

HOUSING REHABILITATION PROGRAM APPLICATION/DATA COLLECTION
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 52664 (08/07)

THIS IS AN EQUAL OPPORTUNITY PROGRAM DISCRIMINATION IS PROHIBITED BY FEDERAL LAW			
Grantee		Instrument Number	
1. APPLICATION AND HOUSEHOLD INFORMATION			
Applicant		Spouses Name	Spouse Work Number
Phone Number (Work)		Street Address, City, Zip	
Phone Number (Home)			
List dependents and their ages:			
Name	Age	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	
2. PROPERTY DESCRIPTION			
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.				
AFDC, Welfare, etc.				
Income from Assets				
Other				
Regular Monetary Gifts				
TOTAL				

5. Race/Ethnicity

Hispanic or Latino Household Yes No

(Check the category that best describes the Head of Household)

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	Date
Signature	Date

FOR GRANT ADMINISTRATORS USE:	
Total Verified Household Gross Income	\$
Household Income Category (Check one):	
Extremely Low Income (< 30% of Median)	<input type="checkbox"/>
Low Income (31-50% of Median)	<input type="checkbox"/>
Moderate Income (51-80% of Median)	<input type="checkbox"/>
Non Low Moderate (above 80% of Median)	<input type="checkbox"/>
Total Cost of Rehab	\$
Of Total paid, how much was paid by?	
CDBG	\$
HOME	\$
ESGP	\$
Other Federal Funds	\$
State/Local Funds	\$
Private Funds	\$
Other (Specify) _____	\$
Give a brief description of the Scope of Work:	
<p>Was unit brought up to standard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, HQS <input type="checkbox"/> or Local Code <input type="checkbox"/></p> <p>Was unit brought up to energy standard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, IBC <input type="checkbox"/> or Energy Star <input type="checkbox"/></p> <p>Rehabilitated to Lead Safe Housing Rule Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was unit made Handicapped Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Prepared by:</p>	

**HOUSING REHABILITATION PROGRAM APPLICATION
SUMMARY SHEET**

SAMPLE

Please provide the following information for each family for which housing rehabilitation assistance is being sought.

Summarize the information from the Housing Rehabilitation Program Application.

LEGEND

Family = Applicant Number
 Total Persons = Total Number of Persons in Household
 FHOH = Female Head of Household (Yes or No)
 Income = Family Gross Income Category (Very low and low)

Types of Rehabilitation

W = Weatherization
 P = Plumbing
 E = Electrical
 H = Heating
 O = Other
 Owner or Renter = Applicant Residence Status
 Prior 1940 = Construction Date of Home (Yes or No)

EXAMPLE

Family	Total Persons	Number of Elderly	Number of Children Under 18	Number of Minority Persons	Number of Handicap Persons	FHOH	Income Low/ Very Low	Types of Rehab	Estimate Cost	Owner/ Renter	Prior 1940
No. 1	4	0	2	3	0	No	Very Low	W,P,O	6,000	Own	Yes
No. 2	2	0	1	0	1	Yes	Low	W,P,H,O	7,500	Rent	No
No. 3	1	1	0	1	1	Yes	Low	H	500	Own	Yes
TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
3	7	1	3	4	2	Yes = 2	Low = 2	W = 2	Total	Own = 1	Yes = 2
							No = 1	P = 2	14,000	Rent = 2	No = 1
								E = 1			
								H = 1	Average		
								O = 1	4,667		

