



**2012 APPLICATION**  
**Special Assessment Assistance Program**  
 District # \_\_\_\_\_



SECTION A: GENERAL INFORMATION	
Name: _____  Address: _____	# of people in household: _____ Home Phone: _____      Work Phone: _____
SECTION B: ANNUAL INCOME	SECTION C: RACE/ETHNICITY
Applicant:           \$ _____  Spouse:               \$ _____  Other Dependents   \$ _____ (Over Age 15)  TOTAL INCOME:     \$ _____	The Applicant is: _____ White _____ Hispanic _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native & White _____ Asian & White _____ Black/African American & White _____ American Indian/Alaskan Native & Black _____ Other Multi-Racial
SECTION D: REQUIRED DOCUMENTATION	

This program requires you to submit documentation showing your household income. Please go through the following checklist to make sure you send everything that is required. ***IF YOU FILE TAXES AND RECEIVE SOCIAL SECURITY AND/OR A PENSION, YOU NEED TO PROVIDE DOCUMENTATION OF BOTH.***

***If you were required to file a 2011 Income Tax Form, please provide the following:***

- |                 |                       |  |
|-----------------|-----------------------|--|
| <u>Enclosed</u> | <u>Not Applicable</u> |  |
| _____           | _____                 | Federal Income Tax Return ( <i>do not send W-2 or wage and tax statement from employer</i> ) |
| _____           | _____                 | Income Determination Worksheet ( <i>included</i> )   |
| _____           | _____                 | Child Support Statement ( <i>if applicable</i> )   |

***If you were not required to file a 2011 Income Tax Form, please provide the following:***

- |                 |                       |  |
|-----------------|-----------------------|--|
| <u>Enclosed</u> | <u>Not Applicable</u> |  |
| _____           | _____                 | 2011 Social Security Benefit Statement ( <i>SSA Office: 877-335-4114</i> ) |
| _____           | _____                 | Pension Statement  |
| _____           | _____                 | Bank Statements– <b>Interest Income Only</b>                               |
| _____           | _____                 | Income Determination Worksheet ( <i>included</i> )                         |
| _____           | _____                 | Other  |

***(Continue on back side)***

**SECTION E: CERTIFICATION**

I certify that to the best of my knowledge all the information submitted with this application is correct. I understand that if I have knowingly given false information, I will not be eligible to receive any assistance and may be subject to other penalties.

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Signature of Applicant

Date

**If you have any questions** when filling out this application, please call the Planning Office at 241-1474.

**NOTE:** Race/Ethnicity info is obtained for statistical purposes only. Data will not be considered by any local or Federal official in determining the applicant's eligibility.

**MAIL TO:  
PLANNING AND DEVELOPMENT  
200 3RD STREET NORTH  
FARGO, ND 58102**

**City of Fargo**  
**INCOME DETERMINATION WORKSHEET (CENSUS)**

for use with CDBG and HOME funded programs

*Include the following sources of income for all household members over the age of 15 (all amounts are annual)*

	<u>Household Member #1</u>	<u>Household Member #2</u>	<u>Household Member #3</u>	<u>Household Member #4</u>
1 Earnings from employment *				
<i>Wage or Salary (include all jobs)</i>				
<i>Self-Employment (non-farm)</i>				
<i>Self-Employment (farm)</i>				
2 Unemployment Compensation				
3 Workers Compensation				
4 Social Security				
5 Supplemental Security Income				
6 Public Assistance **				
7 Veterans' payments				
8 Survivor benefits				
9 Disability benefits				
10 Pension or retirement income ***				
11 Interest and Dividends				
12 Rents, royalties, estates, trusts				
13 Educational assistance ****				
14 Alimony				
15 Child support				
16 Other financial assistance *****				
17 Other income *****				
<b>TOTAL</b>				

**SUMMARY OF HOUSEHOLD INCOME**

Household member #1	\$
Household member #2	\$
Household member #3	\$
Household member #4	\$
<b>TOTAL</b>	<b>\$</b>

**DEFINITIONS**

- |                                  |  |
|----------------------------------|--|
| * Earnings from employment       | See back for definitions   |
| ** Public assistance             | Cash public assistance payments (ex. AFDC, ADC, TANF)  |
| *** Pension or Retirement        | Payments from retirement plans, annuities or paid-up insurance policies, IRA, Koegh or 401(k)  |
| **** Educational Assistance      | Pell grants or scholarships  |
| ***** Other financial assistance | Regular assistance from outside household, excluding gifts or sporadic assistance              |
| ***** Other income               | All other regularly received payments (foster child payments, military family allotment, etc.) |

**I certify that to the best of my knowledge, all of the above information is correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date