

## HOMEOWNER REHAB AUTHORIZATION TO PROCEED

PLANNING AND HOUSING DEVELOPMENT DIVISION SFN 62107 (11/21)

Recipient Name				
Homeowner Name				
Homeowner Address		City	State	ZIP Code
AFTER REHAB VALUE				
Does the estimated after rehab value of the property exceed 95% of HUD?  ☐ Yes ☐ No	of the most recei	nt HOME Homeowne	ership Value limits	provided by
Pre-Rehab Value	Estimated After Rehab Value			
appraisals, property tax records, or an estimate by qualified the pre-rehab value and the estimated cost of rehab.)	staff. (e.g., On	e way to obtain ar	n after rehab valu	ue is to combine
OWNERSHIP AND OCCUPANCY STATUS  Homeownership Status (e.g., Fee simple; Life estate; Beneficiary D	Deed)			
Please include proof of ownership status. This can be a title not sufficient.		operty tax stateme	ent. A copy of the	e deed alone is
Is the residence to be rehabilitated the homeowner's principal of re ☐ Yes ☐ No	sidence?			
Evidence for verifying principal residence must be included. utility records.	Verification ca	n be done by obta	ining copies of t	he homeowner's
Signature of Recipient	Printed Nam	e	Date	
NDHFA OFFICE USE ONLY				
Has an Environmental Review for this project been completed?  ☐ Yes ☐ No	Date of Revi	ew		
Recipient is authorized to incur costs for this project as of the date Yes  No	below			
HOME Program Administrator Signature			Date	