

**HOUSING REHABILITATION PROGRAM APPLICATION/DATA COLLECTION**  
**NORTH DAKOTA DIVISION OF COMMUNITY SERVICES**  
 SFN 52664 (06/12)

<b>THIS IS AN EQUAL OPPORTUNITY PROGRAM DISCRIMINATION IS PROHIBITED BY FEDERAL LAW</b>			
Grantee		Instrument Number	
<b>1. APPLICATION AND HOUSEHOLD INFORMATION</b>			
Applicant		Spouse Name	Spouse Work Number
Street Address		City	State      ZIP Code
Phone Number (Work)		Phone Number (Home)	
List dependents and their ages:			
	Name	Age	
How many people live in the household including applicant?			
Head of household or spouse is 62 or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head of household or spouse is disabled?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a female head of household?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an elected city/county official or employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to a city/county official or employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. PROPERTY DESCRIPTION</b>			
Do you own your residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your home a (please check one of the following):			
<input type="checkbox"/> Single family dwelling (1 unit) <input type="checkbox"/> Condominium/cooperative/multi unit dwelling <input type="checkbox"/> Mobile home/manufactured home			
Do you own the lot?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does it have a permanent foundation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (please specify) _____			
Approximately what year was the home built?			
How long have you lived at this residence?			

**3. DESCRIBE REPAIRS NEEDED OR PROBLEMS WITH THE HOUSE:**

**4. PROVIDE INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER. USE GROSS INCOME UNLESS STATED OTHERWISE. VERIFICATION IS REQUIRED.**

Source of Income	Applicant	Spouse	Other Adults	Total
Employment/Salary				
Interest & Dividends				
Net Business Income				
Net Rental Income				
Social Security/SSI				
Pension/Retirement				
Child Support/Alimony				
Unemployment, Workers Compensation, etc.				
TANF, SNAP, Public Assistance, etc.				
Income from Assets				
Other				
Regular Monetary Gifts				
<b>TOTAL</b>				

**5. Race/Ethnicity**

Hispanic or Latino Household	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(Check the category that best describes the Head of Household)</b>	
White (11)	<input type="checkbox"/>
Black/African American (12)	<input type="checkbox"/>
Asian (13)	<input type="checkbox"/>
American Indian/Alaskan Native (14)	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander (15)	<input type="checkbox"/>
American Indian/Alaskan Native & White (16)	<input type="checkbox"/>
Asian & White (17)	<input type="checkbox"/>
Black/African American & White (18)	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American (19)	<input type="checkbox"/>
Other Multi-Racial (20)	<input type="checkbox"/>

**6. 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 verifying information from any necessary source. I/We also declare that I/We have received a copy of the Notification entitled "WATCH OUT FOR LEAD-BASED PAINT POISONING".**

Signature of Applicant	Date
Signature of Spouse	Date