HOMENET ACCOUNT INFORMATION

NORTH DAKOTA DEPARTMENT OF COMMERCE
DIVISION OF COMMUNITY SERVICES
SFN 59081 (10/14)

☐ Add ☐ Change ☐ Delete

Organization	
User ID	Initial Password (include 6 characters - 1 upper case & 1 number)

First Name	Middle Initial	Last Name		
Address	City		State	Zip
Telephone Number	Email Address		User ID for Model *(leave blank)*	

Application Group Membership				
Department	Application	Group	Add	Delete
COM	HOME	PROGRAM		
COM	HOME	FINANCE		

North Dakota Information Technology Department requires individuals who are part of a government entity, such as city, county, or state government, to complete this section. This information will be used to verify identification when an individual requests ITD personnel to reset passwords.

Security Question 1	Security Answer 1
Security Question 2	Security Answer 2

Signature	Date