

HOME Owner-Occupied Rehabilitation Application



Community Housing and Grants Management Division
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A. Allowable Activities

North Dakota Housing Finance Agency supports the concept of locally developed plans for addressing the needs of low-income people, resulting in considerable discretion in developing and implementing the HOME program. The annual plan will be approved if there are sufficient program funds to support the proposed activities and the agency can clearly demonstrate the criteria below:

- Demonstrate a need for the activity;
- Demonstrate sustainability of project;
- Consistent with the Statewide Housing Needs Assessment;
- Activity(s) are clearly eligible under 24 CFR Sec. 92.205;
- Costs are eligible under 24 CFR Sec. 92.206; and
- The activities are listed as a priority in the State's Consolidated Plan.

B. Eligibility

Client eligibility for the HOME program must comply with Sec 92.217 for homeowner projects. Appropriate income levels for the HOME Program can be found on North Dakota Housing Finance Agency's website with updates available when published by HUD. You should verify that you have the most recent income levels prior to starting any new project. Eligible activities by agency are listed in the HOME Allocation Plan.

C. Distribution of Funds

Funds are available based on that Fiscal Year's and the Performance Based Measures.

- D. Annual Plan Process** Each subrecipient must complete the following annual plan by the deadline found in the HOME PDS. Complete only the section appropriate to your project(s):

Section 1: Cover Page (Each Agency Must Complete)

Section 2: Homeowner Rehabilitation

Section 3: Budget Page



**HOME OWNER-OCCUPIED
REHABILITATION APPLICATION**
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 54278 (07/24)

SECTION 1

Applicant				
Address	City	State	ZIP Code	Region
Person Completing Form	Telephone Number			Date

Applicant Certifies That

To the best of my knowledge and belief, data in this application is true and correct, and the document has been duly authorized by the governing body of the applicant.

Name of Authorized Official	Title
Signature of Authorized Official	Date
Brief Description of Project	

APPLICATION SUMMARY

	Homeowner Rehabilitation
Estimated Number of Units to be Completed	
HOME Project Funds Requested	
HOME Soft Costs Requested	
HOME Administrative Funds Requested	
Total HOME Funds Requested	
Other Project Funds Requested (include other estimated local federal or private funds)	
Total Project Costs	

SECTION 2: HOMEOWNER REHABILITATION AND HOME BUYER ASSISTANCE

1. Briefly describe the overall program and need for assistance

2. Describe a project work plan and timetable for completion

3. If any match will be secured, describe it and how it will be contributed to the program

4. Describe if any program income will be generated and how it will be used

5. Describe how the proposed activity(s) meets the requirements of the HOME program (Attach your agency's policies and procedures for each program)

6. Additional information that you think will be useful

SECTION 3: BUDGET

Activity Description	HOME Funds	Local Funds	Other Funds	Total Funds
Homeowner Rehabilitation				
Hard Costs Subtotal				
Processing/Counseling				
Inspections (initial and final)				
Work Write-ups				
Construction Oversight				
Filing Fees				
Other				
Soft Costs Subtotal				
Salaries				
Fringe				
Travel				
Supplies				
Third Party Contracts				
Other				
Admin/Operating Subtotal				
Grand Total				

Specify all sources of funding and include letters of commitment