City of Finley, North Dakota

Application for Housing Incentives for New or Current Residents

THIS APPLICATION IS CONSIDERED A PUBLIC RECORD

Today's Date:	Telephone Number:
Physical Street Address of Property:	
Mailing Address (if different than above)	
Owners Who/Who Will Occupy the Property Each owner who occupies this property as his or her primary residence must print his or her name and sign the application and fill in the date signed. If you need space to list more owners, use an extra sheet and include it with this application.	
Last, First and Middle Initial:	
Signature:	Date:
Last, First and Middle Initial:	
Signature:	Date:
Which of the following project(s) is this application being made for?	
Purchasing an existing home (FOR NEW RESIDENTS ONLY)	
Remodeling an existing home (FOR NEW OR CURRENT RESIDENTS)	
Building a new home (FOR NEW OR CURRENT RESIDENTS)	
New addition to a dwelling that is 25 years old or older (FOR NEW OR CURRENT RESIDENTS)	
PROJECT	
(FILL OUT WHICHEVER ONE(S) APPLY TO YOUR SPECIFIC PROJECT)	
For new or current residents building a new home within the City Limits of Finley: Approximate date of commencement of building:	

Estimated yearly real estate taxes (if known, please contact the Tax Equalization Director at 701-524-2110)

\$_____

For new residents purchasing an existing home within the City Limits of Finley:

Date to purchase:_____

Will you also be remodeling this home immediately? _____ If answered "Yes" to above question, will you need a building permit?_____ Estimated yearly real estate taxes (if unknown, please contact the Tax Equalization Director at 701-524-2110.

For new or current residents remodeling an existing home within the City Limits of Finley: Start date of remodeling:_____

CERTIFICATION

The data which you supply to this organization will be used to access your individual qualifcations for housing incentives. We will not be able to process your request without it. There is a possibility that this data might constitute a public record if and when housing incentives are approved, and at that time, the data may be examined by anyone. The undersigned certifies that, to the best of his/her knowledge and belief, the information contained in the application and anything attached hereto is true and correct.

The applicant also certifies that the property listed above is his/her primary place of residence.

Authorized Signature (Homeowner)

Authorized Signature (Homeowner)

FOR OFFICE USE ONLY

Date received:_____ Approved:_____ Completed by:_____ Comments: Amount given:_____ Incentives given:_____

Date

Date