NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM

Application & Eligibility Certification

(page 1 of 2)

Aj	plicant Data											
Na	ame of Homeowner(s) (F	irst, MI	, Last):									
St	eet Address:		_									
Ci	City: County: Zi								Zip Cod	Zip Code:		
Н	Home Phone: Work Phone:											
If	the Applicant was refer	rred by	someone otl	ner than	self, comple	te the	followir	ıg:				
	ontact Name:				Phone:			Ü				
Re	lationship to Owner:											
	otes:											
Н	ousehold Membership											
	ame (First, MI, Last)	Sex	Birth Date	SS# (la	st 4 digits only	Race	e Code*	Hispa	nic**	Relati	on to Home	eowner
a.				1								
b.												
c.												
d.												
e.												
f.				1								
g.												
	oss Income Work Tabl	le		<u> </u>	Dollars /	House	hold Ma	ember	/ MON	TH		
	urce		Г	a	b b	c	d d		e e	f f	g	Total
1) Wa					<u> </u>		+ -	1		<u> </u>	8	10001
	irement/Pension											
	eial Security						+					
	<u> </u>	me					+					
4) Supplemental Security Income 5) Public Assistance							+					
5) Public Assistance 6) Child Support							+					
7) Interest												
	.Test											
8) 9)							+					
10)							+					
Monthly Sub-Total (sum rows 1-10)							+					
Annual Sub-Total (12 x row above)							+					
	al Gross Household Inco		Annual Cub	Total f	or columns a	۵)،						
		ine (sun	i Ailliuai Suo	- I Otal I	of columns a	<u>g).</u>						
	oplicant Certifications											
	ereby certify that:	, ,	1.1		. 1							
1)	I own and occupy the hon											
2)	The above information is	-			-			- D	:. :		-:-41	1 1
3)	This information is provide											
	income homeowners with									nineni inrea	t to their ille	or salety o
4)	in performing accessibility	y modific	cations or othe	r repairs	necessary to p			-		·c 4	. 6.1.	11
4)	I give permission for	C 1				to	access in	formatio	on to ve	rify the cont	ents of this	application
5 \	and to facilitate the repair				~			.1 1				C 1 1
5)	I understand that this Prog		n may not rect	ity all def	ficiencies in m	home	nor make	the ho	ne conf	orm to any l	ocal, state o	r tederal
٠.	housing quality standards.											
6)	I have been advised that n	ny gende	r, race and eth	nicity wi	II be determine	d based	i upon ob	servatio	n and/o	r surname if	I do not sel	f disclose
	the information.											
Appli	cant Signature		Date		Co-A	pplica	nt Signat	ture			Da	te

NORTH CAROLINA HOUSING FINANCE AGENCY **URGENT REPAIR PROGRAM**

P	Application & E	<u> Eligibility</u>	⁾ Certific	ation			(page	2 of 2)
Applicant Data								
Name of Homeowner(s) (First, M	I, Last):							
Street Address:	, , <u> </u>							
Qualifying Income Table (for	reference) Ma	ximum (Gross Ho	pusehold	Income			
Household Size	1	2	3	4	5	6	7	8
a) Statewide non-metro 30%	-	 	 	 	-		 	
b) Statewide non-metro 50%								
c) County 30%			+	1			 	
d) County 50%		1	+	 			+	
Qualifying Questions			1	<u> </u>	1			<u>-</u>
Does the applicant own this home	e? YES	NO	Т					
Does the applicant's household qu		- J	L na criterio	<u>.</u> 9	YES	NO		
Mark all Special Need(s) by whic	•				nt Househo	1	Ш	
Owner 62+ Member Disabled	—-^ ·		S:SII Veteran*			hold Size	= 1	
	EDLL CI	nna	Veteran		House	noia Size	5+	
Eligibility Certifications								
I hereby certify that:								
1) All of the above information ha	s been reviewed o	or docume	nted in acc	cordance	with			
the Program Guidelines.								
2) The Applicant is eligible for ass	sistance under the	Program	;					
3) There is no other state or feder	al source of funds	available	now, or li	kely to be				
available within the next six mo	onths, which could	l pay for t	he propos	ed repairs	S.			
		-	-	-				
Authorized Officer	Organizatio	on				Date		
		J11				Date		
Eligible Urgent Repair Nee	eas:							
Case Notes (for office use on	ly) Name of in	nterviewe	er:					
Non-housing problems:								
Action taken for referrals? Y	YES NO	If	yes, spec	eify:				
		·!	-					
Other:								
*Race Code: White (11); Black/African A	omerican (12): Asiai	n (13)· Am	erican India	an/Alaska l	Native (14)	Native Hav	waiian/Oth	er Pacific
Islander (15); Amercan Indian/Alaskan Na								
Indian/Alaska Native & Black/African Am	, ,						(,,	
**Hispania: Ves or No	, ,					, í		

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