



*Creating Better Communities*

Dear Applicant:

Enclosed is the application you recently requested for the HomeCents Program. We have also attached a brochure that outlines the various features of this program.

This service provides homeowners with low, 0% to 2% percent loans of up to \$25,000 for essential home rehabilitation. The repayment amount and the length of the loan term will vary according to your income. The program is for low and moderate-income families and individuals.

It is very important that you fully and honestly complete the application because that will determine your eligibility for this service. If at any time you need help with the application feel free to call us at 746-5431 and we will provide assistance.

Although Red River Valley Community Action administers the HomeCents Program, the City of Grand Forks – Office of Urban Development will be your loan portfolio manager if you are approved for a loan. They have established default and subordination policies and all loan payment will be made to their office.

Please feel free to contact us at any time with any questions you may have. We are here to help.

Thank you.



**RED RIVER VALLEY COMMUNITY ACTION**  
**HomeCents PROGRAM APPLICATION**

Please answer all questions. Applications will not be processed until all necessary information is completed.

Amount of loan request: \$\_\_\_\_\_ (Please enter your best estimate of the amount you will need to complete your project. Actual loan amounts will be based on estimates received from contractors).

1. APPLICANT AND HOUSEHOLD INFORMATION:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City or Town: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work # \_\_\_\_\_

Including yourself, please list dependents and any other members living in your home. Please include ages of all members residing in your household.

Name	Social Security #	Date of birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Race:

☐ White      ☐ Multi      ☐ Asian      ☐ Native American  
☐ Black      ☐ Other

Disabled:

☐ Yes      ☐ No

2. HOUSING TYPE: (check one)

- ☐ Single Family Dwelling  
☐ Other – (please see note below.)

- Note: If “Other” box is checked, please contact RRVCA to determine the eligibility of your home.

Legal Property Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year home was built:  
\_\_\_\_\_

Is your home of historical significance?                      Yes                      No

Do you live within the target area?                      Yes                      No

How many years have you owned your home? \_\_\_\_\_

3. TOTAL ANNUAL INCOME: \_\_\_\_\_

Total income must include income for all members over eighteen years of age residing in your residence. Please include; copy(s) of current Federal Income Tax Return, Social Security monthly statement, Disability statement, pay stubs from previous two months, or any other applicable income verification.

PROVIDE INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER. VERIFICATION IS REQUIRED.

SOURCE OF INCOME	Head of Household	Spouse	Other household member	Other household member
Rental Income				
Interest & Dividends				
Business Income				
Pension or Retirement				
Social Security or SSI				
Employment				
Other (Unemployment, etc.)				
TOTAL				

ASSETS – VERIFICATION REQUIRED (Cash assets may not exceed \$50,000)

TYPE	VALUE	NAME & ADDRESS OF INSTITUTION OR PROPERTY SITE
Checking Acct.		
Savings Acct.		
CD's / Money Markets		
Stocks		
Current Home Value		
Any Additional Property Owned		
TOTAL	\$	

4. EXPENSES: Please check all that apply:

- ☐ Own my home. (Free & clear)  
Please include a legally recorded copy of deed.
- ☐ I pay a mortgage payment to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_
- ☐ Contract for Deed. (Must be registered with deeds office. Enclose copy).  
Name of original owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_
- ☐ Property taxes: Annual amount: \_\_\_\_\_  
(Must be current) included in mortgage payment ( ) yes ( ) no
- ☐ Property insurance: Annual amount: \_\_\_\_\_  
(Must be current) included in mortgage payment ( ) yes ( ) no  
Name of insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_
- ☐ Second mortgage payment / home improvement loans secured by this property.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_ Monthly amount: \$ \_\_\_\_\_

Are you delinquent or in default with home mortgage, property taxes, any Federal debt or other loan or obligation? Yes No

If yes, please specify: \_\_\_\_\_

**Monthly Household expenses**

Heat: \$ \_\_\_\_\_ per month \$ \_\_\_\_\_ annual

Electric: \$ \_\_\_\_\_ per month \$ \_\_\_\_\_ annual

Water: \$ \_\_\_\_\_ per month (include copy of one month's usage).

A copy of electric and heat usage for 12 consecutive months must be included. To obtain this information you may call XCEL Energy at 1-800-895-4999.

5. LIABILITIES:

Liabilities	Monthly Payments
Name: Address:	Payment Amount: \$ Months remain:
Account #	Unpaid balance: \$
Name: Address:	Payment Amount: \$ Months remain:
Account #	Unpaid balance: \$
Name: Address:	Payment Amount: \$ Months remain:
Account #	Unpaid balance: \$
Name: Address:	Payment Amount: \$ Months remain:
Account #	Unpaid balance: \$
Name: Address:	Payment Amount: \$ Months remain:
Account #	Unpaid balance: \$
Name: Address:	Payment Amount: \$ Months remain:
Account#	Unpaid balance: \$
Name: Address:	Payment amount: \$ Months remain:
Account #	Unpaid balance: \$
Alimony/child support payments owed to:	\$
Job-related expense (child care, etc.)	\$

6. Note: The following information will be used for statistical purposes only and **will not** be used in determining eligibility: (please check all that apply)

\_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Native American

\_\_\_\_\_ Hispanic      \_\_\_\_\_ Other      \_\_\_\_\_ Over 62 years of age

7. Briefly describe repairs you feel are needed for your home. Please understand the housing inspector will take into consideration your ideas listed below in determining actual repairs.

Comments:

---

---

---

---

## 8. ACKNOWLEDGEMENT AND AGREEMENT

The undersigned specifically acknowledges and agrees that: (1) the loan requested by this application will be secured by the mortgage or deed of trust on the property described in this application; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (4) the property will be owner occupied as indicated in this application; (5) verification or re-verification of any information contained in the application may be made at any time by the lender either directly or through a credit reporting agent, from any source named in this application, and the original copy of this application will be retained by the lender, even if the loan is not approved; (6) the lender will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) in the event my/our payments on the loan indicated in this application become delinquent, the lender may, in addition to all their rights and remedies, report my/our name(s) and account information to a credit reporting agency.

## 9. BORROWERS' CERTIFICATION

The Undersigned certify the following:

1. I/We have applied for a home improvement loan from the City of Grand Forks. In applying for the loan, I/We completed a loan application containing various information on the purpose and the amount of the loan, employment and income verification, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that the City of Grand Forks reserves the right to change the loan preview process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We understand that I/We have the right to appeal if the application is denied. I/We also understand that I/We have the right to attend the Review Committee's meeting when my/our application is being reviewed.

4. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014.

#### 10. AUTHORIZATION TO DISCLOSE INFORMATION

I (we) hereby authorize Red River Valley Community Action to disclose our social security numbers or any other information deemed necessary in conjunction with the application to the City of Grand Forks.

Homeowner's signature\_\_\_\_\_ Date\_\_\_\_\_

Homeowner's signature\_\_\_\_\_ Date\_\_\_\_\_

Co-signer signature\_\_\_\_\_ Date\_\_\_\_\_  
(Contract for Deed)

#### BORROWERS' AUTHORIZATION

To Whom It May Concern:



1. I/We have applied for a home improvement loan from the City of Grand Forks through their agent Red River Valley Community Action. As part of the application process, the City of Grand Forks and the mortgage insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan either before the loan is closed or as part of its quality control program.

2. I/We authorize you to provide to the City of Grand Forks and Red River Valley Community Action any and all information and documentation they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; liabilities information; and copies of income tax returns.

3. The City of Grand Forks and Red River Valley Community Action may address this authorization to any party named in the loan application.

4. A copy of this authorization may be accepted as an original.

Borrower's signature	Date	Co-Borrower's signature	Date
<b>To be completed by the interviewer</b> This application was taken by: <input type="checkbox"/> Face-to face interview <input type="checkbox"/> Mail		Interviewers name	
		Interviewers signature	
		Interviewer's phone number	
Name and Address of Interviewer's Employer		Application Complete:  Signature:	Date

For internal use only:			
<input type="checkbox"/> Loan approved <input type="checkbox"/> Loan denied			
Loan amount \$_____ No. of months_____ \$_____per month			
Signature of Loan Approval Official _____ Date: _____			

# General Intake Form 2022

Red River Valley Community Action Agency, 4212 Gateway Dr, Grand Forks, ND 58203

701-746-5431 - Phone 701-746-0406 - FAX Services seeking: \_\_\_\_\_

Date	First Name					M.I.					Last Name				
Birthdate ____/____/____	Age		Social Security Number ____-____-____				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Transgender								
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S Military <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military				What is your Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				How many in the Household?						
What is your primary race? <input type="checkbox"/> American Indian / Alaska Native/ Indigenous <input type="checkbox"/> Asian / Asian American <input type="checkbox"/> Black / African American / African <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above)			What is your highest level of education? <input type="checkbox"/> 0-8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary				What is your medical coverage? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> Other								
What is your family type? <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____			What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown				Work Status? <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short Term, 6 months or less) <input type="checkbox"/> Unemployed (Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired <input type="checkbox"/> Youth (14-24) neither working or in school								
Mailing Address			City		State		Zip Code		County						
Primary Phone Number:			Secondary Phone Number:			Email Address:									
What income do you receive?		How much?	How often?	What Benefits do you receive?		How much?	How often?								
<input type="checkbox"/> Employment	\$		<input type="checkbox"/> SNAP	\$											
<input type="checkbox"/> Social Security/SSI/SSDI (circle)	\$		<input type="checkbox"/> WIC	\$											
<input type="checkbox"/> VA Benefits	\$		<input type="checkbox"/> LIHEAP	\$											
<input type="checkbox"/> Child / Spousal Support (circle)	\$		<input type="checkbox"/> Section 8/ Public Housing	\$											
<input type="checkbox"/> TANF	\$		<input type="checkbox"/> Permanent Supportive Housing	\$											
<input type="checkbox"/> Pension / Retirement (circle)	\$		<input type="checkbox"/> HUD-VASH	\$											
<input type="checkbox"/> Unemployment	\$		<input type="checkbox"/> Childcare Voucher	\$											
<input type="checkbox"/> Other: _____	\$		<input type="checkbox"/> Other: _____	\$											
<input type="checkbox"/> I have no income at this time (initial here): _____			<input type="checkbox"/> I have no benefits at this time (initial here): _____												
<p>I, _____ [print name], understand Red River Valley Community Action (RRVCA) will maintain the confidentiality of personal and financial information I provide, except that RRVCA may share information with individuals within RRVCA or acting for RRVCA as necessary to provide services to me, to keep me updated about RRVCA programs, services and initiatives and to administer its programs and RRVCA may disclose information upon request of or as required by RRVCA's funding sources and/or for purposes of internal or external audits, monitoring, investigations or evaluations, and as authorized or required by law, legal process, or court order. For any other purpose, RRVCA will only disclose information with my written consent.</p>															
Applicant Signature: _____			Date: _____												

### Additional Household Members

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount/How often	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	