



2008 APPLICATION
Special Assessment Assistance Program
 District # _____



SECTION A: GENERAL INFORMATION	
Name:	# of people in household:
Address:	Phone #: Home: _____ Work: _____
SECTION B: ANNUAL INCOME	SECTION C: RACE/ETHNICITY
Applicant: \$ _____ Spouse: \$ _____ Other Dependents (Over Age 15) \$ _____ TOTAL INCOME: \$ _____	The Applicant is: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> 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 were required to file a 2007 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 2007 Income Tax Form, please provide the following:

- | <u>Enclosed</u> | <u>Not Applicable</u> | |
|-----------------|-----------------------|--|
| _____ | _____ | 2007 Social Security Benefit Statement
(local SSA Office: 239-5607) |
| _____ | _____ | Pension Statement |
| _____ | _____ | Bank Statements |
| _____ | _____ | 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.

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**



DID YOU KNOW...

The **Homestead Credit property tax exemption** is available for senior citizens or disabled homeowners on a limited income. Following are the requirements:

1. You must be at least 65 years old (unless you are permanently and totally disabled).
2. You must own & live in the home for which the credit is claimed. Ownership must be as of February 1st of the year in which you claim the exemption.
3. Your total household income (from **all** sources) may not be more than \$14,500 after deducting medical expenses.
4. Your assets may not exceed \$50,000 in value (excluding the first \$100,000 value of your homestead).

The amount of exemption is dependent on the amount of your annual income. **Application is required each year** and is done through the **City Assessor's office**. If you feel you may be eligible or have any questions, please call the City Assessor's office at 701-241-1340 or learn more about the exemption on the web:

<http://www.cityoffargo.com/assessors/exemptions.htm>

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 *****				
TOTAL				

SUMMARY OF HOUSEHOLD INCOME

Household member #1	\$ _____
Household member #2	\$ _____
Household member #3	\$ _____
Household member #4	\$ _____
TOTAL	\$ _____

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, Keogh 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