



SOUTH DAKOTA
**Native Homeownership
 Coalition**

www.sdnativehomeownershipcoalition.org

NATIVE HOMEOWNERSHIP PROTECTION PROGRAM Phase II –Application Form

GENERAL INFORMATION

Name of Organization			
Address			
City, State, Zip			
Tribe/Community Served			
Main Contact Person		Telephone	
Back-Up Telephone		Email	
Is your organization a member of the South Dakota Native Homeownership Coalition?	Is your organization current on membership dues for the South Dakota Native Homeownership Coalition?	Is your organization current on the South Dakota Native Homeownership Coalition data reporting requirements?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

POST-PURCHASE/FORECLOSURE PREVENTION EFFORTS

Do you have clients that are experiencing difficulties in staying current on their mortgage?	If yes, have you been able to support these clients?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, please tell us how you have been able to support these clients.	
Have you been counseling or coaching these clients?	Approximately how many clients have you assisted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you anticipate that your clients will continue to need assistance over the next six months?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

 Signature

 Date