



**Neighborhood Revitalization Program
Home Improvement Loan Application**

Thank you for your interest in applying for a City of West Fargo Home Improvement Loan. We look forward to working with you on a project that will improve your home and will help to improve the neighborhood you live in.

Please submit your completed application to the following address:

Planning and Community Development Department

Attn: Home Improvement Loan

800 4th Avenue East, Suite 1

West Fargo, ND 58078

Once City staff has reviewed your application, you will be contacted with additional information about the next steps in the process. For more information, please visit the City's website at www.westfargond.gov, or call 701-515-5000.

APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____

SPECIAL ACCOMMODATIONS

Do you need this application to be **translated** into another language?

Yes No If yes, which language? _____

Do you have a **disability** that requires a special accommodation?

Yes No If yes, what type of accommodation? _____

Call 701-515-5370 or send this page to the above address and we will make the necessary arrangements as quickly as possible.

City of West Fargo Home Improvement Loan Application

Section 1: General Information

HOMEOWNER #1: _____

*NAME – HOMEOWNER #2: _____

*Include name of individual to be listed on legal documents with applicant, if applicable

ADDRESS: _____

NUMBER OF DEPENDENTS: _____ AGES: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

EMAIL: _____

Section 2: Property to be Improved

What is the nature of work you would like to undertake? (Circle all applicable options)

Electrical

Plumbing

Heating

Foundation

Roof

Windows and/or Doors

Siding/Exterior Paint

Garage

Finish Basement

Landscaping and/or Deck

Kitchen Remodel

Bathroom Remodel

Interior Finishes

Convert Property from Rental

Other: _____

Cost of Improvements: _____

Please attach a Contractor Bid or Itemized list of materials with cost estimates

Home Information

Number of Bedrooms Above Grade: _____

Number of Bedrooms Below Grade with Egress: _____

Number of Bathrooms: _____ Full _____ 1/2 _____ 3/4

Total Square Footage: _____

Homeowner Insurance Company: _____

Agent Name: _____

Agent Phone Number: _____

Heating System: (Circle one) GAS ELECTRIC

OTHER _____

Cooling System: (Circle one) CENTRAL AIR WALL AIR

OTHER _____

Finished Basement: (Circle one)

YES NO PARTIALLY FINISHED

If partially finished, what percentage is finished? _____

Interior Amenities: (Circle all that apply)

Fireplace Bar Hot Tub Patio Deck Fence

Other _____

Section 3: Home Improvement Loan Application

Requested Loan Amount

I'M APPLYING: INDIVIDUALLY WITH CO-APPLICANT AS CO-SIGNER FOR:

Applicant # 1

Applicant # 2

FULL NAME			
SSN	DATE OF BIRTH		
STREET ADDRESS			
CITY/ST/ZIP			
HOW LONG?	YRS	MTHs	<input type="checkbox"/> OWN <input type="checkbox"/> RENTED
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)			
HOW LONG?	YRS	MTHs	<input type="checkbox"/> OWN <input type="checkbox"/> RENTED
HOME PHONE	WORK PHONE		
HOUSEHOLD SIZE			
MARITAL STATUS	<input type="checkbox"/> UNMARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		
PLEASE CHECK ONLY ONE			
<input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-RESIDENT			
EMPLOYER (INCLUDE ADDRESS)			
HOW LONG?	YRS	MTHS	
POSITION TITLE	MO. SALARY (GROSS)	MO. SALARY (NET)	
PREVIOUS EMPLOYER IF LESS THAN 3 YEARS (INCLUDE ADDRESS)			
HOW LONG?	YRS	MTHS	
OTHER INCOME, ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.			
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE RECEIVED UNDER:			
<input type="checkbox"/> COURT ORDER			
<input type="checkbox"/> WRITTEN AGREEMENT			
<input type="checkbox"/> ORAL UNDERSTANDING			
NATURE OF ADDT. INCOME / MONTHLY AMOUNT / DURATION OF INCOME			

FULL NAME			
SSN	DATE OF BIRTH		
STREET ADDRESS			
CITY/ST/ZIP			
HOW LONG?	YRS	MTHs	<input type="checkbox"/> OWN <input type="checkbox"/> RENTED
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)			
HOW LONG?	YRS	MTHs	<input type="checkbox"/> OWN <input type="checkbox"/> RENTED
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MARITAL STATUS	<input type="checkbox"/> UNMARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		
PLEASE CHECK ONLY ONE			
<input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-RESIDENT			
EMPLOYER (INCLUDE ADDRESS)			
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NATURE OF ADDT. INCOME / MONTHLY AMOUNT / DURATION OF INCOME			

APPLICATION SUBMITTED BY:

I/we declare that I/we have examined this application for a City of West Fargo Home Improvement Loan and, to the best of my/our knowledge, certify that the information contained in it is true, correct, and complete.

X _____
Signature Date

X _____
Signature Date