

AN EQUAL OPPORTUNITY LENDER
CITY OF RAPID CITY - COMMUNITY DEVELOPMENT DIVISION
 300 Sixth Street, Rapid City, South Dakota 57701 Telephone: (605) 394-4181
PRELIMINARY APPLICATION

PLEASE ANSWER ALL QUESTIONS, USE ADDITIONAL SHEET IF NECESSARY

A. APPLICANT INFORMATION

Name _____	Age _____	Social Security # _____
Spouse's Name _____	Age _____	Social Security # _____
Address _____	Phone _____	# of Dependents _____
Rehab Address _____	Age of Dependents _____	

B. EMPLOYMENT (If current employment is less than 2 years, also give information for previous employment)

1. Occupation	Employer's Name & Address	Years Employed
2. Spouse's Occupation	Employer's Name & Address	Years Employed

NOTE: Completion of this information is strictly voluntary, there is no penalty for persons who do not complete the section. Ethnicity data is obtained for statistical purposes only and will be kept in a separate, confidential file for reporting purposes consistent with the Equal Employment Opportunity Commission's guidelines. Please check one.

<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Caucasian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Other

C. GROSS MONTHLY HOUSEHOLD INCOME

1. Applicant _____			
Spouse _____			
Other _____			
Total	\$		
2. Other Earnings (explain)			
3. Net income from property being rehabilitated, if any (furnish verification)			
4. Social Security			
5. Pension			
6. Interest Income			
7. Welfare			
8. Other Income			
Total Household Income	\$		

E. LIST MONTHLY HOUSING EXPENSES

ALLOCABLE TO YOUR DWELLING UNIT	
1. Mtge. Payment (principal & interest only)	
2. Hazard Insurance	
3. Real property taxes	
Special assessments	
4. Maintenance	
5. Electricity	
6. Gas	
7. Sewer and Water	
8. Other	
Total Monthly Housing Expenses	

D. ASSETS OF APPLICANT(S)

1. Checking at _____	
2. Checking at _____	
3. Savings at _____	
4. Savings at _____	
5. Trust at _____	
6. Trust at _____	
7. CD's at _____	
8. Household Goods	
9. Auto at _____	
10. Equity in other real estate at (address) _____	
A. Market Value _____	
B. Unpaid Balance _____	
C. Equity _____	
11. All other assets	

F. LIST MONTHLY LIABILITIES OF APPLICANT

1. Loan at _____	
2. Loan at _____	
3. VISA	
4. Master Charge	
5. Note payable at _____	
6. Note payable at _____	
7. Life Insurance Loan	
8. Hospitalization Insurance Premium	
9. Life Ins. Premium for \$ _____ policy	
10. Extraordinary Medical Expenses (explain on back)	
11. Federal, State & Local Income Taxes	
12. Social Security Payments	
Total Liabilities	

G. EXISTING DEBT ON PROPERTY TO BE REHABILITATED

1. Original mortgage amount		4. Name and address of lender
2. Unpaid balance		5. Type of Loan? FHA VA Conv. Cont.
3. Date purchased		

H. PREVIOUS FORECLOSURE RECORD

1. Have you ever been obligated on a home loan, or a home improvement loan, which resulted in foreclosure, deed in lieu of

I. CERTIFICATION BY APPLICANT(S)

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining assistance under the Neighborhood Rehabilitation Program, and is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he is the owner of the property described in this application, and that the rehabilitation proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards as applicable, which are prescribed for the property described in this application. If the approving officer determines that the rehabilitation proceeds will not or cannot be used for the purposes described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the City of Rapid City Community Development Division, and acknowledges, that with respect to such proceeds so returned, he shall have no further interest, right or claim.

The Applicant covenants and agrees that he will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 State. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with assistance received. The United States shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Verification of any the information contained in this application may be obtained from any source named herein.

_____ Date

_____ Signature of Applicant

_____ Date

_____ Signature of Applicant

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

J. APPROVAL OF APPLICATION

The undersigned has examined the application for the Neighborhood Restoration Program described herein, including supporting data, and finds that the application meets the requirements of the Neighborhood Rehabilitation Program, and satisfies the rules and regulations issued by the Department of Housing and Urban Development pertaining to the Neighborhood Restoration Program. Accordingly, the undersigned has approved the application for assistance in the amount necessary, subject to the establishment of any required fund reservation by the City of Rapid City Community Development Division.

_____ Date

_____ Signature

_____ # Assigned

_____ Title

FOR OFFICE USE

K. ADJUSTED GROSS INCOME

L. COST BREAKDOWN

1. Yearly Income		1. Rehabilitation Costs	
2. Credit for Excessive Medical		a. Amount for Construction Work	
3. Net Family Income		b. 0% Loan Amount	
4. Loan Amount Available		c. 3% Loan Amount	
5. Interest Rate Available - 0% or 3%		d. Homeowner Funds	
		e. TOTAL Loan Amount	
		2. Total Loan Assistance Received	
		FOR LOANS ONLY	
		3. Interest rate per annum	
		4. Number of Months	
		5. Monthly payments of principal and interest (Do not round)	