

**City of Carrington, 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**

**Legal description of real property**

**Mailing address of applicant(s) (if different from 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 Social Security Number below, 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**

**Social Security Number**

**Signature**

**Date**

**Last, First and Middle Initial**

**Social Security Number**

**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)

**PROJECT INFORMATION**

(FILL OUT WHICHEVER ONE(S) APPLIES TO YOUR SPECIFIC PROJECT)

**For new or current residents building a new home within the city limits of Carrington:**

Approximate Date of Commencement of Building: \_\_\_\_\_

Estimated Yearly Real Estate Taxes (if unknown, please contact the Tax Equalization Director at 701-652-3060): \_\_\_\_\_

**For new residents purchasing an existing home within the city limits of Carrington:**

Date to Purchase: \_\_\_\_\_

Will you also be remodeling this home immediately?    Yes    No

If answered "Yes" to above question, will you need a building permit?    Yes    No

Estimated Yearly Real Estate Taxes (if unknown, please contact the Tax Equalization Director at 701-652-3060): \_\_\_\_\_

**For new or current residents remodeling an existing home within the city limits of Carrington:**

Start Date of Remodeling: \_\_\_\_\_

**CERTIFICATION**

The data which you supply to this organization will be used to access your individual qualifications 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)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature (Co-Homeowner)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Amount Given:** \$ \_\_\_\_\_

**Approved:**  Yes  No

**Incentives Given:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

\_\_\_\_\_

**Date Completed:** \_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_