



# Sisseton Wahpeton Sioux Tribe

LAKE TRAVERSE RESERVATION

Homebuyers Program

PO Box 509

12554 BIA HWY 711

Agency Village, SD 57262-0509

Phone: (605) 698-3911

|                        |                      |
|------------------------|----------------------|
| Applicant #1 Name      | Address              |
| City                   | State & Zip Code     |
| Social Security Number | Date of Birth        |
| Email                  | Home Phone           |
| Cell Phone             | Work Phone           |
| Tribe Enrolled         | District Enrolled    |
| Marital Status         | Veteran              |
| Disabled               | Gross Monthly Income |

|                               |                      |
|-------------------------------|----------------------|
| Applicant #2 or Spouse's Name | Address              |
| City                          | State & Zip Code     |
| Social Security Number        | Date of Birth        |
| Email                         | Home Phone           |
| Cell Phone                    | Work Phone           |
| Tribe Enrolled                | District Enrolled    |
| Marital Status                | Veteran              |
| Disabled                      | Gross Monthly Income |

Household Members:

| Last Name | First Name | DOB | M/F | Tribe Enrolled | Relationship to Applicant(s) |
|-----------|------------|-----|-----|----------------|------------------------------|
|           |            |     |     |                |                              |
|           |            |     |     |                |                              |
|           |            |     |     |                |                              |
|           |            |     |     |                |                              |
|           |            |     |     |                |                              |
|           |            |     |     |                |                              |
|           |            |     |     |                |                              |
|           |            |     |     |                |                              |
|           |            |     |     |                |                              |

Applicant #1 -

Employer: \_\_\_\_\_

Employer

Address: \_\_\_\_\_

Applicant #2 or Spouse's

Employer: \_\_\_\_\_

Employer

Address: \_\_\_\_\_

Have you utilized the SWO Homebuyers Program down payment/closing cost assistance before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Tribal Enrollment Number (attach copy): \_\_\_\_\_

Physical address where home will be located:

\_\_\_\_\_

Name & Number # of who to contact to set up the inspection:

\_\_\_\_\_

Name & Address of financial institution (Lender): \_\_\_\_\_

\_\_\_\_\_

Amount of Loan from financial institution: \_\_\_\_\_ Contract

for Deed – Seller’s Name/Address (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Name, Address, Phone # of closing agent: \_\_\_\_\_

\_\_\_\_\_

|  |  |
|--|--|
| Type of home purchasing? (circle one)<br>Stick built      Pre-Built      Trailer<br>Manufactured                      Governor | Are you purchasing a New or Existing Home? |
|--|--|

I/We, hereby, release SWO Homebuyers Program and/or Sisseton Wahpeton Oyate from any related liability, now or in the future, in regards to the basic home inspection that the SWO Homebuyers Program conducts. I also certify that the information that I have furnished is true and accurate.

\_\_\_\_\_

Applicant #1 Signature & Date

\_\_\_\_\_

Applicant #2 Signature & Date

# Authorization for Release of Information

Participant(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Release and Signature

- I. I hereby authorize all appropriate agencies to release and exchange information with the Sisseton-Wahpeton Oyate Homebuyers Program.
- II. I understand the SWO Homebuyers Program is a partnering entity of T Yamni, the Sisseton-Wahpeton Oyate One-Stop Homeownership Program and agree this information be used for services offered by T Yamni.

Participant Consent: This consent for release of information remains in effect until services are no longer requested. This authorization is voluntary and remains in effect unless specifically revoked by written notice to the agency or person. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality. A photocopy of the release is as effective as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*SWO Tribal Council Motion No. 31, dated June 2, 2010: "...to amend the SWO Homebuyers Down Payment Assistance Program to include a release that would allow the lender to notify the SWO Homebuyers Program if a program participant becomes thirty (30) days or more delinquent in their mortgage payments."*

# 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