NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM

Application & Eligibility Certification

(page 1 of 2)

Applicant Data														
Name of Homeowner(s) (Fin	rst, MI,	Last):												
Street Address:		•												
City: County:										Zip	Zip Code:			
Home Phone: Work Phone:														
If the Applicant was refer	red by	someone o	ther th	an	self, comp	lete	the fo	llowing	ζ:					
Contact Name:	•				Phone									
Relationship to Owner:														
Notes:														
Household Membership														
Name (First, MI, Last)	Sex	Birth Dat	e SS	# ((last 4 digi	gits) Race Code		Code*	Hispanic**		R	Relation to Homeowne		
a.														
b.														
c.														
d.														
e.														
f.														
g.														
Gross Income Work Table	!				Dollars	s / F	Iouseh	old Me	mbe	r / MON	TH			
Source			a		b		c	d		e	1	f	g	Total
1) Wages														
2) Retirement/Pension														
3) Social Security														
4) Supplemental Security Incon	ne													
5) Public Assistance														
6) Child Support														
7) Interest														
8)														
9)														
10)														
Monthly Sub-Total (sum rows 1-10)														
Annual Sub-Total (12 x row above)														
Annual Gross Household Income (sum Annual Sub-Total for columns a-g):														
Applicant Certifications														
I hereby certify that:														
1) I own and occupy the home described above as my primary residence;														
2) The household and income inf				•				-						
3) This information is provided to qualify me for the Urgent Repair Program (Program). The Program is intended to assist low- and very low-														
income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety														
or in performing accessibility modifications or other repairs necessary to prevent imminent displacement.														
4) I give permission for to access information to verify the contents of this application														
and to facilitate the repair of my home.														
5) I understand that this Program grant may not rectify all deficiencies in my home nor make the home conform to any local, state or federal														
housing quality standards.														
6) I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self disclose														
the information.														
Applicant Signature Date					Co	Co-Applicant Signature Date							te	

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THIS PAGE IS FOR OFFICE	IAL USI	E ONLY	(DO NO	T FILL	OUT TH	IS PAG	E) (page	2 of 2)			
Applicant Data											
Name of Homeowner(s) (First, MI, Last):											
Street Address:											
Qualifying Income Table (for referen	ce) Max	cimum G	tross Ho	usehold	Income						
Household Size	1	2	3	4	5	6	7	8			
a) Statewide non-metro 30%	-		 	 	+ -		· ·	 			
b) Statewide non-metro 50%			 	 	+ +	<u> </u>		 			
c) County 30%				 	+ +	<u> </u>		 			
d) County 50%					+ +	·	 				
Qualifying Questions											
	YES	NO									
Does the applicant's household qualify ba		l	L Le criteria	a?	YES	NO					
Mark all Special Need(s) by which the Ap						ļ.					
_											
	EDLL CII	.Hu	Veteran	-	House	Illiu Size	3+				
Eligibility Certifications											
I hereby certify that:		,			2.7						
1) All of the above information has been re	viewed or	documen	ited in acc	ordance w	vith						
the Program Guidelines.											
2) The Applicant is eligible for assistance up											
3) There is no other state or federal source				-							
available within the next six months, whi	ich could	pay for th	ie propose	d repairs.							
Authorized Officer Org	Date										
Eligible Urgent Repair Needs:	2**										
Diginic Cigone Repui Trous.											
-											
Case Notes (for office use only) Na	me of in	terviewe	r·								
Non-housing problems:	1110 01 111	101 110 11 0	1.								
Tion housing problems.											
Action taken for referrals? YES	NO	If	yes, spec	·ifv·							
Action taken for ferenals.	110		yes, spec	117.							
Other:											
Other.											
*Race Code: White (11); Black/African American (12): Asian	ı (13): Ame	erican India	n/Alaska N	Jative (14): N	Native Hav	vaiian/Othe	r Pacific			
Islander (15); Amercan Indian/Alaskan Native & Wh											
Indian/Alaska Native & Black/African American (19											
**Hispanic: Yes or No.											

***Veteran: A person who served in the active military, and who was discharged or released therefrom under conditions other than dishonorable.