

**NORTH CAROLINA HOUSING FINANCE AGENCY**  
**URGENT REPAIR PROGRAM**  
*Application & Eligibility Certification*

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**Applicant Data**

Name of Homeowner(s) (First, MI, Last): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**If the Applicant was referred by someone other than self, complete the following:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Owner: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Household Membership**

Name (First, MI, Last)	Sex	Birth Date	SS# (last 4 digits only)	Race Code*	Hispanic**	Relation to Homeowner
a.						
b.						
c.						
d.						
e.						
f.						
g.						

**Gross Income Work Table**

**Dollars / Household Member / MONTH**

Source	a	b	c	d	e	f	g	Total
1) Wages								
2) Retirement/Pension								
3) Social Security								
4) Supplemental Security Income								
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 above information is complete and true to the best of my knowledge;
- 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 loan 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-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

