



PRE-APPLICATION for Home Rehab Program

(A program administered by Huron Housing Authority)



This agency is an equal opportunity provider and employer.

PRE-APPLICATION for INCOME QUALIFICATION

Date Application Received: _____

Time Application Received: _____

Thank you for your interest in the Huron Home Rehab Program, administered by the Huron Housing Authority, and funded through the SD Housing Development Authority with funding from the US Department of Housing and Urban Development (HUD). The program 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. This PRE-APPLICATION is intended to determine if potential applicants meet income guidelines.

Assistance is normally provided in the form of a **CONDITIONALLY DEFERRED LOAN**. This type of assistance is made to individuals who are the primary owner of their property and whose income falls within the HUD 80% of Area Median Income guideline. For households that meet the income guidelines, the property owner may be exempt from making monthly loan 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.

Name of Homeowner / Applicant: _____

Street Address of the home to be rehabbed: _____
Huron, SD 57350

Home Phone: _____ Mobile Phone: _____ Number of Dependents: _____

Number of people who routinely reside in the home: _____

Property Information:

Do you occupy this property as your primary residence? Yes No Do you own your home? Yes No

Mortgage paid up to date? Yes No # of years you have owned your home: _____

Date home was built: _____ Own solely? Yes No Own jointly? Yes No

Property taxes paid up to date? Yes No Homeowner's insurance? Yes No

If no homeowner's insurance, why? _____

Do you have a second lien or equity line of credit? Yes No Reverse mortgage? Yes No

Have you filed for bankruptcy in the last 10 years? Yes No

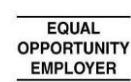
Are you in the process of filing for bankruptcy? Yes No

Have you had the property foreclosed upon or given title or deed in lieu thereof in the last 10 years? Yes No

Please turn over to page 2 of this PRE-APPLICATION



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Are there any outstanding judgements against you or your home? Yes No

Do you own any other real estate properties? Yes No If yes, list the address(s): _____

Household Income:

Household Gross Income in 2022: \$ _____

Household Gross Income in 2023: \$ _____

This program requires that income from all wage earners in the household 18 years old and older MUST be included.

Income Limits by Household Size:

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

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

Minimum Criteria for Rehab Program Approval:

In addition to the Income Limits noted above, the applicant must:

- ✓ Occupy the property as a primary residence for at least one (1) year.
- ✓ Title to the property must be in the Applicant's name.
- ✓ Not be delinquent on the following:
 - Mortgage payments,
 - Federal debts i.e., income taxes and student loans,
 - City of Huron debts including special assessments,
 - Beadle County Property taxes and special assessments.
- ✓ If taxes are past due, applicant must provide documentation that at least six (6) consecutive months of payments have been made prior to application submission.
- ✓ Have a current homeowner's insurance policy in effect.
- ✓ In circumstances where insurance has been denied due to the condition of the property, and the applicant can provide proof of denial, the applicant will be required to obtain a homeowner's insurance policy quote from any reputable insurance agency.

Please turn over to page 3 of this PRE-APPLICATION

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Please write a brief description of the work you believe is needed for your home. (Use additional paper if needed.)

Acknowledgements:

Homeowners will be willing to sign a mortgage for the dollar amount of the repairs made to the home.

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.

Homeowner(s) must allow and by signing grant Huron Home Rehab Program staff to permission 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.

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.

Homeowner does swear that the total household income, including all members residing within the home is as shown in this application. Homeowner(s) certifies that all information on this INCOME QUALIFICATION PRE-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 all liability whatsoever.

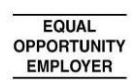
By signing below, you are indicating you understand that this application is a screening document to ensure all program beneficiaries meet the minimum requirements for assistance. **This pre-qualification step does not guarantee that you will qualify for home rehab assistance.**

Homeowner (Applicant) Signature _____ Date _____

If Applicable, Co-Owner Signature _____ Date _____

Please mail or deliver the completed PRE-APP to ensure prompt consideration of your application: Huron Housing Authority, ATTN: Home Rehab Program, PO Box 283, 255 Iowa Avenue SE, Huron, SD 57350-0283.

Huron Housing Authority (HHA) is an Equal Housing Opportunity Agency.
In accordance with Federal Law this institution is prohibited from discriminating based on race, color, national origin, sex, age, religion, political beliefs, or disability.



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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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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

