

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

<b>THIS IS AN EQUAL OPPORTUNITY PROGRAM DISCRIMINATION IS PROHIBITED BY FEDERAL LAW</b>			
Grantee		Instrument Number	
<b>1. APPLICATION AND HOUSEHOLD INFORMATION</b>			
Applicant		Spouse Name	Spouse Work Number
Street Address		City	State      ZIP Code
Phone Number (Work)		Phone Number (Home)	
Cell Phone		Spouse Cell Phone Number	
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
<b>(Check the category that best describes the Head of Household)</b>	
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