

SPECIAL ASSESSMENT APPLICATION/DATA COLLECTION
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 52358 (08/07)

**THIS IS AN EQUAL OPPORTUNITY PROGRAM
 DISCRIMINATION IS PROHIBITED BY FEDERAL LAW**

Please complete this form and submit **immediately**. This form will determine your eligibility to save money you might otherwise have to pay in special assessments for the city/county _____ project.

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. 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				

4. Race/Ethnicity

Hispanic or Latino Household

Yes No

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

White (11)

Black/African American (12)

Asian (13)

American Indian/Alaskan Native (14)

Native Hawaiian/Other Pacific Islander (15)

American Indian/Alaskan Native & White (16)

Asian & White (17)

Black/African American & White (18)

American Indian/Alaskan Native & Black/African American (19)

Other Multi-Racial (20)

5. 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.

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 Special Assessment	\$
Of Total paid, how much was paid by?	
CDBG	\$
HOME	\$
ESGP	\$
Other Federal Funds	\$
State/Local Funds	\$
Private Funds	\$
Other (Specify) _____	\$
Prepared by:	

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		

