

## HOMEOWNER REHAB AUTHORIZATION TO PROCEED

COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION

SFN 62107 (07/24)

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	the most recen	t HOME Homeownership Val	ue limits	provided by
Pre-Rehab Value	Estimated After Rehab Value			
Briefly describe the methodology used to obtain the estimated appraisals, property tax records, or an estimate by qualified st the pre-rehab value and the estimated cost of rehab.)				
OWNERSHIP AND OCCUPANCY STATUS  Homeownership Status (e.g., Fee simple; Life estate; Beneficiary De	ed)			
Tromocumoranip cratac (e.g., 1 de cimpo, Elic cotato, Beneficial)				
Please include proof of ownership status. This can be a title so not sufficient.	earch or a pro	operty tax statement. A cop	by of the	e deed alone is
Is the residence to be rehabilitated the homeowner's principal of resid	dence?			
Evidence for verifying principal residence must be included. Vutility records.	erification car	n be done by obtaining cop	oies of th	ne homeowner's
Signature of Recipient	Printed Name	)	Date	
NDHFA OFFICE USE ONLY				
Has an Environmental Review for this project been completed?  ☐ Yes ☐ No	Date of Revie	<del>9</del> W		
Recipient is authorized to incur costs for this project as of the date below   Yes No				
HOME Program Administrator Signature			Date	