

NORTHEAST SOUTH DAKOTA COMMUNITY ACTION PROGRAM

104 Ash Street East, Sisseton, South Dakota 57262-1908
Phone: (605) 698-7654 Fax: (605) 698-3038

Dear Applicant;

An auditor from our agency requested that your home be considered for the Federal Home Loan Bank (FHLB) program. A description of the program is included. There is a limited amount of applications that our agency can serve under this program. In order to consider your application for this program, please send the following information:

1. Income for all household members must be verified. If you are employed, the employment inquiry form, which is provided, must be completed by all household members. If you hold more than one job you must get a separate form signed by each of your employers. Please send the form back to NESDCAP so we can send this form to your employer to be completed.
2. We will also need the past two months of pay stubs.
3. Also, include verification for any of the following types of income, if they apply to your household. Self-employment, Workers Compensation, Social Security, SSI, Disability, Veterans Benefits, ADC, Child Support-court records are the preferred documentation, Alimony, Interest, Rental, Lease or Land Payments and other income. Verification must in the form of an annual benefits statement.
4. Please send a copy of your 2010 income tax return when you receive them, all schedules will be needed.
5. If you are self-employed, two years of taxes are needed, so please send both 2010 and 2009 income tax return, all schedules included. You must also send a copy of your most current W-2 Statement.
6. A copy of the current property tax receipt.
7. Please send a copy of the deed to the property. If you do not have a copy at home, the Register of Deeds office in the county of the property location will be able to provide you with a copy.

Please send the requested information as soon as possible. Households will be served on a first come/first serve basis. There is a limited amount of spots available for this program.

If you have any questions, feel free to contact our office.

Sincerely,

Jared Groos
FHLB Coordinator



"Serving People's Needs to Promote Community Excellence."

NESDCAP is an Equal Opportunity Lender, Provide, and Employer

Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410

Federal Home Loan Bank

Provided the cost of the job does not exceed program limitations, home rehabilitation work may include but is not limited to:

- Roof repair/shingle
- Plumbing
- Minor foundation repair
- And/or wiring

The home, as well as the applicant, will need to meet criteria for this program. It is the discretion of NESDCAP to cancel an application if the rehabilitation is not considered feasible. The applicant must be listed as an owner on the deed for the home, and it must be their primary place of residence. The program is in the form of a forgivable loan. A deed restriction is placed on the home for five years and is reduced by 1/60th for each month the home remains as the applicant's primary residence and is not sold, transferred or rented. Repayment will be required if any of these criteria are no longer applicable.

- The applicant must own the home. It cannot be a rental unit. The deed must include the applicants name as the owner of the property.
- Typically, NESDCAP focuses on one major rehabilitation service.
- Mobile homes are not eligible for this program, unless it is on a permanent foundation and taxed as real estate property.
- The applicant and current household members must be income eligible.
- This program is in the form of a forgivable loan. A deed restriction is placed on the home for five years. All names listed on the deed will be required to sign the deed restriction and promissory note.
- The maximum allowable cost on the home is dependant on funding. From this funding, NESDCAP will charge a fee for general contracting work.
- Work may include, but not be limited to shingle, roof repair, siding, plumbing, minor foundation repair and/or wiring, provided the total cost of the job does not exceed program limitations.
- Actual verification of income (self-employed applicants will be required to send 2 year's tax returns), a copy of the deed and the most recent year's property tax receipt must be sent with the application.
- Property taxes for the residence must be current.
- Income limits for FHLB are based on the current Mortgage Revenue Bond (MRB). The income limits for the majority of the NESDCAP service area is as follows:

Household Size	FHLB MRB Guideline - 50%			
	Other	Brown	Hughes	Stanley
1	29450	29950	34900	32050
2	29450	29950	34900	32050
3 & up	33865	34440	40135	36855

***Income limitations vary by household size, county and funding source; they are subject to change. All programs are dependant on funding availability. For more information you may contact NESDCAP, 104 Ash St E, Sisseton SD 57262, or call 1-605-698-7654.



SOUTH DAKOTA WEATHERIZATION ASSISTANCE APPLICATION

The Weatherization program helps low income households make their homes more energy efficient. Priority is given to households with individuals that are elderly or disabled and to families with children. Information on where to send the application is on page 5.

STOP If you are receiving Energy Assistance check this box and only complete pages 1, 3, and 4. If you know your 9-digit Customer Identification Number (CID) from your Energy Assistance case, enter it here _____.

If you are not receiving Energy Assistance please complete all pages.

Print or type the information. The application will be denied if it is incomplete or if required proof is not attached.

TELL US YOUR ADDRESS

<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Residence Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Provide directions – use landmarks</i>				
<i>Home phone number</i>	<i>Work phone number</i>		<i>Cell phone number</i>	
<i>Other phone number where message may be left</i>				

TELL US WHO LIVES IN THE HOME (LIST YOURSELF FIRST)

*You are not required to furnish race information.

(W=White, A=Native American, B=Black, H= Hawaiian, O=Asian, S=Hispanic or Latino)

Name First	MI	Last	Social Security #	Date of Birth	*Race	Sex	Are they Disabled	Are they a U.S. Citizen
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TELL US ABOUT INCOME

Enter GROSS INCOME (amount before deductions) such as *Wages, *Self-employment, *Alimony, *Social Security, *SSI, *SSI State Supplement, *BIA GA, *TANF, *Unemployment, *Worker's Compensation, *Veteran's Benefits, *Retirement, *Pensions, *Annuities, *Dividends, *Rental Income, *Tribal Lease or *Per Capita Income, *Net Gambling or Lottery Winnings, and *all other sources of income FOR ALL PERSONS IN THE HOME



ATTACH PROOF: Examples of proof are

- ⇒ Money NOT from work: Award letters or copies of checks
- ⇒ Money from work: wage stubs, copies of checks, employer statement verifying gross pay and date received.
- ⇒ Money from self-employment: copy of your most recent income tax return. (INCLUDE ALL PAGES AND SCHEDULES OF THE TAX RETURN) Partnership or S corporation should include a K-1 and 1065 forms.

If you send your application in:	Send proof of all income <u>received</u> in these 3 months:	If you send your application in:	Send proof of all income <u>received</u> in these 3 months
APRIL	January 1 - March 31	OCTOBER	July 1 - September 30
MAY	February 1 - April 30	NOVEMBER	August 1 - October 31
JUNE	March 1 - May 31	DECEMBER	September 1 - November 30
JULY	April 1 - June 30	JANUARY	October 1 - December 31
AUGUST	May 1 - July 31	FEBRUARY	November 1 - January 31
SEPTEMBER	June 1 - August 31	MARCH	December 1 - February 28

Income month 1:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Income month 2:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Income month 3:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TELL US ABOUT THE HOME

Is the home currently being remodeled/or will it be remodeled within the next six months. Yes No

Has the home ever been weatherized? Yes No Not sure

If YES: 1-5 years ago 5-10 years ago 10-15 years ago

If YES, who did the weatherization?

This is a

House: 1-10 yrs. 10-20 yrs. 20-50 yrs (Built before 1978? Yes No)

Number of stories 1 2 3 Permanent basement? Yes No

Mobile Home: List serial number or title number _____ Yr. _____

Apartment: How many apartments are in the building _____.

The home is heated with:

Natural Gas Electric Propane/Bottled Gas Fuel Oil/Kerosene Wood Coal

Name of Supplier: _____

Amount paid to the supplier October – April of previous year \$ _____

The additional (secondary) source used to heat the house is:

No other source used Natural Gas Electric Propane/Bottled Gas Fuel Oil/Kerosene Wood Coal

If secondary fuel source is used percentage of heat from that source 10% 20% 30% 40%

Name of Supplier _____

Amount paid October – April of previous year \$ _____

The home has problems relating to:

Structure Electrical Plumbing Other Not aware of problems

Explain

The home has unhealthy conditions relating to:

Asbestos Lead-Based Paint (home built before 1978) Mold/Mildew Sewage Fumes

Chemical/Smoke Fumes Other Not aware of unhealthy conditions

Explain

Do you currently own or are you buying the home? Yes No

If yes, is the residence for sale? Yes No

is there a contract for deed Yes No

is there homeowners insurance? Yes No



If you own the home, please attach a copy of the real estate tax notice to the application.

Do you rent the home or apartment? Yes No

If yes, Name of Landlord _____

Landlord's Address _____

Landlord's phone number _____

Is this Subsidized, Low Income Housing (Section 8, Senior Housing, Public Housing) Yes No



PLEASE READ THE FOLLOWING INFORMATION

Privacy Act Information: This information will be used to determine your eligibility for the weatherization program. Information obtained from this and other forms may be used by the U.S. Department of Energy to monitor the effectiveness of this program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. If you refuse to provide the information requested on this application, your home will not be considered for weatherization assistance. No information on this application is made available to the general public.

By my signature below

- ⇒ I authorize the agency to make any necessary contacts to verify any aspect of eligibility.
- ⇒ I authorize investigation of past, present and future heating costs in order to evaluate the effectiveness of the Weatherization program.
- ⇒ I authorize employees of the community action agency to perform, monitor and inspect Weatherization work.
- ⇒ I authorize Office of Energy Assistance and Weatherization staff of the Department of Social Services to monitor to ensure quality weatherization work.
- ⇒ I agree to report if the home is scheduled for acquisition or clearance by a Federal, State, or local program within 12 months from the date weatherization work is scheduled
- ⇒ I understand that any false statement made in this application is legal grounds for prosecution by any agency of the government using this application as a basis for assistance and certify, under penalty of perjury, the truth of the information in this application.

_____/_____/_____
Applicant Signature Date

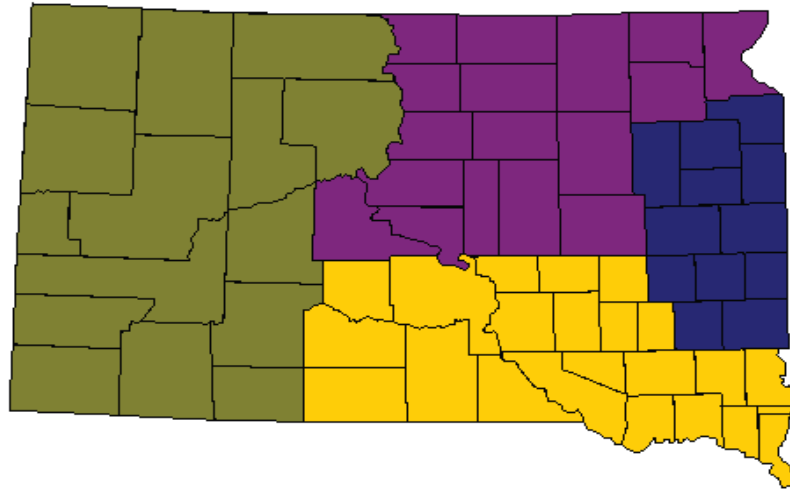
_____/_____/_____
Applicant Signature Date

Agency use only

_____/_____/_____
Approved by Date approved

in Household: _____ Total Income: _____ Maximum Allowable Income: _____

Please send the application to the Community Action Agency that serves your county. Refer to the map and/or the counties listed below to find the information for the community action agency for your county.



Inter-Lakes Community Action Partnership

PO Box 268, Madison, SD 57042

Phone: 605-256-6518 or 1-800-896-4105

<http://www.interlakescap.com>

Counties served: Brookings, Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, Lake, McCook, Miner, Minnehaha, Moody

Northeast South Dakota Community Action Program

104 Ash St. E, Sisseton, SD 57262

Phone: 605-698-7654 or 1-800-245-3895

www.nesdcap.org

Counties served: Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth

Rural Office of Community Services, Inc.

PO Box 70, Lake Andes, SD 57356

Phone: 605-487-7634 or 1-800-793-3290

<http://www.rocsinc.org>

Counties served: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Jones, Lincoln, Lyman, Mellette, Sanborn, Todd, Tripp, Turner, Yankton, Union

Western South Dakota Community Action Agency, Inc.

1844 Lombardy Drive, Rapid City, SD 57701

Phone: 605-348-1460 or 1-800-327-1703

<http://www.wsdca.org>

Counties served: Bennett, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Lawrence, Meade, Perkins, Shannon, Pennington, Ziebach

EMPLOYMENT INQUIRY

DATE: _____

TO: _____
(Employer's Name and address)

SUBJECT: _____
(Employee's Name and address)

The person named above is an applicant for a Federal Home Loan Bank (FHLB) forgivable housing loan administered through the Northeast South Dakota Community Action Program (NESDCAP). The information requested below is for the purpose of determining eligibility and will be kept in **STRICT CONFIDENCE**. Thank you for your cooperation in returning this form by _____, 20____ to the following address or FAX:

Sincerely,

Jared Groos
FHLB Coordinator
NESDCAP
104 Ash St. E.
Sisseton SD 57262
FAX – 605-698-3038

I hereby authorize my employer to release the requested information.

(Signature of Applicant)

(Date)

PRESENTLY EMPLOYED-To be completed by Employer

- 1. Date of employment: _____ 2. Present Position: _____
- 3. Probability of Continued employment: _____
- 4. Current Gross Base Pay (Enter Amount and Check Period)
 Annual Hourly
 Monthly Weekly Other (Specify)

5. Gross Earnings

Type	Year to Date	Past Year	Past Year
Base Pay	Thru _____ \$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

6. If Overtime or bonus is applicable, is its continuance likely?

Overtime Yes No
Bonus Yes No

7. If paid hourly – average hours per week: _____ Hrs/week

8. Date of applicant's next pay increase: _____

9. Project amount of next pay increase: _____

10. Date of applicant's last pay increase: _____

11. Amount of last pay increase: _____

DATE: _____

Signature of Employer: _____

Telephone No. _____

Title: _____

EQUAL HOUSING OPPORTUNITY

This supplemental application is designed to let us know what the problems in the house are. Please fill out and return with the other requested documents. Thank you.

Have you ever received a forgivable loan through another Affordable Housing Project such as, Homes are Possible Inc. (HAPI), Home Ownership Assistance Program (HOAP) or Opportunities for Independent Living (OIL).

Yes
 No

Any misrepresentation regarding this information may lead to the recapture of the total amount of AHP funds allocated to each project.

(Homeowner Signature) (Date)

1. Is the problem with:

- Plumbing
 - Roofing
 - Electrical
 - Siding
 - Other Please Explain:
-
-
-

2. If the problem is with Plumbing, what seems to be the problem?

- Broken or leaking water pipes
 - Broken or leaking septic tank
 - Broken sink or toilet
 - Other Please Explain:
-
-
-

3. If the problem is with Roofing, what seems to be the problem?

- Roof is leaking
 - Roof is missing a few shingles
 - Shingles are just old
 - Other Please Explain:
-
-
-

4. If the problem is with Electrical, what seems to be the problem?

- Wiring is knob and tube wiring/need to update the wiring
 - In need of more outlets
 - Outlets will not work
 - Other Please Explain:
-
-
-

5. If the problem is with Siding, what seems to be the problem?

- Siding is leaking
 - Missing pieces of siding
 - Other Please Explain:
-
-
-

6. What type of Siding do you have?

- Vinyl
- Steel
- Wood
- Masonite
- Stucco
- Other: _____

7. Please explain anything else that you have concerns about:

**INDOOR AIR QUALITY CHECKLIST
TO BE COMPLETED BY HOME OCCUPANT**

NAME _____ TOWN _____

Your answers to the following questions may help us reduce your exposure to indoor pollutants and potential health risks.

1. Are you or any other members of the household experiencing any of the following problems, if so, how many?

Chronic headaches _____ Dizziness _____ Asthma or bronchitis _____
Breathing difficulties _____ Chronic drowsiness _____
Burning or watery eyes _____ Nausea _____

None _____ if no one is experiencing any of the above, skip to question #7.

If you answered yes to any of the above, please complete all questions.

2. Are the symptoms more severe in those who spend the most time in the home?

Yes _____ No _____

Do the symptoms become less severe when you leave the house?

Yes _____ No _____

If yes, how many hours or days is it before you feel better? _____

If there are young children or elderly persons in the home, do they experience more severe symptoms?

None _____ Yes _____ No _____

When are the symptoms the most severe?

Summer _____ Winter _____ Both _____

3. Do you store any of the following items in your home? (especially in winter)

Paints, solvents, grease, oil Yes _____ No _____

Pesticides, herbicides, bug bombs, Yes _____ No _____

Gas cans, gas lawn mowers, chain saws, etc. Yes _____ No _____

Kerosene, or kerosene space heaters Yes _____ No _____

4. Do you **regularly** use any of the following chemicals in your home?

Strong cleaning products Yes _____ No _____

Room deodorizers Yes _____ No _____

Pest killers, insect sprays, flea bombs Yes _____ No _____

Hobby materials such as glue, paint, varnish Yes _____ No _____

5. In the last three years have any of the following been newly installed?

Extensive remodeling and/or painting Yes _____ No _____

New plywood, particle board paneling or sub-flooring Yes _____ No _____

New carpets, draperies, or upholstered furniture Yes _____ No _____

New cabinets, teak or oak veneered or plastic laminate furniture Yes _____ No _____

New/different furnace, water heater, chimney, wood stove Yes _____ No _____

6. Do you warm up a car or truck in an attached garage (even with the door open) or very close to the house?

Yes _____ No _____

7. Does anyone regularly smoke in your home?

Yes _____ No _____

8. Do you have indoor pets?

Yes _____ No _____

9. Do you have mold or mildew problems during the winter? Yes _____ No _____
10. Do you hang wet clothes to dry indoors? Yes _____ No _____
11. Do you use a humidifier in the winter (free standing or furnace mounted)? Yes _____ No _____
12. Is your basement or crawlspace frequently damp or wet? Yes _____ No _____
If so, is it damp or wet during the summer _____ winter _____ both _____
13. Does your bathroom have an exhaust fan? Yes _____ No _____
If yes, do you regularly use the fan? Yes _____ No _____
14. Does your kitchen have an exhaust fan? Yes _____ No _____
If yes, do you regularly use the fan? Yes _____ No _____
If yes, when was the last time the filter was cleaned? _____
15. Have your water pipes ever been frozen? Yes _____ No _____
If yes, does this happen regularly? Yes _____ No _____
16. Do you use any of the following in the winter?
Wood Stove _____ Non-vented space heater (other than electric) _____
Fireplace _____ None _____
If you use one of the above, do you have any problems with it drafting properly?
Yes _____ No _____
17. Does your furnace have a filter? Yes _____ No _____
If yes, do you check and change it regularly? Yes _____ No _____
18. Has any work been done on your furnace recently? Yes _____ No _____
If yes, by whom? _____
19. Are you aware of any asbestos materials in your home? Yes _____ No _____
20. Are you aware of any unhealthy situations in your home? Yes _____ No _____
If yes, explain – For example: Asbestos, Lead, Mold/Mildew, Sewage fumes, Chemical/Smoke fumes: _____

Occupant's Signature

Date

Auditor's Signature

Date

AUDITOR'S COMMENTS:

