



# HOUSING MARKET SURVEY GRANT APPLICATION

North Dakota Housing Finance Agency  
SFN 58433 02/07

PO Box 1535  
Bismarck, ND 58502

Applications should be mailed to: North Dakota Housing Finance Agency, Attn: Jolene Kline, PO Box 1535, Bismarck, ND 58502. Questions - phone: (701) 328-8072 or e-mail: [jkline@ndhfa.org](mailto:jkline@ndhfa.org).

Organization Name:	
Address:	
Contact Person:	Title:
Phone Number:	E-Mail Address:
Type of Applicant: <input type="checkbox"/> Non-profit <input type="checkbox"/> City <input type="checkbox"/> Other	

Refer to Housing Market Survey Grant Guidelines (available online at [www.ndhfa.org](http://www.ndhfa.org)) when completing your application. Incomplete applications will not be considered.

Amount Request: \$	Total Anticipated Cost of Survey: \$
Projected Survey Start Date:	Projected Survey Completion Date*:
Source of the Community Matching Funds:	

\*Survey should be completed within 6 months of grant application approval.

Attach the following to this application:

1. Description of the scope of the survey.
2. Evidence of anticipated cost of survey, if available.
3. Copy of the community governing body's resolution or minutes authorizing the survey and requesting participation in the Housing Market Survey Grant Program.
4. Application must be signed by a local lender and the Jobs Development Authority (JDA) or Economic Development Association (EDA), or include a letters of support from a local lender and JDA or EDA.

I certify that I am authorized to execute documents for the Applicant and that the information provided is correct.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Authorized Signature      Date

We have knowledge of and support the community effort to conduct a housing needs study. (In lieu of signatures, attach letters of support.)

\_\_\_\_\_  
Print Name of Financial Institution

\_\_\_\_\_  
Financial Institution Authorized Signature      Date

\_\_\_\_\_  
Print Name of Financial Institution Representative

\_\_\_\_\_  
Title of Financial Institution Representative

\_\_\_\_\_  
Print Name of JDA or EDA

\_\_\_\_\_  
JDA or EDA Authorized Signature      Date

\_\_\_\_\_  
Print Name of JDA or EDA Representative

\_\_\_\_\_  
Title of JDA or EDA Representative

NDHFA Use Only	
Grant Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
Approved by:	Date: