNER

Sweat Equity: In the Habitat program, you are required to complete 300 "sweat equity" hours, which are earned by building your home and other Habitat homes under the supervision of the Habitat construction team, and by attending required homebuyer education classes. No construction experience is required. In the construction phase, you must be available and willing to work 20-30 hours every month until your home construction is completed. Habitat builds homes in all seasons, every month of the year. Household members 16 and older can help, and you can get some donated hours. Habitat builds homes Tuesday-Saturday, 8:30am-4:00pm.

Are you available and willing to work 20-30 hours of sweat equity every month? Applicant: Yes No
Co-Applicant: Yes No

Communication with Habitat: The application process for the homeownership program can take up to 6 months to complete. After you submit your application, you must notify Habitat immediately if there are any updates or changes to your application, such as: employment or job status changes for you or any other adult household members; marital status changes, household size changes, changes in income (raise, job loss, change in PT or FT status), new debt obligations, or changes to your contact information.

Will you notify Habitat immediately of any application changes? Applicant: Yes No
Co-Applicant: Yes No

Neighborhood / Home Decisions: Habitat determines which neighborhood(s) and home(s) can be offered to selected applicants, based on their current household size, current needs, affordability thresholds, readiness for sweat equity, and other factors. Habitat does not build custom homes based on your desires and preferences. Your options are limited. If your application is approved, but you reject the neighborhood or home Habitat offers, then you must exit the program, and you will not be eligible to reapply for two years.

Do you understand and accept that your home choices and options will be limited? Applicant: Yes No
Co-Applicant: Yes No

5. DECLARATIONS

Please review and answer each of the following questions:	Applicant	Co-Applicant
a. Do you have any outstanding (unpaid) judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the past 7 years? If yes, what type? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you party to a lawsuit in which you potentially have some financial responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal loan or any other loan or debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED: For any "Yes" answers to questions above, provide additional information here or in the space provided on page 10.

6. EMPLOYMENT INFORMATION AND WORK HISTORY – covering the past two (2) years

APPLICANT			CO-APPLICANT		
Current work status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed If unemployed, has the applicant been employed at any time in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Required: Provide employment history covering past 2 years. For any gaps in employment, please explain on page 10.			Current work status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed If unemployed, has the co-applicant been employed at any time in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No Required: Provide employment history covering past 2 years. For any gaps in employment, please explain on page 10.		
CURRENT Employer #1 – Company Name and Address			CURRENT Employer #1 – Company Name and Address		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$
Hire Date (Month / Year)	Employer's Phone Number ()		Hire Date (Month / Year)	Employer's Phone Number ()	
Title / Position			Title / Position		
CURRENT Employer #2 (if any) – Company Name and Address			CURRENT Employer #2 (if any) – Company Name and Address		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$
Hire Date (Month / Year)	Employer's Phone Number ()		Hire Date (Month / Year)	Employer's Phone Number ()	
Title / Position			Title / Position		
PAST Employer #1 – Company Name and Address			PAST Employer #1 – Company Name and Address		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$
Hire Date (Month / Year)	Title / Position		Hire Date (Month / Year)	Title / Position	
End Date (Month / Year)	Reason for Leaving		End Date (Month / Year)	Reason for Leaving	
PAST Employer #2 – Company Name and Address			PAST Employer #2 – Company Name and Address		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$
Hire Date (Month / Year)	Title / Position		Hire Date (Month / Year)	Title / Position	
End Date (Month / Year)	Reason for Leaving		End Date (Month / Year)	Reason for Leaving	
SELF-EMPLOYED OR BUSINESS OWNER? <input type="checkbox"/> Yes <input type="checkbox"/> No Business Name: _____ Start Date of Self-Employment? _____ Last Year's Profit (Loss) \$ _____ <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more.			SELF-EMPLOYED OR BUSINESS OWNER? <input type="checkbox"/> Yes <input type="checkbox"/> No Business Name: _____ Start Date of Self-Employment? _____ Last Year's Profit (Loss) \$ _____ <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more.		

7A. HOUSEHOLD INCOME – Enter the monthly gross income for APPLICANT(S). If income for any category is \$0, then enter \$0. Do not leave any fields blank.

Income Source	Applicant's gross income from all sources	Co-applicant's gross income from all sources	TOTAL PER CATEGORY
Job Income	\$ / month	\$ / month	\$ / month
SSDI or Disability	\$ / month	\$ / month	\$ / month
SSI or Social Security	\$ / month	\$ / month	\$ / month
Child Support	\$ / month	\$ / month	\$ / month
Alimony	\$ / month	\$ / month	\$ / month
TANF	\$ / month	\$ / month	\$ / month
Retirement (pension)	\$ / month	\$ / month	\$ / month
Military entitlements	\$ / month	\$ / month	\$ / month
VA compensation	\$ / month	\$ / month	\$ / month
Housing subsidy (Section 8 / other)	\$ / month	\$ / month	\$ / month
Other:	\$ / month	\$ / month	\$ / month
GRAND TOTALS	\$ / month	\$ / month	\$ / month

7B. HOUSEHOLD INCOME – Enter the monthly gross income of all NON-APPLICANT adult household members who are (or will be) 21 or older by year end.

Full Name of Non-Applicant Household Member	List All Income Sources for this Household Member	Hire Date (if employed)	Total Gross Monthly Income From All Sources
			\$ / month
			\$ / month
			\$ / month
GRAND TOTAL			\$ / month

8. EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of: race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission. FTC Regional Office for the Midwest region: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Avenue NW, Washington, DC 20580 or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding an applicant's marital status, alimony, child support, and separate maintenance income, and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant Signature	Date	Co-Applicant Signature	Date
X _____	_____	X _____	_____

9A. ASSETS – PROPERTY INFORMATION

Do you (or co-applicant) currently own a home, land, or other real estate? No Yes If yes, answer the following:

I own a home. Current monthly loan payment for home: \$ _____ Current unpaid loan balance: \$ _____

I own land. Current monthly loan payment for land: \$ _____ Current unpaid loan balance: \$ _____

9B. ASSETS – FINANCIAL ACCOUNTS (Checking or Savings or Certificates of Deposit)

List all accounts held by the applicant and/or co-applicant, excluding 401K or retirement funds.

Type of Account (Savings, Checking, Certificate of Deposit)	Name of Bank or Financial Institution	Name(s) of the Account Holder(s)	Last 4 Digits of Acct #	Current Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$
CURRENT CASH SAVINGS (List total cash that is not deposited in any of the above accounts):				\$
TOTAL ASSETS (ACCOUNT BALANCES + CURRENT CASH SAVINGS) =				\$

10. MONTHLY EXPENSES – If the answer is \$0, then enter \$0

Expense Type	Applicant	Co-Applicant	Joint Total
Rent (the amount you pay for your unit):	\$	\$	\$
Electric Bill	\$	\$	\$
Gas Bill	\$	\$	\$
Water/Sewer Bill	\$	\$	\$
Internet Bill	\$	\$	\$
Phone Bill (cell and/or land line)	\$	\$	\$
Automobile Insurance	\$	\$	\$
Renter's Insurance	\$	\$	\$
Child Support Payments	\$	\$	\$
Child Care / Babysitter Costs	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$

11. LIABILITIES – Borrowed Money, Loans or Other Unpaid Debts. If the answer is \$0, then enter \$0.

LIABILITY TYPE	Applicant		Co-Applicant	
	Required Minimum Monthly Payment	Current Balance	Required Minimum Monthly Payment	Current Balance
Auto Loan(s)	\$	\$	\$	\$
Student Loan(s)	\$	\$	\$	\$
Furniture or Appliance Loan(s)	\$	\$	\$	\$
Immigration Loan	\$	\$	\$	\$
Credit Cards (revolving debt)	\$	\$	\$	\$
Medical Debt	\$	\$	\$	\$
Unpaid Judgment(s)	\$	\$	\$	\$
Unpaid Debt(s) in Collection	\$	\$	\$	\$
Other Debt:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

12. APPLICANT'S CURRENT HOUSING CONDITIONS

Current Housing Situation (check all that apply): I own I rent I live with relative or friend I am in transitional / temporary

Current Housing Unit: House Mobile Home Apartment Other _____

Number of **bedrooms** in your housing unit? 1 2 3 4 5 Do you have a kitchen? Yes No

Number of **bathrooms** in your housing unit? 1 1-1/2 2 2-1/2 Do you have a garage? Yes No

Landlord / Property Manager If none, check here:

Name: _____ Street Address: _____

Phone: (_____) _____ City, State, Zip Code: _____

WHAT STEPS HAVE YOU TAKEN TOWARD PURCHASING A HOME OR PREPARING TO PURCHASE? Answer all questions:

I / we have attended first-time homebuyer education or other financial training within the past 5 years. Yes* No
 *If yes, list agency / program name: _____ What date/year did you attend: _____

I / we have applied for a home loan through a bank or other lending institution within the past 5 years. Yes* No
 *If yes, list the year(s) you applied: _____ List your approved loan amount(s): \$_____ Interest rate? _____%

I / we have worked with a realtor within the past 5 years. Yes* No
 *If yes, what realtor or agency? _____ Did you make any offers on homes? Yes No

I / we have participated in or applied for other affordable housing programs within the past 5 years. Yes* No
 *If yes, which programs and when? _____

WHAT ISSUES ARE TRUE RELATED TO YOUR CURRENT HOUSING SITUATION AND CURRENT HOUSING UNIT?

<input type="checkbox"/> Current rent is causing financial hardship	<input type="checkbox"/> Health / environmental issues	<input type="checkbox"/> Crowding issues / unit too small
<input type="checkbox"/> My unit has income-based rent or tenants must meet income guidelines to rent in my building	<input type="checkbox"/> Safety issues (related to unit, environment, or domestic)	<input type="checkbox"/> Structural issues (indoor or outdoor unresolved maintenance issues)
<input type="checkbox"/> I am on housing assistance (Section 8 / other)	<input type="checkbox"/> Accessibility / functionality issues	<input type="checkbox"/> Plumbing or electric not working
<input type="checkbox"/> I am facing eviction or other landlord issues	<input type="checkbox"/> Rent is increasing to \$_____	<input type="checkbox"/> Heating or cooling is inadequate

REQUIRED: In the space below, provide our selection committee with details about: 1) any current housing issues checked above, 2) any special housing needs or accommodations required by you or household members, and 3) your experiences or difficulties finding adequate and affordable housing to rent or purchase. If more space is needed, use page 10 or attach a separate page.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close. Please acknowledge this notice by signing below.

Applicant Signature	Date	Co-Applicant Signature	Date
X _____	_____	X _____	_____

14. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of Greater Sioux Falls, Inc. to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity, according to Habitat policy I understand that the evaluation will include personal visits, a credit check, and employment verification (if applicable).

I have answered all questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered questions truthfully, accurately, or completely, or if I fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to the Habitat home. The original or a copy of this application will be retained by Habitat, even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws, I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant Signature	Date	Co-Applicant Signature	Date
X _____	_____	X _____	_____

15A. WHO COMPLETED THIS APPLICATION FORM?

Please tell us who completed this application form: Applicant / Co-Applicant

Other (List Name) _____ Relationship to Applicant _____

Will the person who completed this form be the primary contact for any questions related to the application? Yes No

15B. APPLICANT CONSENT TO COMMUNICATE WITH OTHER PARTIES – OPTIONAL

Habitat can only communicate with the applicant(s) regarding this application, unless written consent is given to allow Habitat to communicate and/or share information with other parties for the purposes of processing this application.

I/we hereby authorize Habitat for Humanity of Greater Sioux Falls to communicate and/or share information with the person(s) named below, for the purposes of processing my/our Habitat homeownership application. This authorization expires upon fulfillment of the above-stated purpose.

I understand that I may revoke this consent at any time, in writing.

Non-applicant household member(s):

Full Name: _____ Phone Number: (____) _____

Email: _____ Relationship to Applicant? _____

Other:

Full Name & Agency: _____ Phone Number: (____) _____

Email: _____ Relationship to Applicant? _____

If interpreter services are needed, provide language(s) applicant(s) can speak/understand: _____

Applicant Signature	Date	Co-Applicant Signature	Date
X _____	_____	X _____	_____

16. APPLICANT CONSENT / GENERAL RELEASE FORM

Print Applicant's Full Name:

Print Co-Applicant's Full Name:

For release or exchange of information with Habitat for Humanity of Greater Sioux Falls, Inc.

I/ we hereby authorize Habitat for Humanity of Greater Sioux Falls, Inc. to request or exchange information including but not limited to the following: employment, income (including IRS tax returns), credit, indebtedness, benefits, banking records, residency, DSS child support, court orders, financial counseling records, and any other information which is pertinent to my application for the Habitat homeownership program.

I also authorize Habitat for Humanity of Greater Sioux Falls, Inc., to conduct any necessary credit and background checks.

This authorization expires upon fulfillment of the above-stated purpose. I understand that I may revoke this consent at any time, in writing.

A photocopy of this release shall be as valid as the original.

Applicant Signature

Date

Co-Applicant Signature

Date

X

X

Habitat for Humanity of Greater Sioux Falls, Inc.
721 E. Amidon Street
Sioux Falls, SD 57104

ATTN: Lisa Ross, Homeowner Services Coordinator
Phone: 605-274-6290 / Fax: 605-332-7009 / Email: lisa.ross@siouxfallshabitat.org

PLEASE GO TO NEXT PAGE AND COMPLETE SECTIONS 17 AND 18.

17. DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-Applicant
<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino – Origin: _____ <i>Example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino – Origin: _____ <i>Example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native - <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian – race: _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander – race: _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native - <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian – race: _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander – race: _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

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Was the ethnicity of the Borrower collected on the basis of visual observation or surname? Yes No

Was the sex of the Borrower collected on the basis of visual observation or surname? Yes No

Was the race of the Borrower collected on the basis of visual observation or surname? Yes No

This application was taken by: <input type="checkbox"/> Face-to-face interview (including electronic media with video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's Name		
	Interviewer's Signature		Date:
	Interviewer's Phone Number		

18. ADDITIONAL DETAILS OR COMMENTS

USE THIS PAGE TO PROVIDE ADDITIONAL COMMENTS RELATED TO ANY SECTIONS OF THE APPLICATION.
When making your comments, please indicate: The application **section number**, and whether the comments relate to the **applicant**, **co-applicant**, or **both**. If more space is needed, you may attach a separate page.

 **PLEASE REVIEW ALL SECTIONS BEFORE SUBMITTING AND DO NOT FORGET YOUR REQUIRED DOCUMENTS!** 

REFER TO THE REQUIRED DOCUMENTS CHECKLIST THAT IS IN YOUR APPLICATION PACKET.

MAIL OR DROP OFF COMPLETED APPLICATION TO:
Habitat for Humanity of Greater Sioux Falls, 721 East Amidon Street, Sioux Falls, SD 57104

APPLICATION DEADLINE: October 31, 2024, at 6:00 p.m.
Late applications, and applications that are incomplete after October 31, cannot be considered.

HABITAT CONTACT FOR APPLICATION QUESTIONS:
Lisa Ross, Homeowner Services Coordinator
Phone: 605-274-6290 ♦ Email: lisa.ross@siouxfallshabitat.org ♦ In-Person: By appointment only

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Date application received: _____ Date of committee approval or denial: _____ For denial, date of adverse action letter: _____ For approval, date of board approval: _____ For approval, date of approval letter: _____	APPLICATION UPDATES / CHANGES / ADDITIONS:
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