



RED RIVER VALLEY

**Community  
Action**<sup>TM</sup>

*Creating Better Communities*

## **RED RIVER VALLEY COMMUNITY ACTION HOME REHABILITATION**

Thank you for expressing interest with Red River Valley Community Action's (RRVCA) Housing Rehabilitation Program. This program is available to income-qualified homeowners to assist with housing improvements.

Enclosed are instructions and a complete application. Please feel free at any time to contact our office with any questions while completing this application.

Prior to completing this application there are (6) basic requirements, which must be met, to be determined eligible for this program. They are:

1. You must have been the legal registered homeowner for at least one year.
2. Property taxes must be current.
3. You must be income eligible.
4. The home you are applying for must be your primary residence, any other properties such as, farm land, rental property, or additional residences, should be listed on page 3 of the "HOUSING REHABILITATION APPLICATION" under the "OTHER REAL ESTATE" column.
5. Completion of a 5 year lien restriction. Ten year lien for projects over \$15,000 (Forgivable after 5 or 10 years.)
6. You must have property insurance.

If you cannot answer yes to the above basic requirements there may be concerns regarding the eligibility of your application.

Please remember to answer all questions completely and return all necessary verifications required in the application. Again, please feel free to contact our office should you have any questions regarding your application. Our staff will assist you with any questions or concerns.

Thank you.



**EQUAL HOUSING  
OPPORTUNITY**

4212 Gateway Dr ♦ Grand Forks, ND 58203 ♦ 701-746-5431 ♦ [www.rrvca.com](http://www.rrvca.com)

# **INSTRUCTIONS FOR COMPLETING REHAB APPLICATION**

- Please remember to fill in all questions completely and include all necessary verifications along with your application. Incomplete applications will not be processed until all necessary information is received in our office.

Instructions below are in order as they are listed in the application.

## **1. APPLICANT AND HOUSEHOLD INFORMATION**

This section is self-explanatory. Please list your dwelling address and mailing address if different. If you are unaware of your property legal description or the year your home was built, you may contact your local COUNTY RECORDERS OFFICE.

## **2. HOUSING TYPE**

If you have checked the “OTHER” box in this section you may want to contact our office to receive a determination regarding the eligibility of your property.

## **3. DEPENDENTS**

Please make sure to list all members and ages residing in your home even if not related. Please note, additional priority points are given for senior citizens. (60 years or older)

## **4. TOTAL ANNUAL INCOME**

Please include income for all members over eighteen years of age, residing in your home. Attach copies of current Federal Income Tax Return, Social Security statement, or other forms which may apply.

## **5. EXPENSES**

In this section, please check all boxes that apply. Please be as thorough and accurate as possible.

## **6. NATIONALITY**

Please check your corresponding nationality, this information is for statistical purposes only and will have no effect in determining your eligibility.

**7. DISABLED OR HANDICAPPED**

Please check "YES" if you or anyone residing in your home has been medically determined handicapped or disabled. Written verification from a medical institution, Social Security Disability or other verifiable documentation of your disability must be attached. Your application status will receive additional priority points upon verification of this condition.

**8. REPAIRS NEEDED.**

Briefly describe repairs you feel are needed to your home. Please remember, due to dollar limitations, priorities, etc. sometimes not all repairs you list will be done. A trained inspector will visit your home with you and make final determinations as to the actual work to be done.

**RED RIVER VALLEY COMMUNITY ACTION  
HOUSING REHABILITATION PROGRAM APPLICATION**

Please answer all questions on this application. Incomplete applications will not be processed until all necessary information is completed.

1. APPLICANT AND HOUSEHOLD INFORMATION:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work # \_\_\_\_\_

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

\_\_\_\_\_

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

2. HOUSING TYPE: (check one)

- Single Family Dwelling
- Mobile Home - (must be on permanent foundation for eligibility)
- Other – (please see note below.)

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

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

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

4. TOTAL ANNUAL INCOME: \_\_\_\_\_ (annual)

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, or any other applicable income verification. Paycheck stubs are not considered adequate income verification. Applications will not be processed without legitimate income verification.

5. 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:  
Monthly payment: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- Contract for Deed. (Must be registered with deeds office. Enclose copy.)  
Monthly payment: \_\_\_\_\_  
Name of original owner: \_\_\_\_\_  
Address: \_\_\_\_\_
- Other – Please explain:  
\_\_\_\_\_
- Property taxes: Annual amount: \_\_\_\_\_  
(Must be current)
- Property insurance: Annual amount: \_\_\_\_\_  
(Must be current)  
Name of insurer: \_\_\_\_\_  
Address: \_\_\_\_\_
- Second mortgage payment / home improvement loans secured by this property.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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: \_\_\_\_\_

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

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
Social Security				
Interest & Dividends				
Business Income				
Pension or Retirement				
AFDC / Welfare				
Employment				
TOTAL				

COMMENTS

ASSETS – VERIFICATION REQUIRED

TYPE	VALUE	NAME & ADDRESS OF INSTITUTION
Checking Acct.		
Savings Acct.		
CD's / Money/ IRA's Markets		
Stocks		
Residence		
Other Real Estate		
TOTAL		

7. Have you or a family member been medically diagnosed as disabled or handicapped                    yes                    no

If yes, written documentation from your physician must be included to receive a higher priority ranking. Failure to include written documentation will result in forfeiture of Handicapped status and will result in a longer waiting period.

8. 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:

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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.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
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	