

2026 APPLICATION INSTRUCTIONS

Homeownership Program

WHAT PAPERWORK IS REQUIRED TO APPLY?

- ☐ **2026 Homeownership Application.** All 10 pages must be fully completed and signed.
- ☐ **Identification documents, income documents, tax records and bank records**

Required documents checklist is on page 11 of the 2026 Homeownership Application

IMPORTANT: The selection committee uses a point system to evaluate each applicant throughout the application process. Applicants can earn higher “willingness to partner” points by following instructions to submit a fully complete application, without missing documentation, and by responding promptly to all communications from Habitat.

WHEN CAN I SUBMIT MY APPLICATION?

- The **first day** you can submit your application: Thursday, **October 1, 2026**
- The **deadline** for submitting application documents: Saturday, **October 31, 2026, at 6:00 p.m.***

**Late applications cannot be accepted. On October 31, the drop box will be available, but the office will be closed.*

HOW DO I SUBMIT MY APPLICATION?

BY MAILING TO: Habitat for Humanity of Greater Sioux Falls
721 East Amidon Street, Sioux Falls, SD 57104
--Applications must be postmarked by 10/31/2026 to be given consideration.

BY DROP BOX: Drop your completed application into the secure drop box located just outside the **administrative offices entrance** (located under the green canopy) at 721 E. Amidon Street, Sioux Falls. The drop box is available 24 hours a day, 7 days a week.

BY APPOINTMENT: After you have gathered all your documents, you may contact the Habitat office to request an “application submission appointment.” Applicants with a **prescheduled appointment** will be able to wait while Habitat staff review their application for completeness. Appointments will be limited to **15 minutes**. No appointments will be available in the week of October 26-31.

Applications may be dropped off at the front desk of the administrative offices without an appointment, but those applications will be set aside and reviewed in the order received.

IMPORTANT: Please review your application before submitting! Only **complete** applications can move into processing. Applications that are **incomplete or missing documentation** will be suspended and must be made complete before the October 31 deadline. Habitat will do our best to confirm the status of your application within three days after submission.

HABITAT CONTACT INFORMATION

Office hours:	Monday through Friday, 9:00 a.m. to 4:30 p.m. (Administrative Offices Entrance)
Email for applicants:	apply@siouxfallshabitat.org
Homeowner services staff:	Samantha Aanenson, Administrative Assistant (605-274-6295) Lisa Ross, Homeowner Services Coordinator (605-274-6290)
Habitat website:	www.siouxfallshabitat.org



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.

2026 Application

Homeownership program

Instructions: The application round is open October 1-31, 2026. Please fill out all sections of this application completely, and sign and date all authorizations and disclosures. Submit the application form with copies of ALL required documents (see the required documents checklist on page 11). All information you provide with your application will be kept confidential.

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

- ☐ I am applying for **individual** credit, without a co-applicant (co-borrower).
- ☐ We are applying for **joint** credit, as co-applicants (co-borrowers).

2. APPLICANT INFORMATION

Applicant (Borrower)				Co-Applicant (Co-Borrower)			
Residency: Are you a U.S. citizen? ☐ Yes ☐ No – If no, are you a permanent resident, with valid green card? ☐ Yes ☐ No				Residency: Are you a U.S. citizen? ☐ Yes ☐ No – If no, are you a permanent resident, with valid green card? ☐ Yes ☐ No			
Marital Status: ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)				Marital Status: ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)			
<i>If you are currently married, your spouse must be listed as a co-applicant or as a member of your household, unless divorce is in process.</i>							
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:			
Social Security Number - -	Date of Birth (mm/dd/yyyy) / /	Age		Social Security Number - -	Date of Birth (mm/dd/yyyy) / /	Age	
CURRENT ADDRESS				CURRENT ADDRESS			
_____ Apt # _____				_____ Apt # _____			
City, State _____ Zip Code _____				City, State _____ Zip Code _____			
☐ Own ☐ Rent How long at this address? ____ years ____ mo				☐ Own ☐ Rent How long at this address? ____ years ____ mo			
PRIOR ADDRESS (if less than 2 years at current address):				PRIOR ADDRESS (if less than 2 years at current address):			
_____ Apt # _____				_____ Apt # _____			
City, State _____ Zip Code _____				City, State _____ Zip Code _____			
☐ Own ☐ Rent How long at this address? ____ years ____ mo				☐ Own ☐ Rent How long at this address? ____ years ____ mo			
OTHER HOUSEHOLD MEMBERS: Do not list applicant or co-applicant in this section. List any non-borrower children* or other adults who live with applicant(s) now and/or who are expected to be living with applicant(s) in 2028, either part-time or full-time.							
Household Member Name (First and Last Name)	Age	Date of Birth	Male	Female	Relationship to You		
_____	_____	____/____/____	☐	☐	_____		
_____	_____	____/____/____	☐	☐	_____		
_____	_____	____/____/____	☐	☐	_____		
_____	_____	____/____/____	☐	☐	_____		
_____	_____	____/____/____	☐	☐	_____		
_____	_____	____/____/____	☐	☐	_____		

*Any minors must be the children of the applicant, co-applicant, or other household member, or must be under their legal guardianship/custody.

3. INTERPRETER ASSISTANCE DURING THE APPLICATION PROCESS

For reviewing and completing the application form, applicants must seek their own interpreter, if translating assistance is needed. For activities scheduled by Habitat, such as interviews or home visits, Habitat can arrange an interpreter, if you request in advance.

Please review and answer the questions below:

	Applicant	Co-Applicant
a. Do you need or prefer an interpreter for communicating with Habitat staff?	☐ Yes ☐ No	☐ Yes ☐ No
b. If you need an interpreter, what native language(s) do you speak or understand?		
c. Do you currently have an interpreter who is helping you with your application?	☐ Yes* ☐ No	☐ Yes* ☐ No

*Interpreter's First & Last Name: _____ Relationship to Applicant: _____

Phone Number: (_____) _____ Email: _____

Does Habitat have your permission to notify or contact this interpreter if we need additional information from you? ☐ Yes ☐ No

*Interpreter's First & Last Name: _____ Relationship to Applicant: _____

Phone Number: (_____) _____ Email: _____

Does Habitat have your permission to notify or contact this interpreter if we need additional information from you? ☐ Yes ☐ No

4. 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

5. WILLINGNESS TO PARTNER

Sweat Equity: To be considered for the Habitat program, applicants must be willing to contribute 200-250 hours of sweat equity (volunteer time) per household, which includes but is not limited to: attending homebuyer education classes and working alongside Habitat's construction team and community volunteers to build or rehab Habitat homes. Sweat equity requires a monthly volunteer commitment for 12-18 months. No construction experience is needed. Household members and friends can help you earn hours.

I am willing to complete sweat equity volunteer hours, per Habitat policy: **Applicant:** ☐ Yes ☐ No
Co-Applicant: ☐ Yes ☐ No

Communication with Habitat: While your application is in process, you must notify Habitat immediately if there are any updates or changes to your application information, such as: employment or job status changes for any adults (21 or older); change in marital status, household size, income, debt, or your contact information. You must also respond promptly to any communications from Habitat.

I will notify Habitat of any application changes and will respond promptly to Habitat: **Applicant:** ☐ Yes ☐ No
Co-Applicant: ☐ Yes ☐ No

Neighborhood / Placement Decisions: Habitat does not offer a "custom build" experience. If you are selected into the program, you will be matched to one of the properties that are planned for the 2027-2028 build season. Habitat makes all the decisions regarding the design, budget, style, and size of the home. Habitat purchases all materials that go into the home. Your options to personalize the home will be limited. Per Habitat policy, If Habitat offers you a suitable home that meets your current needs, and you reject the home or location, then you must exit the program, and you will not be eligible to reapply for two years.

I understand and accept that my choices and options for the home will be limited: **Applicant:** ☐ Yes ☐ No
Co-Applicant: ☐ Yes ☐ No

Location Preferences: The number of openings for the 2027-2028 build season is still being determined. Most of the 2027-2028 Habitat homes will be in Sioux Falls, but there may be an opening in Harrisburg. Habitat can only build on land owned by Habitat.

If approved for partnership with Habitat, please indicate WHERE you would be WILLING to live:

Check one: ☐ Sioux Falls or Harrisburg ☐ Sioux Falls only ☐ Harrisburg only ☐ Any location that meets my housing needs

6. EMPLOYMENT HISTORY

APPLICANT – provide past two years' work history			CO-APPLICANT – provide past two years' work history		
CURRENT WORK STATUS (check all that apply) ☐ Employed ☐ Self-Employed ☐ Unemployed, and I have not worked in the last 2 years ☐ Unemployed now, but did have employment in the past Complete boxes below. Use page 10 to explain gaps.			CURRENT WORK STATUS (check all that apply) ☐ Employed ☐ Self-Employed ☐ Unemployed, and I have not worked in the last 2 years ☐ Unemployed now, but did have employment in the past Complete boxes below. Use page 10 to explain gaps.		
CURRENT EMPLOYER #1 (if none, proceed to next box) Company Name: Address:			CURRENT EMPLOYER #1 (if none, proceed to next box) Company Name: Address:		
☐ Full-Time ☐ Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$	☐ Full-Time ☐ 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 none, proceed to next box) Company Name: Address:			CURRENT EMPLOYER #2 (if none, proceed to next box) Company Name: Address:		
☐ Full-Time ☐ Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$	☐ Full-Time ☐ 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		
SELF-EMPLOYMENT (if none, proceed to next box) Business Name: _____ Location: _____ Start Date of Self-Employment: _____ End Date of Self-Employment (if applicable): _____			SELF-EMPLOYMENT (if none, proceed to next box) Business Name: _____ Location: _____ Start Date of Self-Employment: _____ End Date of Self-Employment (if applicable): _____		
PAST Employer #1 (if needed to provide 2-year work history) Company Name: Address:			PAST Employer #1 (if needed to provide 2-year work history) Company Name: Address:		
☐ Full-Time ☐ Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$	☐ Full-Time ☐ 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 (if needed to provide 2-year work history) Company Name: Address:			PAST Employer #2 (if needed to provide 2-year work history) Company Name: Address:		
☐ Full-Time ☐ Part-Time	Avg Hours/Week	Hourly Wage or Yearly Salary \$	☐ Full-Time ☐ 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	

7. MONTHLY INCOME – APPLICANT AND ANY CO-APPLICANT ONLY**Paystubs and any other income documents must be submitted with the application – see required documents checklist!**

INCOME SOURCES (answer all)	Applicant's Gross Income (if none, enter \$0)	Co-applicant's Gross Income (if none, enter \$0)	TOTAL INCOME for each income source
Housing assistance (government)	\$ / month	\$ / month	\$ / month
Job / Employment Income	\$ / month	\$ / month	\$ / month
Disability or SSDI	\$ / month	\$ / month	\$ / month
Social Security or SSI	\$ / month	\$ / month	\$ / month
Child Support	\$ / month	\$ / month	\$ / month
TANF	\$ / month	\$ / month	\$ / month
Alimony	\$ / month	\$ / month	\$ / month
Retirement (pension)	\$ / month	\$ / month	\$ / month
Military entitlements	\$ / month	\$ / month	\$ / month
VA compensation	\$ / month	\$ / month	\$ / month
Unemployment benefits	\$ / month	\$ / month	\$ / month
Other: _____	\$ / month	\$ / month	\$ / month
TOTALS:	\$ / month	\$ / month	\$ / month

8. MONTHLY INCOME – OTHER HOUSEHOLD MEMBERS (NOT APPLICANTS)**List the names of all non-applicant adults who are 21 or older (or will be 21 by 12/31/2026). List their income, even if \$0.****Paystubs and other income documents must be submitted with the application – see required documents checklist!**

List All Other Adult Household Members	List All Income Sources / Employers for Each Person	Hire Date (if employed)	Total Monthly Gross Income (all sources) or enter \$0
			\$ / month
			\$ / month
			\$ / month
TOTAL:			\$ / month

9. ASSETS – LIST ALL BANK ACCOUNTS AND BALANCES FOR APPLICANT AND CO-APPLICANT**List all checking, savings, or certificate of deposit accounts, excluding 401K & retirement funds. If more than 6, use page 10.****Bank statements must be provided with the application – see required documents checklist!**

Type of Account (Savings, checking, etc.)	Name of Bank or Financial Institution	Name(s) of the Account Holder(s)	Last 4 Digits of Bank Acct #	Current Balance
				\$
				\$
				\$
				\$
				\$
				\$

10. ASSETS – PROPERTY OWNED BY APPLICANT(S)**Do you (or co-applicant) currently own a home, land, or other real estate?** ☐ No ☐ Yes If yes, complete below:☐ I own a home* Current unpaid loan balance: \$ _____ Current monthly loan payment: \$ _____☐ I own land Current unpaid loan balance: \$ _____ Current monthly loan payment: \$ _____

*Even if you do not live in the home, if you purchased it and have not sold or transferred title to another party, then it counts as an asset.

11. 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?		☐ Yes ☐ No	☐ Yes ☐ No			
b. Have you declared bankruptcy within the past 7 years? If yes, what type? ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13		☐ Yes ☐ No	☐ Yes ☐ No			
c. Have you had any property foreclosed upon within the past 7 years?		☐ Yes ☐ No	☐ Yes ☐ 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?		☐ Yes ☐ No	☐ Yes ☐ No			
e. Are you party to a lawsuit in which you potentially have some financial responsibility?		☐ Yes ☐ No	☐ Yes ☐ No			
f. Are you currently delinquent or in default on any federal loan or any other loan or debt?		☐ Yes ☐ No	☐ Yes ☐ No			
g. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?		☐ Yes ☐ No	☐ Yes ☐ No			
h. Have you ever been convicted of a felony?		☐ Yes ☐ No	☐ Yes ☐ No			
REQUIRED: For any "Yes" answers to questions above, provide additional information. If more space is needed, use page 10.						
12. MONTHLY EXPENSES FOR HOUSING AND OTHER SPECIFIC CATEGORIES						
Fill in what you pay monthly (on average) for these items. If the category does not apply to you, then enter \$0 or N/A.						
MONTHLY EXPENSES	Applicant	Co-Applicant	TOTAL			
Total Rent (include rent + garage + any other fees billed by landlord each month)	\$	\$	\$			
Electric (if included in rent, check here ☐)	\$	\$	\$			
Gas (if included in rent, check here ☐)	\$	\$	\$			
Water/Sewer (if included in rent, check here ☐)	\$	\$	\$			
Internet (if included in rent, check here ☐)	\$	\$	\$			
Phone	\$	\$	\$			
Automobile Insurance	\$	\$	\$			
Renter's Insurance	\$	\$	\$			
Child Support (amount you are paying to others)	\$	\$	\$			
TOTALS:	\$	\$	\$			
13. LOANS OR DEBTS – MONEY YOU OWE TO OTHERS						
Do not leave this section blank! Answer each item. If you have no loan or debt for a listed category, then enter \$0 or N/A.						
TYPE OF LOAN OR DEBT	Applicant			Co-Applicant		
	Monthly Payment	Unpaid Balance	Months left to pay	Monthly Payment	Unpaid Balance	Months left to pay
Auto Loan(s)	\$	\$		\$	\$	
Student Loan(s)	\$	\$		\$	\$	
Furniture or Appliance Loan(s)	\$	\$		\$	\$	
Immigration Loan	\$	\$		\$	\$	
Credit Cards (revolving debt)	\$	\$		\$	\$	
Medical Debt (payment plan)	\$	\$		\$	\$	
Collection – Unpaid bills in collection	\$	\$		\$	\$	
Judgment(s) – Unpaid bills	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	
TOTALS:	\$	\$		\$	\$	

14. 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 (if applicable)	Date
X _____	_____	X _____	_____

15. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of Greater Sioux Falls, Inc. (Habitat) 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 and otherwise according to Habitat policy. I understand that the evaluation will include credit checks, verification of income and tax records, a background 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 screens all applicants on the sex offender registry and completes a criminal background check. By completing this application, I understand that I am submitting myself to such an inquiry and authorizing the criminal background check and the sex offender registry check.

Applicant Signature	Date	Co-Applicant Signature (if applicable)	Date
X _____	_____	X _____	_____

16. USA PATRIOT ACT NOTICE

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you submit an application for the Habitat homeowner program, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Applicant: Please acknowledge this notice by initialing here: _____

17. 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.

Applicant: Please acknowledge this notice by initialing here: _____

18. WHAT STEPS HAVE YOU TAKEN TOWARD LOAN PRE-APPROVAL OR HOME PURCHASE?

Answer all questions below, and provide any supporting documentation or certificates, as applicable.

I / we have owned a home within the past three (3) years ☐ Yes* ☐ No

I / we have attended a first-time homebuyer education course or other financial training within the past 5 years..... ☐ Yes* ☐ No

*If yes, list agency / program: _____ Year attended: _____

I / we have applied for a home loan through a bank or other lending institution within the past 5 years..... ☐ Yes* ☐ No

*If yes, what year(s)? _____ Approved loan amount(s): \$ _____ Interest rate(s): _____ %

I / we have worked with a realtor to shop for a home within the past 5 years..... ☐ Yes* ☐ No

If yes, what realtor or agency? _____ Did you make any offers on homes? ☐ Yes ☐ No

If home purchase fell through, list reasons: _____

I / we have applied for Habitat or other affordable housing programs within the past 5 years..... ☐ Yes* ☐ No

*If yes, provide name of program(s) you applied for: _____

19. APPLICANT'S CURRENT HOUSING

What is your current housing situation? ☐ I own ☐ I rent ☐ I live with relative or friend ☐ I live in transitional / temporary housing

What is your current type of housing? ☐ Apartment ☐ Mobile Home ☐ House ☐ Other _____

How many **bedrooms** are in your current housing unit? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 **Do you have a kitchen?** ☐ Yes ☐ No

How many **bathrooms** are in your current housing unit? ☐ 1 ☐ 2 ☐ Other _____ **Do you have a garage?** ☐ Yes ☐ No

REQUIRED: Landlord / Property Manager If none, check here: ☐

Company or Name: _____ Street Address: _____

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

WHAT HOUSING ISSUES ARE YOU CURRENTLY EXPERIENCING? If none of these issues apply to you, check here: ☐

☐ My unit has income-based rent or tenants must meet income guidelines to live in my unit

☐ Safety issues (related to housing, environment, or domestic issues)

☐ Structural issues (walls, ceiling, floors, stairs, etc.)

☐ I am on housing assistance (Section 8 / other)
The assistance I receive is: \$ _____ /month

☐ I am facing eviction or other landlord notices (provide documentation)

☐ Crowding / not enough bedrooms for my family size

☐ My rent is increasing to \$ _____
When? _____ (provide documentation)

☐ My unit is not accessible / functional for disabled household member

☐ Heating or cooling issues

☐ My current rent is causing financial hardship

☐ Health / environmental issues

☐ Plumbing or electrical issues

☐ I was approved for a home loan, but the amount was not enough to buy a decent home

☐ I was denied a home loan due to income, debt, or credit issues

☐ My application or purchase offer for a housing unit was denied or rejected.

REQUIRED: In the space below, provide additional information regarding your current housing issues:

1. Provide specific details about any items you checked above, and provide supporting documentation, if applicable.
2. Provide specific details about any household members with special needs or disability that require ADA or other accommodation.
3. Provide any additional specific details about difficulties you have had renting adequate housing or purchasing a home.

If additional space is needed, use page 10 or attach a separate page.

20. REFERRAL INFORMATION

How did you hear or learn about the Habitat program and the 2026 application opportunity? Check ALL that apply:

☐ I am a past applicant	☐ Internet search for housing	☐ Habitat website
☐ Friends or family	☐ TV / news feature	☐ Habitat social media
☐ Agency or nonprofit	☐ Habitat ReStore (poster or staff)	☐ Habitat postcard or mailing
☐ Employer / coworker	☐ Habitat email / newsletter	☐ Billboard display
☐ School district	☐ Other (please list):	

21. DEMOGRAPHIC INFORMATION

Please read this statement before completing this page: The purpose of collecting this information is to help ensure that all applicants are being treated fairly, 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) 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.** 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.

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

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

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: ☐ Face-to-face interview ☐ By mail ☐ By telephone	Interviewer's name (print)
	Interviewer's signature
	Interviewer's phone number

22. APPLICANT CONSENT / GENERAL RELEASE FORM



Applicant's Full Name (print): _____

Co-Applicant's Full Name (if applicable): _____

For release or exchange of information to/from 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 (if applicable)

Date

X _____ X _____

Habitat for Humanity of Greater Sioux Falls, Inc.
ATTN: Lisa Ross, Homeowner Services Coordinator
721 E. Amidon Street, Sioux Falls, SD 57104
Phone: 605-274-6290 / Fax: 605-332-7009
Email: apply@siouxfallshabitat.org

PLEASE PROCEED TO NEXT PAGE

When making your comments, please indicate the application **section number**, and whether the response relates to: **A (applicant), C (co-applicant), or B (both)**. If more space is needed, you may attach a separate page.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date application received: _____	Date of committee approval or denial: _____
Date of 1 st review: _____	For denial, date of adverse action letter: _____
Date application was fully complete: _____	For approval, date of board approval: _____

Application Updates / Notes:

PLEASE PROCEED TO NEXT PAGE – REQUIRED DOCUMENTS CHECKLIST

REQUIRED DOCUMENTS CHECKLIST

2026 Application – Homeownership program

IDENTIFICATION

Please provide **color copies** of all identification documents that contain photos

- ☐ Proof of citizenship or permanent residency for all household members, including children
 - If a citizen, provide **one** of these: birth certificate or U.S. passport or certificate of naturalization
 - If a permanent resident, provide valid permanent resident card (green card)
- ☐ Social security card for all household members, including children
You may copy up to eight social security cards on one page, but all names and numbers must be readable
- ☐ State-issued photo identification card for applicants and any other adult household members (18 years of age or older by 12/31/2026), if a photo ID has not already been provided to prove citizenship or residency

INCOME

For applicants and any other adult household members – everyone 21 years of age or older by 12/31/2026:

- ☐ Proof of employment income
 - Provide most recent, consecutive paystubs covering at least four weeks
- ☐ Self-employment income
 - A minimum of two years' profit and lost history is required for Habitat to verify self-employment income
 - For 2026, provide a statement showing income and expenses from January through September
- ☐ All other income sources that you listed in Section 7 or Section 8 of the application form
 - Provide current year's government award letter or agency-issued benefit letter
 - If receiving child support, provide statement showing past 12 months' child support payments received, even if the amount was \$0, and provide a copy of the court order that established child support payments
To obtain child support payment history or court order, contact the appropriate DSS office or caseworker
To obtain proof of Social Security benefits: socialsecurity.gov or 1-800-772-1213

TAX RECORDS

For applicants and any other adult household members – everyone 21 years of age or older by 12/31/2026:

- ☐ All W-2's and/or 1099's (or Wage & Income transcripts) for past two tax years – 2024 and 2025
- ☐ Form 1040 federal tax return (or Tax Return transcripts) for past two tax years – 2024 and 2025
*To get **Wage & Income** transcripts or **Tax Return** transcripts from the IRS: www.irs.gov/individuals/get-transcript*

BANK RECORDS

For applicants only:

- ☐ Two months (most recent) bank statements for all checking, savings, or other accounts you listed in Section 9 of the application form
- ☐ If you own **land** or any type of **home**, provide current statement showing balance of any outstanding loans against the property, and the required monthly loan payment

IMPORTANT: Please **make copies** all required documents, and **do not send originals**. All copies must be clear and legible. Habitat cannot accept screenshots, pictures of documents, or documents that require a password to open.

If you have questions, call the Habitat office at 605-274-6295 or email your question to: apply@siouxfallshabitat.org. Office hours are Monday through Friday, 9:00 a.m. to 4:30 p.m. **Appointments are required** for in-person assistance.