



REQUEST FORM

HOMESITE BIOLOGICAL CLEARANCE FORM (HBCF)



Applicant complete this portion before submitting to Homesite Lease Office (HSL)

FIRST NAME/LAST NAME:		
MAILING ADDRESS:		
CITY, STATE, ZIP:		
PHONE NUMBER AND/OR EMAIL:		
CHAPTER NAME:	AGENCY:	COUNTY & STATE OF HOMESITE:

APPLICANT:

- Do not mail or drop off this request at NDFW office.
- HSL Office submits HBCF request directly to NDFW by email only.
- NDFW will mail you a response letter and invoice informing you NDFW received your request.
- Payment of invoice can be made after receiving response letter by:
 - o debit/credit card or
 - o money order

Homesite Lease Office complete this portion

Upload documents to HSL Uploader the following information:

PLEASE CHECK ONE OF THE FOLLOWING:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NEW HOMESITE LEASE
(Site is undeveloped, undisturbed, unoccupied). | <input type="checkbox"/> OCCUPIED HOMESITE LEASE (Site is developed and home onsite). Indicate Date Occupancy Began (Month/Year): _____ |
| <input type="checkbox"/> OTHER: Check appropriate box. If applicable, attach copy of previous HSBCF issued, otherwise request will be considered NEW. | |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> NAME CHANGE |
| <input type="checkbox"/> ADDING NAME | |
| (If Transfer, Name Change and/or Adding Name, use line to provide name(s)): _____ | |
| <input type="checkbox"/> COORDINATE CHANGE: _____ | |
| <input type="checkbox"/> APPROVED HSL PRIOR TO 2016 NOW REQUIRING HSBCF (Copy upload to HSL Uploader) | |
| <input type="checkbox"/> VETERAN: Discharge Affidavit: _____ (Copy upload to HSL Uploader) | |
| <input type="checkbox"/> AGE 65 YEARS AND OLDER: D.O.B. _____ (Copy upload to HSL Uploader) | |

PROPOSED HOMESITE LOCATION COORDINATES (NAD83 LAT/LONG): _____

RCP AREA #: _____ (Area 1 or 2, Undisturbed and Undeveloped will need to select alternate location.)

VERIFIED BY HSL STAFF (INITIAL AND DATE): _____

(NDFW Use Only) MONEY ORDER #: _____ Ref#: _____