

Community Action Partnership

Housing Rehabilitation Program Application

Answer ALL Questions!
Incomplete applications WILL NOT be processed!

Street Address: _____
Legal Description of Property: _____

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: _____

Is the home your principal residence?
 Yes No
Do you have legal ownership?
 Yes No

Describe repairs needed or problems with the house:

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: _____

**Provide income information for all household members 18 years or older.
Use gross income unless stated otherwise. Verification is required.**

SOURCE OF INCOME	APPLICANT	CO-APPLICANT	OTHER ADULT	TOTAL
Employment/Salary				
Interest/Dividends				
Net Business Income				
Net Rental Income				
Social Security / SSI				
Pension/Retirement				
Child Support/Alimony				
Unemployment, Workers Comp, etc				
TANF, Welfare, etc				
Income from Assets				
Other				
TOTAL				

COMMENTS:

ASSETS // VERIFICATION REQUIRED

TYPE	CASH VALUE	INCOME	BANK NAME	ACCOUNT#
Checking				
Savings/CDs/Money Mkt.				
Stocks				
Life Insurance				
Residence				
Other Real Estate				
Miscellaneous				
TOTAL				

COMMENTS:

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

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 and verifies receipt of "WATCH OUT FOR LEAD-BASED PAINT POISONING".

Signature

Date

Signature

Date