

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;

In regards to the three (3%) Home Improvement loan; there is a limited amount of applications that our agency can serve under this program.

Please use the following checklist to ensure that all required information is returned to our agency for consideration for this program.

1. ___ Copy of Photo ID;
2. ___ Copy of Social Security card;
3. ___ Copy of Green Card, if applicable;
4. ___ Pay stubs of 2 most current months;
5. ___ Copies of awards letters from Social Security showing gross amount received from SSI or disability;
6. ___ Copies of amounts received from pensions, annuities, alimony or retirement;
7. ___ Copies of 2 most current months bank statements;
8. ___ Year to date income and expenses **and** 2 years of income tax returns;
9. ___ Copies of any filed divorce decrees, child support orders, or separation agreements.
10. ___ Proof of Homeowners Insurance;
11. ___ Copy of Property tax statement showing taxes are current;
12. ___ Copy of Deed showing ownership of property;
13. ___ NESDCAP/NESDEC Authorization to Release Information form (all adult household members will need to sign);
14. ___ Credit Report Authorization Form – **Both** applicant & co-applicant must complete;
15. ___ NESDCAP/NESDEC Conflict of Interest Disclosure Form;
16. ___ Loan application completely filled out.
17. ___ Written description of the type of home improvement looking to do.

A description of the program is included on the next page. If you have any questions please contact NESDCAP at (605) 698-7654.

Thank you for your time and consideration.

Sincerely,

Jared Groos

Jared Groos ext. 26
Housing Manager

Wade Veflin

Wade Veflin ext. 14
Housing Loan 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

3% Home Improvement Loan Program Maximum Loan

Applicants must meet the following requirements:

- A citizen of the United States.
- Posses legal capacity to incur the loan obligation.
- The dwelling to be repaired must be the homeowner's primary residence.
- Have a favorable credit history.
- NO bankruptcies or foreclosures in the last 3 years.
- Have adequate repayment ability.
- Applicants must submit evidence of ownership of property to be improved.
- All applicants must be able to provide assurance to NESDCAP of willingness and ability to repay.
- Contractors will be required to sign lien waivers.
- Must sign retention/loan documents and other documents as required.
- Cannot be delinquent on property taxes.
- Must have proof of home insurance – for rehabilitation.
- NESDCAP will require an onsite inspection to determine home improvement items to be considered.
- No cosmetic or remodeling will be considered.
- Fee's will apply
- "Green" components will be advised.
- CAN NOT do mold remediation.

Number in household & Income information

County	1	2	3	4	5	6	7	8
All counties that are served under the SSLF	\$48,900	\$55,900	\$62,900	\$69,800	\$75,400	\$81,000	\$86,600	\$92,200

**Add 8% for each person in excess of 8.

1. The interest rate for all Rehab Loans is three (3%) percent per annum,
2. Loan terms will not exceed 10 years and will be based on the borrower's repayment ability.
3. Credit reports, at no expense to the applicant, are required for all loans.

APPLICATION FOR RURAL ASSISTANCE (NONFARM TRACT) Uniform Residential Loan Application

This application is designed to be completed by the applicant with the lender's assistance. Applicants should complete this form as "Applicant #1" or "Applicant #2", as applicable. All Applicants must provide information (and the appropriate box checked) when the income or assets of a person other than the "Applicant" (including the Applicant's spouse) will be used as a basis for loan qualification or the income or assets of the Applicant's spouse will not be used as a basis for loan qualification, but his or her liabilities must be considered because the Applicant resides in a community property state, the security property is located in a community property state, or the Applicant is relying on other property located in a community property state as a basis for repayment of the loan.

I. TYPE OF MORTGAGE AND TERMS OF LOAN

Mortgage Applied for: <input type="checkbox"/> V.A. <input type="checkbox"/> Conventional <input type="checkbox"/> Other: <input type="checkbox"/>	Agency Case Number	Lender Account Number
<input type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service		
Amount \$	Interest Rate %	No. of Months
Amortization Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (Explain):		
<input type="checkbox"/> GPM <input type="checkbox"/> ARM (Type):		

II. PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (Street, City, State, ZIP)		No. of Units
Legal Description of Subject Property (Attach description if necessary)		Year Built
Purpose of Loan: <input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (Explain):		Property will be:
<input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent		<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment
<i>Complete this line if construction or construction-permanent loan.</i>		
Year Lot Acquired	Original Cost \$	Amount Existing Liens \$
		(a) Present Value of Lot \$
		(b) Cost of Improvements \$
		Total (a + b) \$ 0.00
<i>Complete this line if this is a refinance loan.</i>		
Year Acquired	Original Cost \$	Amount Existing Liens \$
		Purpose of Refinance
		Describe Improvements <input type="checkbox"/> Made <input type="checkbox"/> To be made
		Cost: \$
Title will be held in what Name(s)		Manner in which Title will be held
Source of Down Payment, Settlement Charges and/or Subordinate Financing (Explain)		Estate will be held in:
		<input type="checkbox"/> Fee Simple
		<input type="checkbox"/> Leasehold (Show expiration date)

III. APPLICANT INFORMATION

Applicant #1				Applicant #2			
Name (include Jr. or Sr. if applicable)				Name (include Jr. or Sr. if applicable)			
Social Security Number	Home Phone (Incl. Area Code)	DOB <small>mm/dd/yy</small>	Yrs. School	Social Security Number	Home Phone (Incl. Area Code)	DOB <small>mm/dd/yy</small>	Yrs. School
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single divorced, widowed)	Dependents (Not listed by Applicant #2) No. Ages			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single divorced, widowed)	Dependents (Not listed by Applicant #1) No. Ages		
Present Address (Street, City State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.				Present Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			
Mailing Address if different from Present Address				Mailing Address if different from Present Address			
<i>If residing at present address for less than two years, complete the following:</i>							
Former Address (Street, City State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.				Former Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			

According to the Paperwork Reduction Act 1995, an agency may not conduct or sponsor, and a person is not are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 1-1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

IV. EMPLOYMENT INFORMATION

Applicant #1			Applicant #2		
Name & Address of Employer <input type="checkbox"/> Self-Employed	Yrs./Mos. on the job	Yrs./Mos. employed in this line of work/profession	Name & Address of Employer <input type="checkbox"/> Self-Employed	Yrs./Mos. on the job	Yrs./Mos. employed in this line of work/profession
Position/Title/Type of Business	Business Phone (Incl. Area Code)		Position/Title/Type of Business	Business Phone (Incl. Area Code)	
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>					
Name & Address of Employer <input type="checkbox"/> Self-Employed	Dates (From > To)	Monthly Income \$	Name & Address of Employer <input type="checkbox"/> Self-Employed	Dates (From > To)	Monthly Income \$
Position/Title/Type of Business	Business Phone (Incl. Area Code)		Position/Title/Type of Business	Business Phone (Incl. Area Code)	
Name & Address of Employer <input type="checkbox"/> Self-Employed	Dates (From > To)	Monthly Income \$	Name & Address of Employer <input type="checkbox"/> Self-Employed	Dates (From > To)	Monthly Income \$
Position/Title/Type of Business	Business Phone (Incl. Area Code)		Position/Title/Type of Business	Business Phone (Incl. Area Code)	

V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Gross Monthly Income	Applicant #1	Applicant #2	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$ 0.00	Rent	\$	
Overtime			0.00	First Mortgage (P&I)		\$
Bonuses			0.00	Other Financing (P&I)		
Commissions			0.00	Hazard Insurance		
Dividends/Interest			0.00	Real Estate Taxes		
Net Rental Income			0.00	Mortgage Insurance		
Other (Before completing see the notice in "describe other income," below)			0.00	Homeowner Assn. Dues		
			0.00	Other		
Total	\$ 0.00	\$ 0.00	\$ 0.00	Total	\$ 0.00	\$ 0.00

*Self Employed Applicant may be required to provide additional documentation such as tax returns and financial statements.

A1/A2	Describe Other Income <small>Notice: Alimony, child support, or separate maintenance income need not be revealed if the Applicant #1, (A 1) or Applicant #2 (A2) does not choose to have it considered for repaying this loan.</small>	Monthly Amount

IX. ACKNOWLEDGMENT AND AGREEMENT

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, services, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "loan") will be secured by a mortgage or deed of trust on the property described herein, (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated herein; (6) any owner or servicer of the Loan may verify or reverify any information contained in the application from any source named in this application, and Lender, its successors or assigns may retain the original and/or an electronic record of this application, even if the Loan is not approved; (7) the Lender and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the owner or servicer of the Loan may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

Applicant's Signature	Date	Applicant's Signature	Date
X		X	

X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be Completed by Interviewer This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> by mail <input type="checkbox"/> by telephone <input type="checkbox"/> Internet	Interviewer's Name (Print or type)		Name and Address of Interviewer's Employer
	Interviewer's Signature	Date	
	Interviewer's Phone Number (Incl. Area Code)		

Continuation For/Residential Loan Application

Use if you need more space to complete the Residential Loan Application Mark A1 for Applicant #1 or A2 for Applicant #2	Applicant #1 (A1)	Agency Account Number:
	Applicant #2 (A2)	Lender Account Number:

Northeast South Dakota Community Action Program

104 Ash Street East
Sisseton, SD 57262-1551
Phone: (605) 698-7654~Fax: (605) 698-3038

NESDCAP/NESDEC Conflict of Interest Disclosure Form

The Homeownership Education Resource Organization (HERO), Housing and Urban Development (HUD), Northeast South Dakota Community Action Program (NESDCAP) and Northeast South Dakota Economic Corporation (NESDEC) require full disclosure of potential and actual Conflicts of Interest so that you are in a position to make fully informed decisions. It is up to you to choose who you would like to work with in the mortgage and real estate arena.

NESDCAP/NESDEC Disclosure

In working with you to provide homebuyer education and/or counseling, I and/or NESDCAP may realize the following benefits through referral or in fact:

Type of Fee and Source:

- Origination Fee and Interest on Loans: If you choose to secure a loan from NESDCAP and/or NESDEC, fees and the interest rates will be disclosed on the Good Faith Estimate.
- Packaging Fee: USDA Rural Development packaging fee on 502 loan products. If you choose to continue with NESDCAP as your 502 Direct Loan packaging agent, fees will be disclosed at that time.

Type of Commission and Source: \$0

I understand that NESDCAP and/or NESDEC may recommend a particular mortgage loan product(s). However, I also understand that NESDCAP and/or NESDEC is NOT responsible for any lender decision, and has NO authority to approve or deny any mortgage application unless they are NESDCAP/NESDEC loans.

I understand that completion of the NESDCAP Home Ownership Program is not a guarantee that any mortgage application I make will be approved.

I authorize NESDCAP and/or NESDEC to report my information to funding sources.

I agree to hold NESDCAP and/or NESDEC harmless from any losses, claims, liabilities or damages alleged to arise from NESDCAP and/or NESDEC services.

I further understand that there may be more affordable mortgage products and/or real estate services available to me in the marketplace and that it is my responsibility to ensure that I am receiving the best mortgage product and/or real estate services for my individual or family needs.

Signature

Date

Signature

Date

**NORTHEAST SOUTH DAKOTA COMMUNITY ACTION PROGRAM
NORTHEAST SOUTH DAKOTA ECONOMIC CORPORATION**

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

AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

To: _____
NAME ADDRESS CITY STATE ZIP CODE

RE: Applicant: (please print)

First Name MI Last Name

RE: Co-Applicant: (please print)

First Name MI Last Name

Address City State Zip Code

I/We authorize any person, agency or institution to supply information requested by Northeast South Dakota Community Action Program (NESDCAP) and/or Northeast South Dakota Economic Corporation (NESDEC), concerning me or my family and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my family by a duly authorized representative of Northeast South Dakota Community Action Program and/or Northeast South Dakota Economic Corporation.

I/We authorize NESDCAP/NESDEC to release such information to providers or cooperating State or Federal Agencies.

I/We hereby release any person, agency, or institutions from any and all liability to me or my family for supplying such information.

This authorization is given only in connection with its use by NESDCAP/NESDEC in its administration of its programs and for no other purpose. It shall continue in effect until such time as I/We state, in writing, to Northeast South Dakota Community Action Program (NESDCAP) and/or Northeast South Dakota Economic Corporation (NESDEC).

Applicant:

Signature Date

Co-Applicant:

Signature Date

Saved: Shared\Agency Forms...\Forms\Authorization to release 2-2010

"Serving people's needs to promote community excellence"

NESDCAP is an Equal Opportunity Lender, Provider and Employer

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

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I/We hereby authorize and instruct Northeast South Dakota Community Action Program, (hereinafter "NESDCAP") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by NESDCAP. I/We understand and agree that NESDCAP intends to use the credit report for the purpose of evaluating my current financial situation.

My/Our signature below also authorizes the release to credit reporting agencies of financial or other information that I/we have supplied to NESDCAP in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with evaluating my financial readiness to purchase a home, I

_____ authorize _____ do not authorize

NESDCAP to share with counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These counseling agencies may contact me to discuss counseling service.

I understand that I may revoke my consent to these disclosures by notifying NESDCAP in writing.

_____ Client's Signature	_____ Date	_____ Client's Signature	_____ Date
_____ Client's Name (Print)		_____ Client's Name (Print)	
_____ Address		_____ Address	
_____ City, State, Zip		_____ City, State, Zip	
_____ Social Security Number		_____ Social Security Number	
_____ Date of Birth		_____ Date of Birth	

**Northeast South Dakota Community Action Program
Northeast South Dakota Economic Corporation
GROW South Dakota
PRIVACY POLICY**

We value you as a customer and take your personal privacy seriously. We will inform you of our policies for collecting, using, securing and sharing nonpublic personal.

Our Privacy Principals

- We do not sell customer information.
- We do not provide customer information to persons or organizations outside our agency for their own marketing purposes.
- We afford prospective and former customers the same protection as existing customers with respect to the use of personal information.

Information We Collect

We collect and use information we believe is necessary to administer our business, to advise you about our products and programs, and to provide you with customer service. We may collect and maintain several types of customer information needed for these purposes, such as those below.

Types of Information We Collect and How We Gather It:

- From you, (on applications or other forms, and through telephone or in-person interviews) such as your address and phone number.
- From transactions with us, such as your payment history.
- From non NESDCAP, NESDEC, and GROW South Dakota agencies, such as from consumer reporting agencies.

How We Use Information About You

We use customer information to process your application, service your accounts, and offer you other NESDCAP, NESDEC, and GROW South Dakota programs that we believe may be of interest to you.

We May Share Information

We may disclose information to third party service providers that perform services for us in the process and servicing of your transaction or other services on your behalf. We may also disclose information about you to third parties with your consent or at your discretion or otherwise permitted by law.

The Confidentiality, Security and Integrity of Your Nonpublic Personal Information

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Nonpublic Personal Information and Nonaffiliated Third Parties

Since we value our customer relationship with you, we will not disclose your nonpublic personal information to nonaffiliated third parties except as permitted by law.

Nonpublic Personal Information and Former Customers

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.