

MULTI- FAMILY HOUSING PROGRAM APPLICATION/DATA COLLECTION
NORTH DAKOTA DEPARTMENT OF COMMERCE
DIVISION OF COMMUNITY SERVICES
 SFN 58301 (03/15)

THIS IS AN EQUAL OPPORTUNITY PROGRAM DISCRIMINATION IS PROHIBITED BY FEDERAL LAW			
Grantee		Instrument Number	
1. APPLICATION AND HOUSEHOLD INFORMATION			
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	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 a male head of household?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an elected city/county official or employee? (N/A to HOME Program)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a city/county official or employee? (N/A to HOME Program)			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. 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				
TOTAL				

3. Race/Ethnicity

Hispanic or Latino Household	<input type="checkbox"/> Yes <input type="checkbox"/> 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"/>

4. 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