



Dear Client;

Please fill out the Home Rehab Application, Client Intake Form and the North Dakota HOME Program Income Determination Worksheet send it back to us with a copy of your 2011 IRS Form 1040 and/or Social Security statement stating your monthly payment at your convenience. If you do not have a copy of your IRS Form 1040, contact your tax preparer to get one.

All of the forms should be filled out completely with your information; signed and dated otherwise we will not process your application. Once we have received your application, I will figure out the best option to fulfill what you need done per your qualifications.

If you have any questions, please feel free to contact me at the numbers below. Thanks for your interest in the Home Rehabilitation Program. I look forward to working with you.

Sincerely,

Greg Beck  
Community Action Partnership  
Housing Rehab Specialist  
202 East Villard  
Dickinson, ND 58601  
701-227-0131  
800-359-2243



# Community Action Partnership

## Housing Rehabilitation Program Application

**Answer ALL Questions!**  
**Incomplete applications WILL NOT be processed!**

Street Address: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Have you ever received Weatherization services? Yes \_\_\_ No \_\_\_

Single Family Dwelling  Yes  No  
Mobile/Manufactured home  Yes  No  
Is it on it's own lot  Yes  No  
Does it have a permanent foundation  
 Yes  No

Year home constructed: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Is the home your principal residence?  
 Yes  No  
Do you have legal ownership?  
 Yes  No

### HOUSING EXPENSES AND PROPERTY INFORMATION

Do You:

Own Your own house  Yes  No      Pay on a mortgage  Yes  No  
Pay on a Contract for Deed  Yes  No      Other \_\_\_\_\_

Amount of current housing payments-expenses:

First Mortgage (interest & principal) monthly \_\_\_\_\_

Does this include taxes & insurance  Yes  No (if yes skip the next 2 questions)

Property Taxes (annual) \_\_\_\_\_

Property Insurance (including flood) \_\_\_\_\_

Special Assessments (annual) \_\_\_\_\_

Other Mortgage payments secured by property \_\_\_\_\_

Home Improvement loans \_\_\_\_\_

Are you delinquent or in default on the mortgage, taxes, any federal debt or other loan or obligation:  Yes  No

Have foreclosure proceedings been started:  Yes  No

Identify judgments or liens against the property: \_\_\_\_\_

**Describe repairs needed or problems with the house:**

**Are you or an immediate member of your family one of the following:**

- an employee, agent, consultant or officers of Community Action Partnership
- an elected or appointed official of the State of North Dakota

Yes  No

***Confidentiality Clause:***

***Any and all information regarding clients will be kept confidential. All applications and eligibility-determination information will be protected against indiscriminate access by Community Action Partnership staff, and will not be made available for public review.***

**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 verify information from any necessary source.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**COMMUNITY ACTION PARTNERSHIP  
CLIENT INTAKE FORM**



Today's Date

**TYPE OF ASSISTANCE REQUESTED** \_\_\_\_\_

**PERSONAL INFORMATION FOR HEAD OF HOUSEHOLD (List additional household members on next sheet)**

Social Security #	First Name	MI	Last Name	Birth Date (mm/dd/yyyy)	Age	Gender	Disabled
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race	Ethnicity	Education		Fuel Assistance	Food Stamps	Health Coverage	Veteran
<input type="checkbox"/> White <input type="checkbox"/> Multi <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 0 to 8th Grade <input type="checkbox"/> 9th - 12th Grade (non-grad) <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Grade <input type="checkbox"/> College Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS**

Name	Pay Per Hour	Hours Per Week	Pay Per Month	Total	Income Source/Employer
	\$		\$	\$	
	\$		\$	\$	
	\$		\$	\$	
	\$		\$	\$	

**HOUSING INFORMATION**

Address	Apt/Lot#	City	County	Zip Code	Telephone #
					Home/Message: Work
Length of Stay at this address	Years:	Months:	Days:	Just moving:	
Household Type	Marital Status	Housing Status	Housing Type	Rent/House Payment	
<input type="checkbox"/> Female Single Parent <input type="checkbox"/> Couple <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Single <input type="checkbox"/> Two Parent <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married	<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Homeless	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home	\$ _____ Rental Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	

**List all Members of the Household except the Head of Household. (Primary Person listed on the front of this form)**

Name (Please Print)	Social Security #	Birth Date	Age	Relation	Gender	Disabled	Race	Hispanic/ Latino	Education	Food Stamps	Health Coverage	Veteran
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Request:

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Future Plan:

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Would this assistance help obtain employment or retain current employment?  YES  NO If yes, please explain:

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**Client Certification**

The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the independent verification of the information by the authorized agent of the agency or its government funding source.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_



# North Dakota HOME Program



Community Action Partnership, 202 East Villard, Dickinson, ND 58601  
 Phone: (701) 227-0131 Fax: (701) 227-4750  
[gregb@dickinsoncap.org](mailto:gregb@dickinsoncap.org)

## Income Determination Worksheet Single Family – IRS Adjusted Gross Income

This is an application for homeownership assistance from Community Action Partnership. It must be filled out completely and signed by all adult members of the household in order to be processed. Incomplete applications will not be processed. Please read carefully and provide the information requested in each section.

### SECTION 1

	Name	Age	Social Security Number	Relationship
<b>Applicant</b>	<b>1</b>			
<b>Co-Applicant</b>	<b>2</b>			
<b>Other household members</b>	<b>3</b>			
	<b>4</b>			
	<b>5</b>			
	<b>6</b>			

<b>Mailing Address</b>	
<b>Phone Number</b>	

### SECTION 2 - Please list income from all of the following sources and provide contact information for each source

Taxable income	Household Member #1	Household Member #2	Household Member #3	Household Member #4	HOUSEHOLD TOTAL
Earnings from employment <sup>A</sup>					
Self-Employment (non-farm) <sup>B</sup>					
Self-Employment (farm) <sup>C</sup>					
Unemployment compensation					
Social Security					
Pensions or retirement income <sup>D</sup>					
Interest & dividends (including interest on savings accounts, money markets, etc.)					
Rents, Royalties, Estates, Trusts					
Alimony received					
Capital Gains/ Losses					
Other Income					
<b>TOTAL TAXABLE INCOME</b>					

<b>Name, Address, and Phone Number of Employer</b>					
<b>Name, Address, and Phone Number of Bank with Any Accounts and Account type(s)</b>					
<b>Name, Address, and Phone Number of any other sources of Income or assets</b>					
If additional sources of income, interest, or dividends, please list on a separate sheet of paper with contact information.					

**SECTION 3** - Please list deductions in all categories and **include documentation for each**

<b>Deductions</b>	<b>Household Member #1</b>	<b>Household Member #2</b>	<b>Household Member #3</b>	<b>Household Member #4</b>	<b>TOTAL</b>
IRA Deduction					
Student Loan interest deduction					
Medical savings account deduction					
Moving Exp.					
One-half of self-employment tax					
Keogh, SEP & SIMPLE					
Alimony Paid					
<b>TOTAL DEDUCTIONS</b>					

**SECTION 4**

<b>Adjusted Gross Income</b>	
Total Taxable Income (Section 2 Total)	
- Total Deductions (Section 3 Total)	
<b>= ADJUSTED GROSS INCOME</b>	

**SECTION 5 - Definitions:** (for additional guidance see IRS Form 1040 Instructions)

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**A. Earnings from employment**

Total income received from work performed as an employee, before any deductions are made for items such as taxes, bonds, pensions, union dues.

Examples: Wages, Salary, Armed Forces pay, Commissions, Tips, Piece-rate Payments, Cash Bonuses earned.

**B. Net Income from Self-Employment (non-farm)**

Net money income from one's own business, professional enterprise or partnership.

Net Money Income = Gross receipts minus expenses

Gross Receipts = Value of all goods sold and services rendered

Expenses = Items such as costs of goods purchased, rent, heat, power, depreciation charges, wages & salaries paid, and business taxes (not personal taxes)

**C. Net income from Self-Employment (farm)**

Net money income from the operation of a farm by a person on their own account, as an owner, renter or sharecropper.

Net Money Income = Gross receipts minus operating expenses

**D. Pension or Retirement**

Payments from retirement plans, annuities, or paid-up insurance policies, IRA, Keogh or 401(k)

**SECTION 6 - Applicant Certification**

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I understand that Community Action Partnership is relying on this information to prove my household's eligibility for assistance provided by the ND HOME Investment Partnerships Program. I certify that all information provided is true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. **I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that providing false information is punishable under federal law.**

**All Adult Household members must sign below:**

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_