



## Community Development Program Home Repair Pre-Application Intake Form

### Documentation Needed for Application

- Government Issued Photo ID copy** (applicant must have valid, current address listed)
- Proof of Income for the last 12 months:** \*\* Bank Statements ARE NOT accepted as income verification
  - Most recent Pay Stub showing Year-To-Date Gross income combined w/ W2, 1099 or Tax Return for Prior Year for a complete 12 months of income.
  - Disability Income Letter
  - Social Security/ SSI Award Letter
  - Pension Statement
  - Alimony
  - Unemployment Benefits
  - Worker's Compensation
  - Veteran's Benefits (DD214; Disability rating letter)
  - Net rental Income
  - TANF Work First Letter
  - Minor Children Social Security Benefits Letter
  - Notarized Statement of Income (if self-employed)
  - Net Gambling/ Lottery Winnings
  - Dividends, Interest Bond or Other Investments.

If anyone Age 18+ has no income in the last 12 months, a notarized Statement of Zero Income must be submitted (template will be provided after application is submitted)

- Proof of Ownership of Property**
  - Property Tax Bill, Deed OR Copy of Mobile Home Title to show ownership
  - If a Life Estate, provide a copy of the recorded Deed
  - If you are a renter, a Landlord/ Tenant Agreement will be provided after submission of application
- Proof of Energy Usage \*\* For Weatherization Assistance ONLY (You may need to contact your provider for this information.)**
  - Natural Gas bills for 12 months (must show amount, billing date, kilowatts, days in billing cycle)
  - Oil, propane, kerosene, or wood receipts from the last 12 months
- If applying for ESFR or URP, please include the following documents:**
  - Proof that property taxes are current or provide a signed county payment plan if taxes are past due.
  - Bank Statements (current 2 months)
  - Marital Status Verification- Marriage Certificate, Divorce Decree, Death Certificate of Spouse

*Please note that ESFR and URP are not available in every county. Please visit our website or contact our office for more information.*

**Completed applications can be mailed or delivered to:**

Albemarle Commission  
Community Development Program  
512 South Church St.  
Hertford, NC 27944

# Application for Assistance

## Contact Information

Applicant(s) / Name of Homeowner(s) \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Applicant Age/ DOB \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow

Emergency or Alternate Contact Person (if necessary) \_\_\_\_\_

## Household Information

Is the homeowner a Veteran?  Yes  No # Persons in Household \_\_\_\_\_

List ALL Household Members including the Applicant:

Name	Age	Gender	Race	Social Security Number	Relationship to Head of Household	Disabled? If yes, please list disability.	Source of Income	Gross Monthly Income
					Self			

*List additional members on the back page. Verification of gross income for all members of household will be required if approved or proof of gross income for all members of household will be required if approved*

Total **Gross** Annual Household Income (before tax and other deductions) \$ \_\_\_\_\_

Is the Applicant the homeowner?  Yes  No

How many years has the Applicant lived in the home? \_\_\_\_\_

Does the Applicant own the land?  Yes  No

Do you have flood insurance?  Yes  No  Not applicable

*If yes, please attach a copy of your current declaration page.*

Does the applicant own any other property?  Yes  No

*If yes, please provide property tax bill for each property.*

The home is a:  House (stick built)  Mobile Home  Singlewide  Doublewide  
 Modular  Other \_\_\_\_\_

Year the home was built \_\_\_\_\_ Square Footage \_\_\_\_\_

Is heat currently working  Yes  No

Type of Heating System:  Heat Pump  Electric Baseboard Heat  Gas Furnace  
 Space Heater  Wood Stove  Propane  
 None

Has the applicant received assistance with home repairs through any of the following programs? If yes, please indicate what year:

Grant	Yes	No	Year
NC Housing Finance Agency- Essential Single-Family Rehabilitation			
NC Housing Finance Agency- Urgent Repair Program			
Community Development Block Grant (CDBG) Funding			
Weatherization Assistance Program			
United States Department of Agriculture (USDA)			
Home Repair/Improvements from any other grant			

Do you own any pets?  Yes  No If yes, list type of pet below. *\*\*Please note that ALL animals will need to be put away while we are in the home.*

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Is anyone in the household on oxygen?  Yes  No

Please list allergies in the household including dust, fiberglass, cellulose, mold, chemical sensitivity and latex.

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### Description of Need:

Description of housing need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Benefits: If received, amounts must be entered for SNAP, LIEAP, & Child Support

- Low Income Energy Assistance Program (LIEAP) \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- WIC
- SNAP/ Food Stamps \$ \_\_\_\_\_ (monthly amount)
- Housing Choice Voucher (Section 8)

By signing below, I certify that the information provided is true to the best of my knowledge. I give permission to Albemarle Commission Council of Government (ACCOG) to verify the information provided by contacting the applicable vendor(s). I certify that the residence is not currently for sale, nor is it designated for acquisition, demolition or foreclosure.

I understand that receipt of services is contingent on: 1) my household being determined as eligible 2) the dwelling conditions 3) funding availability 4) funder/contract agreement parameters and 5) volume of applicants with consideration of ACCOG's program priorities.

Lastly, by signing below, I authorize ACCOG to release my name, address, utility information and general demographics as needed to leverage funding sources, to complete weatherization or home repair services. (Note: ACCOG values the confidentiality of its customers and only releases specific information related to a customer when deemed necessary to other non-profits that provide housing and organizations that provide funding to ACCOG).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Eligibility Criteria	Check if yes	Points
MUST be the HOMEOWNER (ESFR and URP ONLY)		
MUST meet INCOME LIMITS (<50% area median)		
	<30%	10
	<50%	5
<b>Eligible households with special needs. Check all that apply.</b>		
____ Elderly    ____ Disabled    ____ Veteran (Discharged with DD214)		
____ Child under age 6 threatened by Lead hazards or potential hazards		
Elderly (62+), Disabled, Veteran HEAD OF HOUSEHOLD		4
Elderly (62+), Disabled, Veteran <b>not</b> HEAD OF HOUSEHOLD		3
Single Parent with one or more child in home		3
Large Family- 5 or more persons		2
Emergency		5
Child under six years of age with lead hazards in home		2
	<b>TOTAL</b>	

Approved?     Yes     No

Program:     URP     ESFRLP     WAP

ACCOG Representative: \_\_\_\_\_ Date \_\_\_\_\_