



City of Fargo
CDBG/HOME Housing Rehabilitation Loan Program
Pre-Application

If you determine you are eligible, please complete and return to:

Department of Planning and Development
Attn: Housing Rehabilitation Loan Program
225 4th Street North
Fargo, ND 58102

OWNER INFORMATION

Owner Name(s): _____

Owner Address: _____

Phone Number: _____

E-mail Address: _____

SPECIAL ACCOMMODATIONS

Do you need this pre-application to be **translated** into another language?

Yes No If yes, what language? _____

Do you have a **disability** that requires a special accommodation to complete this pre-application?

Yes No If yes, what accommodation? _____

Call 701-241-1474 (TDD 701-241-8258) or send this page to the above address and we will make the necessary arrangements as quickly as possible.

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Please read and answer each statement listed below. If you do not understand the statement, contact the Planning and Development Department at 701.241.1474 for clarification; incomplete applications will not be considered. **If you answer false to any of these statements, you are ineligible for a Housing Rehabilitation Loan.** Once your pre-application is received, we will notify you if your name will or will not be added to the waiting list. You will be contacted when your name reaches the top of the waiting list. If you are still interested, we will send you a full application packet to complete at that time.

NOTE: The waiting list for this program is currently 3 years (due to limited program funding).

Emergency Rehab Loan Projects

If emergency repairs are needed to your home to protect the safety of your life or health, complete this pre-application **AND** contact the Planning and Development Department. Your application may receive priority on the waiting list, upon City inspection and verification of the emergency status. Please note you will still need to be approved for the loan and there will be at least a 30-day waiting period before any work could start on the emergency rehab items due to federal regulation requirements.

- True False 1. The property is located in the city limits of Fargo.
- True False 2. The property is owner-occupied (no more than 2 dwelling units).
- True False 3. The property is at least 40 years old (you may answer false for emergency rehab projects if your property is at least 25 years old).
- True False 4. The property has a total assessed value at or below \$175,000 (you can check the age and assessed value at www.fargoparcels.com).
- True False 5. The property is not a mobile home.
- True False 6. The property is not located in the 100-year floodplain.
- True False 7. The property is not financed through a Contract for Deed.
- True False 8. The property taxes and special assessments are paid up to date.
- True False 9. I have no outstanding liens or judgments on my property (not including my mortgage).
- True False 10. Neither I nor any contractors have started any rehabilitation work for which this loan would cover.

True False 11. I do not have excessive clutter or collections in my home that would interfere with a contractor's ability to complete rehabilitation work on my home (the walls, windows, and floor areas are also accessible for lead-based paint testing and abatement).

True False 12. The total gross annual income (before taxes and deductions) earned by residents of my household, age 18 and over, is equal to or less than the amount listed in the chart below:

Please indicate your family size:

Household Size (check a box below)	Maximum Income to Participate (HUD Income Limits)
<input type="checkbox"/> 1	\$50,050
<input type="checkbox"/> 2	\$57,200
<input type="checkbox"/> 3	\$64,350
<input type="checkbox"/> 4	\$71,500
<input type="checkbox"/> 5	\$77,250
<input type="checkbox"/> 6	\$82,950
<input type="checkbox"/> 7	\$88,700
<input type="checkbox"/> 8	\$94,400

True False 13. All owners listed on this property consent to sign a Promissory Note and Mortgage in the amount of the rehabilitation loan. The loan is subject to a 4-10 year forgiveness period, which means that starting on year 4, through year 10, the Mortgage amount is reduced a certain percentage each year. If the owners move, sell, die, or transfer their title to someone else within 10 years of the Mortgage date, repayment is required on the balance of the Mortgage at that time.

I/we certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief. This checklist shall remain the property of the City of Fargo for the purpose of screening my/our eligibility for a home rehabilitation loan.

Signature

Date

Signature

Date