



Parcel # \_\_\_\_\_

**TAX INCENTIVE CLAIM FOR NEW HOME CONSTRUCTION  
City of West Fargo**

I hereby make application for a tax incentive for the years of \_\_\_\_\_ & \_\_\_\_\_ on the property described below. I understand that the incentive claim is for a maximum of \$150,000 in dwelling value and is exclusive of the land on which it is situated or any special assessments. I certify that the request is in compliance with state statute:

Owner of Property \_\_\_\_\_

Address of Property for which incentive is claimed: \_\_\_\_\_

\_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

Purchase Price of Property: \_\_\_\_\_ (Deed price PLUS outstanding special assessment balance)

Date of occupancy by first owner: \_\_\_\_\_

***I HEREBY CERTIFY THAT THERE ARE NO DELINQUENT TAXES OR SPECIAL ASSESSMENTS ON THE ABOVE DESCRIBED PROPERTY AND THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY CERTIFY THAT THIS HOME IS OWNER OCCUPIED.***

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Telephone Number)

**NOTICE**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND AN APPRAISAL DONE BY THE ASSESSOR'S OFFICE FOR THE TWO YEAR INCENTIVE TO BE APPROVED. PLEASE CALL 433-5340 TO SEE IF THE APPRAISAL HAS BEEN DONE OR TO SCHEDULE AN APPOINTMENT IF ONE IS NEEDED.

PLEASE RETURN FORM VIA EMAIL TO [ASSESSOR@WESTFARGOND.GOV](mailto:ASSESSOR@WESTFARGOND.GOV) OR VIA MAIL TO: CITY ASSESSOR, WEST FARGO CITY HALL, 800 4TH AVE E, WEST FARGO, ND 58078.

FOR OFFICE USE ONLY:

Approved  Disapproved  Date: \_\_\_\_\_ Assessor: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_