



# Sisseton Wahpeton Sioux Tribe

LAKE TRAVERSE RESERVATION

Homebuyers Program

205 East Oak St. Suite. 119

Mailing: P.O. Box 509 Agency Village SD 57262

Phone: (605) 698-7707

## Five (5) Year Residency Agreement

Date: \_\_\_\_\_

I/We, \_\_\_\_\_ hereby agree that I/We received down payment/closing cost assistance from the Homebuyers Program (the five years will start from the date of the check).

I/We hereby understand and agree to the following stipulations for the home/property located at

\_\_\_\_\_  
(Address of Home/Property Purchased)

1. To reside in the home/property for five (5) years. The five (5) year residency requirement commences from the date of the down payment/closing cost assistance check.
2. To notify the Homebuyers Program in **writing** if the five (5) year residency requirement will not be met.
3. Will provide written legal proof of residency to the Homebuyers Program at the conclusion of five (5) years from the date of the down payment/closing cost assistance check.

I/We, hereby understand and agree that if the above stipulations are not met that I/We are not eligible to utilize the Homebuyers Program a second time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

