

SPECIAL ASSESSMENT APPLICATION/DATA COLLECTION
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 52358 (06/12)

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		Spouse Name		Spouse Work Number	
Street Address		City	State	ZIP Code	
Phone Number (Work)		Phone Number (Home)			
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.				
TANF, SNAP, Public Assistance, etc.				
Income from Assets				
Other				
Regular Monetary Gifts				
TOTAL				

4. 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"/>

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 of Applicant	Date
Signature of Spouse	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:	