

Home Rehab Program APPLICATION

(A program managed by Huron Housing Authority)

Application for Home Rehab Program

Huron Housing Authority

PO Box 283

255 Iowa Avenue SE

Huron, SD 57350

(605) 352-1520

Date of Application: _____

Time Application Received: _____

Thank you for your interest in the Huron Home Rehab Program, administered by the Huron Housing Authority. This program is funded through the SD Housing Development Authority with funding from the US Department of Housing and Urban Development. It is designed to provide financial assistance to qualified Huron residents to address eligible rehabilitation items. If you have any questions regarding this application, please contact the Housing Rehab Specialist at (605) 352-1520.

Any home to be rehabbed must be owner occupied. Total gross household income must be below 80% of the Area Median Income as determined by HUD. Applicants must meet income guidelines in Section 7 below. See Table 4 for income requirements. The applicant(s) must be the homeowners.

The applicant(s) understand that this application is a screening document to ensure that potential program beneficiaries met minimum requirements for assistance. Completing this application does not guarantee that the applicant(s) has or will qualify for financial assistance.

This program cannot be used by a tenant or landlord for a rental unit.

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Section 1: Homeowner (Applicant and Co-Applicant) Information

Applicant, Name of Homeowner: _____

Applicant Street Address and address of the home to be rehabbed: _____

Huron, SD 57350-_____

Applicant Mobile telephone: _____ Applicant Number of Dependents: _____

Applicant Home telephone: _____ Applicant SSN: _____

APPLICANT Prior Address: If you have lived at your current address for less than two years, what was your Prior

Address? Street _____ Unit # _____

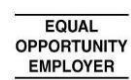
City _____ State _____ Zip _____

Applicant Marital Status: Married Separated Unmarried (Single/Divorced/Widowed)

Applicant E-mail address: _____

Applicant Emergency contact: _____
(Name and Address)

Applicant Current Employer: _____



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(Complete Company Name)

Applicant Current Employer Address: _____
(Full Street Address, City, State, Zip Code)

Applicant Dates of Current Employment: From _____ to _____
(Starting Date) (Ending or current date)

Applicant Type of Work: _____

IF APPLICABLE, Name of Co-Applicant: _____
(Co-Applicant MUST reside at the same address as the Applicant.)

Co-Applicant Prior Address: If you have lived at your current address for less than two years, what was your Prior

Address? Street _____ Unit # _____

City _____ State _____ Zip _____

Co-Applicant Mobile telephone: _____ Co-Applicant Number of Dependents: _____

Co-Applicant E-mail address: _____ Co-Applicant SSN: _____

Co-Applicant Emergency contact: _____

Co-Applicant Relationship to Applicant: _____

Co-Applicant Current Employer: _____
(Complete Company Name)

Co-Applicant Current Employer Address: _____
(Full Street Address, City, State, Zip Code)

Co-Applicant Dates of Employment: From _____ to _____
(Starting Date) (Ending or current date)

Co-Applicant Type of Work: _____



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TABLE 1. Applicant and Co-Applicant: List the names and ages of all people living in the home including relatives, non-relatives, and renters (attach a separate sheet if more space is needed). Total number of people living in home: _____

TABLE 1.

Last Name	First	Date of Birth	Social Security Number	*Relation to Owner	Gender (Circle One)	Disabled (Circle One)	** Race	*** Ethnicity	Veteran (Circle One)
(Applicant)					M / F	Y / N			Y / N
(Co-Applicant)					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
					M / F	Y / N			Y / N
* Relation: S=Spouse C=Child R=Relative P=Parent O=Other									
** Race: W=White A=Asian OA=Other Asian (includes Karen) B=Black or African American H=Hispanic N=Native American OAI=Other Asian Indian CP=Chinese Filipino J=Japanese K=Korean V=Vietnamese NH= Native Hawaiian GC=Guamanian or Chamorro S=Samoa OPI=Other Pacific Islander									
*** Ethnicity: H=Hispanic or Latino M=Mexican P=Puerto Rican C=Cuban O=Other Hispanic or Latino N=Not Hispanic or Latino									

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Section 2: Tell Us about Yourself

Please write a brief explanation of why you feel you should be selected for our program and how it will help you and/or your family. (Use additional paper if needed.)

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Section 3: Special Needs

Does anyone in the home live with a disability? Please check all that apply and provide name of individual.

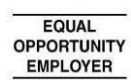
- Hearing limitations: _____ Sight limitations: _____
Uses a walker, cane, or crutches: _____ Uses a wheelchair: _____
Mental disability: _____ Other: _____

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Section 4: Type of repairs to be considered.

The work requested will be considered based on priority while addressing safety and independence.

Table 2.	
Desired Repairs: Carpentry repairs: doors, floors, porches, steps, cabinets, etc.	Brief description: location in home. (Use additional paper if needed.)
Electrical repairs: exposed wire, outlets/switches, light fixtures, etc.	
Painting/wall repair: interior, exterior.	
Plumbing repairs: sinks, tubs, showers, faucets, leaking, etc.	
General cleaning & yard work: windows, trim trees, drainage, landscaping, etc.	



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Green Housing Repairs:	Brief description: location in home. (Use additional paper if needed.)
Energy Efficiency: insulation, furnace, water heaters, windows, etc.	
Major appliances, water saving faucets & toilets, caulking, thermostat, etc.	
Roofing Repairs:	Brief description: location in home. (Use additional paper if needed.)
Major repairs: Total replacement of roof, gutters, soffits, etc.	
Minor repairs: Patching of roof, leaking, etc.	
Safe at Home:	Brief description: location in home. (Use additional paper if needed.)
Major Exterior Repairs: wheelchair ramps, replace sidewalk, replace driveway.	
Major Interior Repairs: widen doorways / hallways, replace torn carpet / damaged floor tiles, build accessible shower, etc.	
Minor repairs: grab bars, handrails, lever door handles, ADA faucets, shower seats, raised toilets, CO2/smoke detectors, etc.	

TABLE 3. Prioritize Repairs: Please List repairs that are most important to you or that need immediate attention.
1.
2.
3.
4.

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Section 5: House Information

Name(s) listed on Property Deed: _____

Is this deed in a living or family trust? Yes No Number of year's homeowner has lived at this address: _____

(5.1) Has the property been cited for any building or health code violations? Yes No
(If yes, attach copy of notification.)

Will your home be sold in the next: 1 Year 2 Years 5 Years?

Do you have homeowner's insurance? Yes No Is your homeowners insurance policy current? Yes No

Is there a mortgage on this home? Yes No

Have you missed a mortgage payment over the last 12 months? Yes No If yes, how many? _____



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Name of Lender or Mortgage Company: _____

Address of Lender or Mortgage Company: _____

Mortgage Account # _____ Monthly Mortgage Payment \$ _____

Mortgage Balance: \$ _____ Does the Payment include Taxes and Insurance? Yes No

Type of Home (check one)? 1 Story 1 ½ Story 2 Story Basement: Slab Crawl Space Full

What year was your home built? _____ Average Monthly Utility Cost: \$ _____ / month

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Section 6: Application History

Have you ever received a forgivable loan through another Affordable Housing Project such as GROW SD, HAPI, Home Ownership Assistance Program (HOAP), Northeast SD Community Action Program (NESDCAP), or Opportunities for Independent Living? Yes No If yes, when? _____

If yes, what agency did the work? _____

If yes, what work was done? _____

How did you hear about the Huron Home Rehab Program? Radio Flyer Friend Other: _____

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Section 7: Income Verification

Income Limits by Household Size:

To qualify to apply for the Huron Home Rehab Program, households must earn less than the income noted in **Table 4** depending on the number of persons living in the household.

Table 4							
1 Person Income	2 Person Income	3 Person Income	4 Person Income	5 Person Income	6 Person Income	7 Person Income	8 Person Income
\$46,500	\$53,150	\$59,800	\$66,400	\$71,750	\$77,050	\$82,350	\$87,650

Household Income: List income from other sources below. Other sources of income may include:

- Alimony • Child Support • Interest and Dividends • Mortgage Differential • Royalty Payments • Unemployment
- Automobile Allowance • Disability • Notes Receivable Payments • Separate Maintenance Benefits • Boarder Income
- Foster Care • Public Assistance • Retirement • Social Security • VA Compensation • Capital Gains • Housing or Parsonage
- Mortgage Credit Certificate (e.g., Pension, IRA) • Trust • Other



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APPLICANT INCOME:

Monthly \$ _____ Source: _____

Monthly \$ _____ Source: _____

CO-APPLICANT INCOME:

Monthly \$ _____ Source: _____

Monthly \$ _____ Source: _____

OTHER HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER:

Monthly \$ _____ Source: _____

Monthly \$ _____ Source: _____

TOTAL HOUSEHOLD INCOME: \$ _____

Assets – (Bank Accounts, Retirement, and Other Accounts You Have)

Include all accounts below. Under Account Type, choose from the account types listed here:

- Checking
- Certificate of Deposit
- Stock Options
- Bridge Loan Proceeds
- Trust Account
- Savings
- Mutual Fund
- Bonds
- Individual Development
- Cash Value of Life Insurance
- Money Market
- Stocks
- Retirement (e.g., 401k, IRA) Account (used for the transaction)
- Other (provide detail)

Financial Institution: _____ Phone (____) ____ - _____

Account Type: _____ Account Number: _____ Balance/Value: \$ _____

Financial Institution: _____ Phone (____) ____ - _____

Account Type: _____ Account Number: _____ Balance/Value: \$ _____

Financial Institution: _____ Phone (____) ____ - _____

Account Type: _____ Account Number: _____ Balance/Value: \$ _____

Financial Institution: _____ Phone (____) ____ - _____

Account Type: _____ Account Number: _____ Balance/Value: \$ _____



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Liabilities – (Credit Cards, Other Debts, and Leases that You Owe)

List all liabilities below (except real estate): Under Account Type, choose from the types listed here:

- Revolving (e.g., credit cards)
- Installment (e.g., car, student, personal loans)
- Alimony
- Open 30-Day Note (balance paid monthly)
- Child Support
- Other (provide detail)

Company Name: _____ Monthly Payment: \$ _____

Account Type: _____ Account Number: _____ Unpaid Balance: \$ _____

Company Name: _____ Monthly Payment: \$ _____

Account Type: _____ Account Number: _____ Unpaid Balance: \$ _____

Company Name: _____ Monthly Payment: \$ _____

Account Type: _____ Account Number: _____ Unpaid Balance: \$ _____

Company Name: _____ Monthly Payment: \$ _____

Account Type: _____ Account Number: _____ Unpaid Balance: \$ _____

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Company Name: _____ Monthly Payment: \$ _____

Account Type: _____ Account Number: _____ Unpaid Balance: \$ _____



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HHA will require proof of income from all residents, in the form of last two years income tax statements, payroll stubs, social security or disability statements, pensions and/or veteran's benefits statements, alimony or child support statements, Temporary Assistance to Needy Families (TANF) statements, rent receipts, and so forth.

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Section 8: Verification Documents Required

All applications MUST include copies of these REQUIRED documents to be considered for the home rehab program.

The final decisions on all home repair requests are based on the availability of Huron Home Rehab Program funding and will be made at the discretion of the HHA. Please allow 30 to 60 days for processing and final decisions from date of completed application submission. Once eligibility is determined, the Homeowner will be contacted directly by Huron Home Rehab Program staff to schedule a follow-up appointment to preview the site and determine further consideration of repairs. At that time, the Homeowner will receive additional information regarding the program services and schedules.

8.1 Proof of current homeowner's insurance - provide a copy of the policy that shows Homeowner's name, address, and dates of coverage.

You must provide Proof of income including your two most recent income tax statements for each person over the age of 18 living in the home. The income tax statements will show your Adjusted Gross Income. If a resident did not file a return last year, please provide a statement for all earned income (including social security, disability or other benefits; payment stubs from employers, etc.) or proof of student status. Check the items that you attach to this application.

- 8.2 Federal Tax Returns (last 2 years) - Certified/Transcript Copies.
- 8.3 Copy of Benefit Statement for other income such as social security, pension, etc.
- 8.4 If self-employed, copies of Year to Date profit and loss statement for last 2 years.
- 8.5 Copies of pay stubs for the month prior to the application date.
- 8.6 Copy of divorce decree and agreements (documents ordered by the court), if applicable.
- 8.7 Copies of checks or other proof of receipt of child support or alimony for past 12 months, if applicable.
- 8.8 Copies of banks statements for the (3) months prior to the application date. Include statements for ALL checking and savings accounts for BOTH the applicant and co-applicant.
- 8.9 Copies of most recent brokerage account statement(s), if applicable.
- 8.10 Proof that property taxes are current. (Provide receipt from Beadle County Treasurer's Office.)
- 8.11 Copies of all outstanding debts that would apply to the verification of this application.
- 8.12 Copy of bankruptcy discharge of debtor notice and all related schedules, if applicable.
- 8.13 Other Income Verification. Explain: _____

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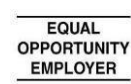
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SECTION 9. ACKNOWLEDGEMENTS

The **Huron Home Rehab Program** provides home repairs for income-eligible homeowners who are unable to do the work themselves. You, as the Applicant understand and affirm the following ***(please initial next to each item)***:

- a. _____ Homeowner(s) will not be charged for the work performed on the home if all program requirements are met.
- b. _____ Assistance is normally provided in the form of a **CONDITIONAL DEFERRED PAYMENT LOAN**. This type of assistance is made to individuals who are the primary owner of their property and whose income falls within the U.S. Department of Housing & Urban Development’s (HUD) 80% Area Median Income (AMI) guideline. For households that meet the income guidelines, the property owner may be exempt from making monthly payments. A conditional deferred loan is a loan that effectively becomes a grant if you continue to live in the home for the five years following the closeout of the rehab project. If you sell the home before the end of the five years, you will be required to repay a portion of the loan based on 1/60th of the loan becoming a grant for each month that you live in the home. The funds assigned to their home will be collected by SD Housing Development Authority in a proportional amount, at the time of transfer and/or sale of the property.
- c. _____ It is Homeowners’ intention to remain in the home, barring catastrophic illness or death, for a minimum of (5) five years after completion of repair work performed.
- d. _____ Homeowners will be willing to sign a five-year lien waver for the dollar amount of the repairs made to the home.
- e. _____ A representative of the Huron Home Rehab Program will discuss the work to be done with the Homeowner(s). Also, Homeowner(s) understand that there is no guarantee to the amount of work that Huron Home Rehab Program may complete.
- f. _____ In consideration of the work to be performed by contractors organized by Huron Home Rehab Program for the benefit of the Homeowner(s) and in light of the aims and purposes provided by Huron Home Rehab Program, Homeowner(s) agree to release and hold Huron Home Rehab Program, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising from such work.
- g. _____ Homeowner(s) do not object to photographs of their homes or themselves taken while work is being planned and performed at their home. Homeowner(s) furthermore give permission for Huron Home Rehab Program and Huron Housing Authority to use their name, photo image and any verbal and written comments made in conjunction with the rehabilitation of their home to promote the work of the Huron Home Rehab Program to help others live in safety, warmth and independence.
- h. _____ Homeowner(s) is/are required to be **ON SITE** during at least part of scheduled project workdays.
- i. _____ Homeowner(s) and any able-bodied family member will work to clean up the interior and exterior of the home to prepare a safe and uncluttered workspace for the contractor.
- j. _____ Homeowner(s) understand that if Homeowner(s), any family member, or visitor to the home, disrupts the work of the contractor, that the Huron Home Rehab Program will not perform or complete repairs on the home and the homeowner may have to personally pay for all project labor and materials.
- k. _____ Homeowner(s) are aware that contractors and Huron Home Rehab Program staff may need to remove, discard or relocate objects within the home to enable the individual and/or family members to remain living in a safe, sanitary and healthy environment.
- l. _____ Homeowner(s) understand that if contractors and Huron Home Rehab Program staff are placed in an unsafe work environment that contractors and Huron Home Rehab Program may not perform or complete the repairs on the home and the homeowner(s) may have to personally pay for all project labor and materials..
- m. _____ Homeowner(s) allow Huron Home Rehab Program staff to check the validity of the personal information that the homeowner(s) have provided to the program that is required to establish their eligibility for this service.

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SECTION 10. PRIVACY NOTICE

Huron Housing Authority (HHA) would like to advise you of its privacy policies. HHA has collected in this application or will collect non-public personal information from your application and consumer reporting agencies. This non-public personal information includes your address and other contact information, demographic background, loan status, family income, social security number, employment information, collection and repayment history and credit history. We disclose non-public personal information to third parties: only as necessary to process and service your loan; only as necessary to effect, administer or enforce your loan; with your consent or as permitted or provided by applicable laws, including the South Dakota Freedom of Information Act (FOIA) and the Privacy Act of 1974. Applicable laws permit disclosure to third parties for certain purposes. Examples of such disclosures include (i) disclosure in connection with enforcement purposes or litigation, audits or other investigations; (ii) to comply with proper request under FOIA or other federal, state or local laws and regulations; and (iii) to federal and state agencies to the extent specifically permitted or required by law. We do not sell or otherwise make available any information about you to any third party for marketing purposes. We protect the security and confidentiality of non-public personal information by limiting and monitoring all physical access to sites where non-public information is kept. A complete copy of our written privacy policy is available upon request. If we decide to change our privacy policy, we will provide you with a revised policy containing such changes.

SECTION 11. DECLARATIONS

a. Huron Housing Authority (HHA) is an Equal Housing Opportunity Agency. In accordance with Federal Law this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write SD Housing Development Authority, P.O. Box 1237, 3060 East Elizabeth Street, Pierre, SD 57501. SD HDA is an equal opportunity provider, employer, and Lender.

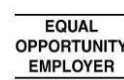
b. Permission for Others to Provide Information to HHA: I hereby authorize any person, agency or institution to supply requested information by Huron Home Rehab Program, operated by Huron Housing Authority, concerning me or my family and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my family by a duly authorized representative of HHA. This authorization is given only in connection with its use by HHA in its administration of its programs and for no other purpose. It shall continue in effect until such time as I state, in writing, to HHA.

c. Permission to Research Financial History: I understand that collateral contacts may be necessary to verify my wages, rent, income and other aspects of eligibility and hereby give permission for such contacts to provide the requested information. I hereby give permission for such contacts to provide the requested information.

d. Permission to Access My Property: I hereby approve and allow HHA and their representatives to enter the premise to perform the work regarding this application, which they deem necessary.

e. Privacy Act Information: This information will be used by this office to determine your eligibility for this program. Statements of home ownership, family size and income must be accurate, and all other information must be given to the best of your knowledge. Information obtained from this and other forms may be used by HHA and SDHDA 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. Should you decline to provide the information requested on this form your home will not be considered for assistance. No information on this application is made available to the general public.

I have furnished this application information to the best of my knowledge and by this signature approve and verify it. Any misrepresentation regarding this information may lead to the recapture of the total amount of funds allocated to each project. I am aware that any fraudulent statements made in this application can be legal grounds for prosecution by any agency of the government using this application as a basis for assistance.



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I hereby declare that this home is not scheduled for acquisition or clearance under any government program. I will disclose to HHA if and when this should ever occur.

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Homeowner(s) Signatures Required

Homeowner(s) do swear that the total household income, including all members residing within the home is as shown in this application.

By signing below, you are indicating you understand that this application is a screening document to ensure all program beneficiaries meet the minimum requirements for assistance. Income qualification does not guarantee that you have or will qualify for home rehab assistance.

Homeowner(s) certifies that all information on this application is accurate and that the Homeowner(s) owns the property at the address given on the application. Homeowner(s) hereby releases Huron Home Rehab Program staff, and all associated with it from any and all liability whatsoever.

Homeowner (Applicant) Signature _____ Date _____

Homeowner (Co-Applciant) Signature _____ Date _____

I acknowledge that all adult household members will sign this form.

Name – Print
Social Security Number: _____

Signature
Date: _____

Name – Print
Social Security Number: _____

Signature
Date: _____

Name – Print
Social Security Number: _____

Signature
Date: _____

Preparer Signature* _____ Date _____

* If you are not the homeowner, but are assisting the homeowner(s) in completing this application, then please provide the following information in addition to your signature:

Print Preparer Name _____ Preparer Relationship to Homeowner: _____

Preparer Phone: _____ Preparer E-mail: _____

Please mail the completed application with ALL documents to ensure prompt consideration of your application.

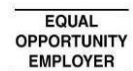
Huron Housing Authority, ATTN: Home Rehab Program, PO Box 283, Huron, SD 57350-0283



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You may deliver the application with all attachments to the Huron Housing Authority office at 255 Iowa Avenue SE. Please contact the Home Rehab Program office at Huron Housing at (605) 352-1520 with additional questions.



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Optional Contact Information Form for Huron Housing Authority REHAB Program

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your application process or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
(1) Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	
<input type="checkbox"/> Unable to contact you	
<input type="checkbox"/> Assist with Process	
<input type="checkbox"/> Other: _____	
(2) Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	
<input type="checkbox"/> Unable to contact you	



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Huron Housing is an equal opportunity provider and employer.

Assist with Process

Other: _____

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

- USE FOR ALL PURPOSES -

CONSENT. I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Huron Housing and Redevelopment Authority (HRA) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Huron Home Rehab Program administered by the HRA. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the SD Housing Development Authority and the US Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED. I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:
Identity and Marital Status Employment, Income, and Assets Medical or Child Care Allowances
Credit & Criminal Activity Residences and Rental Activity

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the Huron Home Rehab Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED. The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|--|-----------------------------|--------------------------------|
| Medical and Child Care Providers | Schools and Colleges | Retirement Systems |
| Credit Providers and Credit Bureaus | Past and Present Employers | Veterans Administration |
| Banks and other Financial Institutions | Law Enforcement Agencies | Courts and Post Offices |
| Welfare Agencies | State Unemployment Agencies | Social Security Administration |
| Previous Landlords (including Public Housing Agencies) | Utility Companies | Support and Alimony Providers |

CONDITIONS. I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the HRA and will stay in effect for a period of fifteen (15) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____	_____	_____
Head of Household Signature	State(s) of Residency Past 3 Years	Date
_____	_____	_____
Spouse Signature	State(s) of Residency Past 3 Years	Date
_____	_____	_____
Other Adult Household Member Signature	State(s) of Residency Past 3 Years	Date
_____	_____	_____
Other Adult Household Member Signature	State(s) of Residency Past 3 Years	Date
_____	_____	_____
Other Adult Household Member Signature	State(s) of Residency Past 3 Years	Date

If needed, include additional pages to list residency past three years.

