

0298SouthEastern North Dakota Community Action Agency HOME Program Homeowner Rehabilitation Application

3233 S University Drive, Fargo, ND 58104
701-232-2452 or 800-726-7960
ND Relay TTY 1-800-366-6888

Please complete the application in its entirety. Incomplete applications may be denied. Submission of application does not guarantee acceptance into the program.

Part I. Household Information

Full Legal Name <i>(Please list all members of the household)</i>	Date of Birth <i>(MM/DD/YY)</i>	Social Security Number	Phone Number <i>(Please use number you can be reached at during the day)</i>
1.			
2.			
3.			
4.			

Include any other occupants here, including birthdates and social security numbers:

Is anyone in your household handicapped or disabled *(please circle)*: Yes or No

Does anyone in your household require any modifications or accommodations in order to fully utilize the home: Yes or No

Please include any other household information here:

Part II. Property Information and Description

Address: _____

Legal Description (if available): _____

What year was your home built? _____

What date did you move into your home? _____

Do you live anywhere else at any time during the year? Yes or No

If yes, where and for how long? _____

Is your home a (circle one): Single Family Dwelling
 Multi-Unit Dwelling
 Condominium/Cooperative,
 Mobile Home/Manufactured Home
 Other *(please describe)*: _____

Is the home on its own lot: Yes or No

Do you own the lot: Yes or No

Does the home have a permanent foundation: Yes or No



Part III. Income and Asset Information:

Please include income sources for all individuals in the household. Income includes money received from employment, social security, income from assets-including bank accounts, etc.

Source of Income

Source of Income	Head of Household	Co-head of Household	Other Household Member	Other Household Member
Employment/Salary Name of Employer:	\$	\$	\$	\$
Social Security/SSI	\$	\$	\$	\$
Pension/Retirement Name of Entity:	\$	\$	\$	\$
Child Support/Alimony Payment source:	\$	\$	\$	\$
Unemployment, Workers Comp, etc.	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$

Source of Asset

Type	Name and Address of Business	Cash Value
Checking		\$
Savings/CDs/Money Markets		\$
Stocks		\$
Other Real Estate		\$
Other:		\$
Other:		\$

Part IV. Mortgage and tax information

Mortgage and tax payments must be up to date, if applicable. Delinquency may result in denial of application.

Ownership Status

Are your property taxes up to date: Yes or No

Do you own your house free and clear: Yes or No

Do you pay on a mortgage: Yes or No

If Yes, to whom: _____

Pay on a contract for deed: Yes or No

Please include any further information here:

Part V. Describe Repairs needed or problems with the home:

(Use additional paper if necessary)

Part VI. Application Certification

I/We certify, under penalty of law, that the above information is full, true and complete to the best of my/our knowledge. I/We understand that any willful misstatement may be grounds for disqualification. My/Our signature(s) below constitute our consent to allow SENDCAA to verify the information above from the appropriate source.

All applicants 18 years of age and older sign:

Signature: _____

Date: _____

Signature: _____

Date: _____

Part VII. OPTIONAL-Statistical Information

The following information is for statistical purposes and will not be considered in determining eligibility.

The Applicant (Head of Household) is:

- ____ Under 62 years of age
- ____ 62 years of age or older
- ____ Native American
- ____ African American
- ____ White (Caucasian)
- ____ Hispanic
- ____ Asian/Pacific Islander
- ____ Other