

**SOUTHEASTERN ND COMMUNITY ACTION AGENCY**  
**HELPING HAND APPLICATION**

3233 So. University Dr., Fargo, ND 58104  
 701-232-2452 ext. 31 or 800-726-7960

*Please answer **ALL** questions on this application form.  
 The application cannot be processed without complete information.*

**1. APPLICANT AND HOUSEHOLD INFORMATION**

Applicant:	Phone (Home):
Social Security #:	Phone (Work):
Co-Applicant:	Phone (Work):
Social Security #:	
Physical Address:	Mailing Address (if different):
County:	
Total number of people in the household including applicant(s) _____	
Is anyone in your household handicapped or disabled? ___ Yes ___ No	
Does anyone in the household require any modifications or accommodations in order to fully utilize the home? ___ Yes ___ No	
List occupants, birth date(s), and social security numbers; including applicant(s):	

**2. PROPERTY DESCRIPTION**

Estimated Age of the Home:
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**3. DESCRIBE REPAIRS NEEDED OR PROBLEMS WITH THE HOME: (use additional sheet of paper if needed)**

**4. PROVIDE INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS. USE GROSS ANNUAL (Yearly) INCOME UNLESS STATED OTHERWISE. VERIFICATION IS REQUIRED.**

<i>SOURCE OF INCOME</i>	<i>APPLICANT</i>	<i>CO-APPLICANT</i>	<i>OTHER ADULT</i>	<i>INCOME -MINORS</i>
Employment/Salary	\$	\$	\$	\$
Interest & Dividends	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$

Social Security/SSI	\$	\$	\$	\$
Pension/Retirement	\$	\$	\$	\$
Child Support Alimony	\$	\$	\$	\$
Unemployment, Workers Compensation, etc.	\$	\$	\$	\$
AFDC, Welfare, etc.	\$	\$	\$	\$
Income from Assets	\$	\$	\$	\$
Other –please specify	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

COMMENTS:

**5. ASSETS - VERIFICATION IS REQUIRED**

<i>ASSET TYPE</i>	<i>CASH VALUE</i>	<i>INCOME</i>	<i>BANK NAME</i>	<i>ACCOUNT NO.</i>
Checking	\$	\$		
Savings/CDs/Money Market	\$	\$		
Stocks	\$	\$		
Life Insurance (list only the cash value)	\$	\$		
Other Real Estate	\$	\$		
Miscellaneous – please specify	\$	\$		
<b>TOTAL</b>	\$	\$		

COMMENTS:

6. Helping HAND grant pays for 75% of the total repair expense. A 25% homeowner match is required. Please state below where the funds for the 25% match will come from:

7. *NOTE: The following information is for statistical purposes only and will not be considered in determining eligibility.*

The Applicant (Head of Household) is:

- Under 62 years of age
- 62 years or older
- Native American
- Black (non-Hispanic)

- White (non-Hispanic)
- Hispanic
- Asian/Pacific Islander

**Signature Clause:**

I understand that SENDCAA is relying on this information to prove my household's eligibility for the Helping HAND program. I certify that all information and answers to above questions are true and complete to the best of my knowledge. I consent to release necessary information to determine my eligibility. I understand that providing false information, making false statements, or failure to disclose information requested on this application may be grounds for denial of my application. I also understand that such action is punishable under federal law.

**ALL ADULT household members must sign below:**

Signature of head of household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of spouse or co-head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_



# SENDCAA

## SouthEastern North Dakota Community Action Agency

3233 South University Drive • Fargo, ND 58104-6221

Phone: (701) 232-2452 • Toll free: 1-800-726-7960 • Fax: (701) 298-3115 • Website: www.sendcaa.org

### Release of Information Authorization

Date: \_\_\_\_\_

I/We authorize the Southeastern North Dakota Community Action Agency to obtain information about me and/or my household that is pertinent to eligibility for participation in the Helping Hands program.

This may include rental history, financial and credit reports, private or public benefit information, criminal activity reports, employment information/verification, medical and childcare expenses, family composition, or handicapped assistance expenses.

I/We agree this Authorization may be photocopied.

I/We hereby indemnify and hold harmless SENDCAA, its employees, agents, and assigns, and all other individuals or entities contacted by SENDCAA from all causes of action, expenses, losses or damages of any kind arising from or related to information obtained from this Authorization.

If I/We do not sign this Authorization, I/we also understand that my/our application may be denied or terminated.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Spouse or Co-Head of Household

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Social Security Number