



Public Safety Down Payment Assistance Program Application

All Applicable Fields Must Be Fully Completed

Applicant Information

Applicant Name: _____ Date of Birth: _____

Spouse Name: _____ Date of Birth: _____

Address 1: _____ Home Phone: _____

Address 2: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Total number of occupants who will reside in the household: _____

Address of property to be purchased, if known: _____

Employment Information

Employer: _____

Job Title: _____

Years Employed: _____ Supervisor Name: _____

Supervisor Phone: _____ Supervisor Email: _____

HR Phone: _____ HR Email: _____

Will you occupy the property purchased as your principal residence? Yes No

Optional Demographic Information

Race

- American Indian or Alaska Native
- Asian
- Black or African-American
- White
- American Indian or Alaska Native AND White
- Asian AND White
- Black or African-American AND White
- American Indian or Alaska Native AND Black or African-American
- Other (More than one race)

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Disability

- Disabled

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 a housing program, and is true and complete to the best of the Applicant's knowledge and belief. Verification of any of the information contained in this application may be obtained from any source named herein.

Date: _____

Signature of Applicant: _____

Submit the following in addition to this application:

Proof of employment, Letter of commitment from primary mortgage lender (if available), and Purchase agreement (if available)

Contact Information:

Travis Heiter
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