

# NCHFA ESFRLP28

## Implementation Webinar: Administrator's Day

May 6, 2026

### Essential Single-Family Rehabilitation Loan Pool

If you represent a local government or other non-profit housing repair organization seeking sources of funding housing repairs in North Carolina, this page is for you.



- Community Partners Loan Pool
- Self-Help Loan Pool
- SystemVision™ Energy Guarantee Program
- Essential Single-Family Rehabilitation Loan Pool**
- Forms and Resources  
Single-Family Rehab Listing
- Urgent Repair Program

# Welcome!

- Our Team (PG 1.3)
- If you haven't done so, send us **your team** by completing your PAD submittal.



#### Home Ownership Program teams:

Management: Sonia Joyner, Mike Handley, Kim Hargrove

Rehabilitation  
 Chuck Dopler, Team Leader  
 Donna Coleman, ESFR Coordinator  
 Dan McFarland, DPP Coordinator  
 Sarah Zinn, URP Coordinator  
 Frank Heath, Rehab Officer

Documentation  
 Laura Altimare  
 Ana Coria  
 Eddie Fishburne

#### Rehabilitation Team Assigned Staff input:

Liz Hair – Legal  
 Keshonda Ruffin – Legal  
 Brian O'Donnell – Policy



## Our Mission

**We provide safe, affordable housing opportunities to enhance the quality of life of North Carolinians.**



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## ESFRLP Goal (PG 1.2)

To make a positive impact on the state's stock of standard affordable housing by encouraging essential rehabilitation of existing single-family, owner-occupied homes for low-income households (< 80% AMI)

All major systems should function for another 5 years

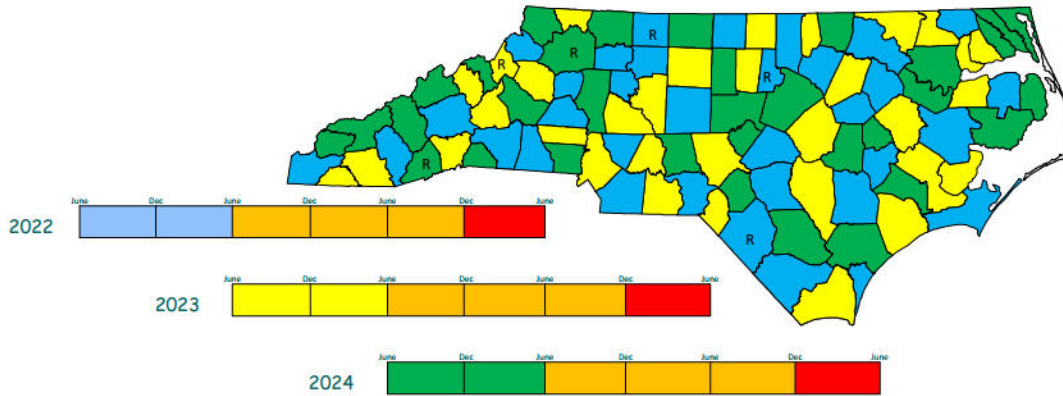


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## OLD MODEL: ESFRLP16 to ESFRLP24

Essential Single-Family Rehabilitation Program Loan Pool



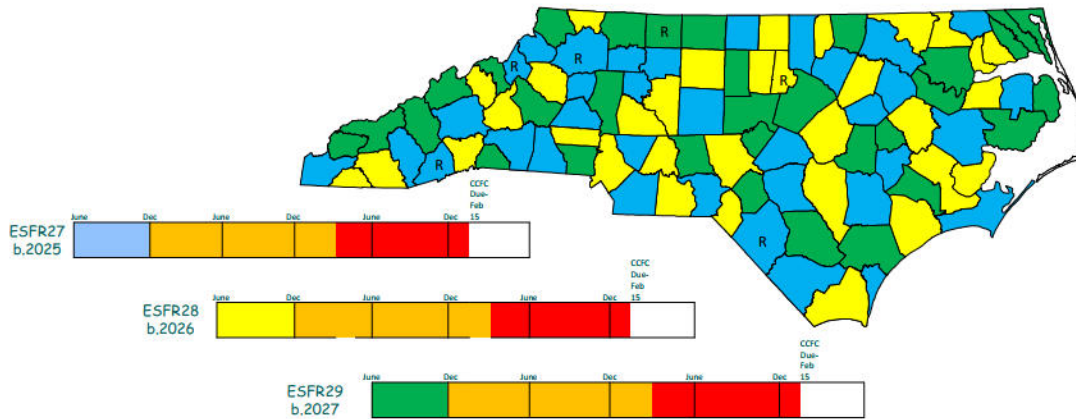
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## New MODEL: ESFRLP27 to ESFRLP29

Essential Single-Family Rehabilitation Program Loan Pool

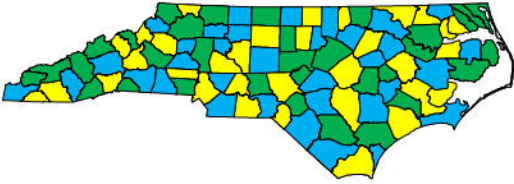



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## ESFRLP County Rotation

<b>2025 - 2027</b> Alexander Avery Beaufort Buncombe Cabarrus Carteret Caswell Catawba Cherokee Cleveland Columbus Cumberland Davie Duplin Edgecombe Forsyth Franklin Gates Granville Halifax Harnett Jackson Lenoir New Hanover Randolph Richmond Rutherford Transylvania Tyrrell Union Watauga Wilkes Wilson Yadkin	<b>2026 - 2028</b> Alleghany Anson Brunswick Caldwell Chowan Clay Craven Davidson Durham Guilford Henderson Hertford Johnston Lincoln Macon McDowell Mecklenburg Moore Nash Northampton Onslow Orange Pamlico Perquimans Person Pitt Rowan Sampson Scotland Stanly Vance Washington Yancey	<b>2027 - 2029</b> Alamance Ashe Bertie Bladen Burke Camden Chatham Currituck Dare Gaston Graham Greene Haywood Hoke Hyde Iredell Jones Lee Madison Martin Mitchell Montgomery Pasquotank Pender Polk Robeson Rockingham Stokes Surry Swain Wake Warren Wayne
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# Agenda – ESFRLP28 Webinar

## Administrators' Implementation Webinar

**Wednesday, May 6, 2026**

9:45 a.m.	<b>Webinar login</b>
10:00 a.m.	<b>Begin</b> Welcome, Mission and Workshop Flow
10:10 a.m.	Setting Up Your ESFR Project (Program Guidelines [PG] Section 1)
10:30 a.m.	<b>QUESTIONS</b>
10:35 a.m.	Minimum Requirements (PG Section 2)
11:10 a.m.	<b>QUESTIONS</b>
11:15 a.m.	<b>5 Minute Stretch break Break</b>
11:20 a.m.	Financial Management Throughout Your ESFR Project (PG Section 3)
11:55 a.m.	<b>QUESTIONS</b>
12 Noon	Title Review and Loan Closing Process
12:15 p.m.	<b>QUESTIONS</b>
12:20 p.m.	<b>5 Minute Stretch break Break</b>
12:25 p.m.	Individual Case Management & Loan Processing (PG Section 4)
1:00 p.m.	<b>QUESTIONS</b>
1:05 p.m.	<b>40 Minute Bio-Break: Afternoon attendance required for new ESFR partners</b>
1:45 p.m.	Recent Technical Assist Topics
2:05 p.m.	<b>QUESTIONS</b>
2:10 p.m.	Topics for New Employees/Partners
3:00 p.m.	Due Dates
3:05 p.m.	<b>QUESTIONS – Wrap Up</b>
3:30 p.m.	<b>Adjournment</b>

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# Set Up Your ESFR Project: Minimum Requirements

*aka Due Dates, Basic Program Workflow and  
Minimum Administrative Requirements*



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**POLL 1**

I am new to the ESFRLP program and/or have not worked with the ESFRLP program in the last 5 Years.

**POLL 2**

My ORGANIZATION is new to ESFRLP and/or has not worked with the ESFRLP program in the last 2 years.



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## How to find the website

[www.nchfa.com](http://www.nchfa.com)
[www.HousingBuildsNC.com](http://www.HousingBuildsNC.com)

housingbuildsnc.com/home-ownership-partners/community-partners/community-programs/essential-single-family-rehabilitation-loan-pool/forms-and-resources

agencycentral.nchfa... Home Page - NCHF... Support : North Car... Welcome | LinkedIn HOME Income Limit... CPD Income Eligibili... Five weeeeeeeid L... Inspector Search GS,1

En Español News Events Impacts Research Careers Press Investors Help Contact Us

About Us Home Buyers Homeowners Renters **Home Ownership Partners** Rental Housing Partners

**Forms and Resources**

ESFRLP27  
[ESFRLP27 Timeline](#)  
[Income Limits—2025 and Temporary Post Rehab Limits—2024](#)  
 Program Documents in Development

ESFRLP24  
[Administrator's Manual \(11/15/2024\)](#)  
[Model Assistance Policy \(7/18/2024\)](#)  
[Model Procurement and Disbursement Policy \(7/18/2024\)](#)  
[Model P and D Policy—Self-Contracting \(11/15/2024\)](#)  
 ESFR24 Dates  
[Quick Check Income/Property Value Limits \(effective 7/1/2023\)](#)  
[NCHFA Guidance for Developing a Four Factor Analysis \(effective 7/31/2023\)](#)

**Contact**

**Your case manager:** the contact information is located in your award letter and PAD cover letter

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## Website

Essential Single-Family Rehabilitation Loan Pool

Forms and Resources

Single-Family Rehab Listing

### Essential Single-Family Rehabilitation Loan Pool

If you represent a local government or other non-profit housing repair organization seeking sources of funding housing repairs in North Carolina, this page is for you.

- Navigate to the ESFR Website:
  - <https://www.housingbuildsnc.com>
- Navigate to the Program Guidelines:
  - <https://www.housingbuildsnc.com>
- Bookmark these pages
  - <https://www.housingbuildsnc.com/home-ownership-partners/community-partners/community-programs/single-family-rehabilitation-loan-pool>
  - <https://www.housingbuildsnc.com/home-ownership-partners/community-partners/community-programs/essential-single-family-rehabilitation-loan-pool/forms-and-resources>

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## SECTION 1.3: HOW TO USE THE MANUAL

# Read the Manual

*PS: Use the Index*



Forms and Resources  
Single-Family Rehab  
Listing

News Events Impacts Research Careers Press Investors Help Contact Us  
About Us Home Buyers Homeowners Renters Home Ownership Partners Rental Housing Partners

Home Ownership Partners » Community Partners » Essential Single-Family Rehabilitation Loan Pool » Forms and Resources

### Forms and Resources

**ESFRP28**  
[Administrator's Manual](#) (in development; use ESFRP27 manual for reference)  
[ESFRP28 Dates](#)  
[Model Acquisition Policy](#) (4/20/2026)  
[Model Procurement and Disbursement Policy](#) (4/20/2026)  
[Model Procurement and Disbursement Policy—Self-Construction—IG](#) (4/20/2026)  
[Model Procurement and Disbursement Policy—Self-Construction—NF](#) (4/20/2026)  
[Download Packet for #28](#) (4/20/2026 available until 12/31/2026)  
[Cancellation \(for ESFRP #28\) via DocuSign](#) (4/20/2026 available until 12/31/2026)  
[Income Limits 2025](#) (effective 3/13/2025)

**ESFRP27**  
[Administrator's Manual](#) (10/31/2025)  
[ESFR27 Dates](#) (6/10/2025)

#### Printing Instructions for the ESFRP Administrator's Manual

This manual is formatted to be printed on both sides of 8 1/2" x 11" paper so that tabs may be used in front of or on the first page of any major section. If you print this as a single sided document, be advised that there will be several pages printed that will not contain content.

#### Errors, omissions or inconsistencies in the document

If you locate what you believe to be an error, omission or inconsistency in the Administrator's Manual, please send the section number and a description of the issue you believe you observe to: [djcoleman@nchfa.com](mailto:djcoleman@nchfa.com).

## CHANGES ESFR24

### CHANGES in the Program Guidelines for ESFR24:

- 1) Radon is now part of environmental review process.
- 2) Units must have loans in place by December 31, 2026.
- 3) Electronic/Digital Documents may be used for all non-agency produced documents as long as:
  - a. Adopted verified process for signatures
  - b. Fair, consistent and transparent with reasonable accommodations

## CHANGES ESFR28 [ESFR27] (PG 1.1)

CHANGES in the **Program Guidelines** for ESFR27 and ESFR28 (PG 1.1):

- 1) No more than **1 organization** serves a County [ESFR28-in ESFR27 we accepted 2 organizations]
- 2) Hard Cost increased up to \$70,000/unit (**loan**)
- 3) Annual forgiveness increased to \$14,000/loan
- 4) Increase initial Funding Agreement (FA) to **\$273,000** but **increase units back to 3** [ESFR27=\$182,000 for 2 units]
- 5) Eliminating the set-aside period
- 6) Increasing maximum Admin. costs up to \$7,000/unit {**administrative costs**}
  - 1) Up to 50% available once loan is closed
  - 2) Remaining Admin funds available once UCR for a unit has been accepted by NCHFA
- 7) Increasing soft costs up to \$14,000/unit (**grant**)
- 8) Cycle renamed by end date to emphasize that units must have loans/construction contracts/Notice to proceed in place by June 30, 2028 and units complete by Dec. 31 2028.
- 9) Updated ESFRLP Rehab Standards to meet HUD latest requirements/best practices
- 10) **ESFRLP28 only:**
  - 1) **Budget reduced from 11 million to 9.24 million**
  - 2) **All awarded counties rolled into a single funding agreement**

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## ESFRLP PROJECT WORKFLOW DATES-PARTNER

Activity	Date of Performance
Award – issued by NCHFA, phone call or letter	<b>April 14, 2026</b>
Create Project Folder- <b>Partner</b>	Day of Award Letter Receipt (dated April 14, 2026)
Implementation Webinar-NCHFA, <b>Partner attends</b>	<b>May 6 and 7, 2026</b>
Complete Post Approval Documentation (PAD) <b>submittal through DocuSign</b> , receive approval, sign Funding Agreement (FA), <b>\$273,000</b> allocation in place and usable-iterative process between NCHFA and <b>Partner</b>	<b>Earliest Start date: 7/1/26</b> , after Webinars; <b>Latest Start date: on or after 1/1/27</b> , FA is dated no later than <b>1/1/27</b> but project cannot begin <b>until FA signed</b> , no expenses paid for work prior to the date of an FA.
Begin Marketing and Outreach- <b>Partner</b>	Date of FA but <b>no earlier than 7/1/26</b> – no expenses paid for work prior to an FA
Perform Intakes/Select Applicants- <b>Partner</b>	<b>Not before 7/1/26</b> or per Assistance Policy
Begin Portal Workflow Process- <b>Partner</b>	<b>7/1/26</b> or per Assistance Policy decision dates
Last date to reserve units in the Portal (3.2.2) - <b>Partner</b>	<b>March 31, 2028</b>
All units <b>closed loans, construction contracts, Notice to Proceed</b> in the Portal (3.2.2) - <b>Partner</b>	<b>June 30, 2028</b>
All units complete, CCFC due, no further fund expenditures (3.2.2) - <b>Partner</b>	<b>December 31, 2028-units complete, no unit or admin after February 15, 2029-CCFC due</b>

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# ESFR PROJECT WORKFLOW TEAM MEMBERS

## Setting Your ESFR Project UP: **Administrator** roughly PG Section 2

- Stage 1: Application and Award Phase
- Stage 2: Project Outreach and Scoping Phase
- Stage 3: Household Participant Project Initiation Phase – end by 3/31/28
- Stage 4: Bidding Phase – end by 6/30/28
- Stage 5: Construction Phase – begin by 6/30/28, end by 12/31/28
- Stage 6: Close-Out (CCFC) Phase – end by 2/28/29
- Stage 7: Monitoring Phase

## Financial Management Throughout: **Finance** roughly PG Section 3

- Stage 1: Application and Award Phase
- Stage 2: Project Outreach and Scoping Phase
- Stage 3: Household Participant Project Initiation Phase – end by 3/31/28
- Stage 4: Bidding Phase – end by 6/30/28
- Stage 5: Construction Phase – begin by 6/30/28, end by 12/31/28
- Stage 6: Close-Out (CCFC) Phase – end by 2/28/29
- Stage 7: Monitoring Phase

## Individual Case Management: **Intake & Rehab** roughly PG Section 4

- Stage 1: Application and Award Phase
- Stage 2: Project Outreach and Scoping Phase
- Stage 3: Household Participant Project Initiation Phase – end by 3/31/28
- Stage 4: Bidding Phase – end by 6/30/28
- Stage 5: Construction Phase – begin by 6/30/28, end by 12/31/28
- Stage 6: Close-Out (CCFC) Phase – end by 2/28/29
- Stage 7: Monitoring Phase

# POLL 3

I would like a webinar or in-person session on the following topic (Choose as many topics as desired)

What time are the polls completed?



Designate oversight and completion of tasks to each team member

## ESFRLP PROJECT WORKFLOW STAGES

Stage 1: Application and Award Phase – 2/2026 to 6/2026

Stage 2: Project Outreach and Scoping Phase – 7/2026 to 1/2027

Stage 3: Household Participant Project Initiation Phase – end by 3/31/28

Stage 4: Bidding Phase – end by 6/30/28

Stage 5: Construction Phase – begin by 6/30/28, must end by 12/31/28

Stage 6: Close-Out (CCFC) Phase – end by 2/28/29

Stage 7: Monitoring Phase – ideally begins 6/2028 ends 6/2029, varies



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*It's a lot of  
WORK!*

## NON-PORTAL WORKFLOW TASK EXAMPLES

### Stage 1: Application and Award Phase – Project Level

- Completing your Application, Receiving Award Letter
- Setting Up your Project File
- PAD submittal/approval – New process using DocuSign
- Funding Agreement (FA) Execution – DocuSign
- Earliest FA date is 7/1/26
- After 1/1/27, all FA's dated 1/1/27
- Reviewing your accounting practices and setting up the proper controls for invoicing, funding requisitions, receipt and disbursement of funds
- Ensuring that all consultants have contracts and are performing the work required for ESFR
  - Rehab Consultants
  - Testing Consultants: Asbestos, Lead, Radon, etc.
  - Other 3<sup>rd</sup> party consultants

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## NON-PORTAL WORKFLOW TASK EXAMPLES

### Stage 2: Project Outreach and Scoping Phase

- **Project Level:**
  - Attending the required workshop to understand the rules
  - Review your Policies, Funding Agreement (FA), ESFR Application, Program Guidelines (PG) to ensure your project design meets all the relevant requirements
  - Complete your Initial Marketing & Outreach
  - Complete your Pre-Application Phase
  - Keep records of Administrative Costs for future requisitions, including failed unit costs, work on non-selected units, \*
- **Unit Level:**
  - Complete Income Calculations and Certifications
  - Collect relevant data from participants
  - Score and choose participating households
  - Send out letters of award and notices of disposition

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## NON-PORTAL WORKFLOW TASK EXAMPLES

### Stage 3: Household Participant Project Initiation Phase

- Creating Case Files with Case File Logs
- Collect/research data for Portal: environmental data, post rehab evaluations, State Historic Preservation Office (SHPO) reviews, etc.
- Review hard and soft costs for each unit in preparation for uploading Settlement Data Sheets
- Keep records of Administrative Costs not covered by soft costs for future requisitions\*
- Work with your Rehabilitation Specialist to get Inspections, Workscopes, Cost estimates completed
- All workscopes need a year-built date

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## PORTAL WORKFLOW TASK EXAMPLES

### When will I begin work in the Partner Portal?

- **STAGE 3: Household Participant Project Initiation Phase**
  - Initiate use of the Partner Portal and create/submit Reservations
    - Last date to reserve units in the portal: **March 31, 2028**
  - Submit environmental reviews, post rehab evaluations, SHPO review, flood maps, etc. in the Portal
  - Upload HOME Owner Agreement in the Portal
  - Complete testing activities
  - Process requisitions for **soft costs** as needed
  - **If you have completed the loan for a unit, you may bill for Admin costs associated with the current unit up to 50%\***

## NON-PORTAL WORKFLOW TASK EXAMPLES

### Stage 4: Bidding Phase

- Advertise and Receive Bids – **may group Units**
- Review and Award contracts
- Close/execute any loans not completed in previous phase
  - **If you have completed the loan for a unit, you may bill for Admin costs associated with the unit up to 50%\***
- Execute construction contracts
- **Complete no later than June 30, 2028**

## PORTAL WORKFLOW TASK EXAMPLES

### • Stage 4: Bidding Phase

- Upload executed/closed loans to the portal if not yet complete
- Submit Settlement Data Sheet in the Partner Portal
- If you have completed a unit, you may bill for the remaining Admin costs associated with the current unit\*
- Process requisitions for soft and maybe hard costs as needed
  - **Required:** *add the General (or responsible) Contractor to the portal prior to the final requisition and preferably prior to each initial hard cost requisition. Not adding this information to the portal may delay approval of your final requisition.*
  - **Required:** *Check the box on your final requisition-not doing this causes delays and extra work for everyone.*



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## NON-PORTAL WORKFLOW TASK EXAMPLES

### Stage 5: Construction Phase-Unit Level

- Attend Pre-Construction Conferences, document them
- Continuously review/interact w/ Case Files to ensure logs are updated, inspections and phone calls are noted, add relevant notes-to-the file, required documents are added etc.
- Change Orders/Contract Modifications: execute, wet signatures
  - Execute no-cost change order if one is necessary (ask CM if not sure)
- Provide Homeowners notice of Warranty date
  - Certification of Compliance with Essential Property Standards copy
- Attend Post-Construction Conferences, document them
  - Have someone educate homeowner on the use of new equipment and care of new materials
- Complete all of the unit's Construction Contract close-out documents

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## PORTAL WORKFLOW TASK EXAMPLES

- **Stage 5: Construction Phase**
  - complete Funding Agreement Modifications (FAM) as they occur when projects exceed **\$273,000**
  - Process requisitions for administrative costs\* - *only if at least one unit has a closed loan*
  - Contract Modifications (Change Orders): execute & upload to portal
  - Process requisitions for **hard and soft** costs
  - Submit the Unit Completion Report (UCR) for each project as it is completed-must submit for all.
  - **Remaining Administrative Funds are awarded once each unit is completed!\***



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## NON-PORTAL WORKFLOW TASK EXAMPLES

### Stage 6: Close-Out Phase

- Complete Section 3 Summary Report **anything over \$299,999**
- Return any unused funds requested by NCHFA (rare)
- Complete the Certification of Completion and Final Cost (CCFC) and send to NCHFA
  - **Due no later than February 15, 2029**
- Process any lingering Loan mods/requisitions for unit hard or soft costs
- Prepare & execute all Close-Out paperwork for Case Files
- Review the desktop monitoring submittal list and ensure all of the required documents are in the organized case files.



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## PORTAL WORKFLOW TASK EXAMPLES

- **Stage 6: Close-Out Phase**
  - Complete any loan modifications
  - Process any lingering requisitions for unit hard or soft costs – *don't forget to check the final requisition box or add the General Contactor on your final pay requisitions*
  - Ensure all UCRs are complete in the Portal
    - and Before and After photos of each unit
  - **Complete any Administrative Invoices/Requisitions**
  - Upload all required documents like the CCFC for the project
  - Upload Section 3 Summary Report - anything over \$299,999
  - Complete the final Funding Agreement Modification (FAM) – when applicable



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## MONITORING WORKFLOW TASK EXAMPLES

- **Stage 7: Monitoring Phase**
  - Respond to requests for monitoring, **staff and homeowner attend**
  - Upload all requested documents in the Portal
  - Create Notes-to-the-File for any missing file documents to explain the absence and upload to the portal in lieu of the requested document.
  - Assist your case manager in the monitoring visit
    - Respond promptly to your case manager and/or documentation specialist to provide requested case file documentation
    - Copy work scopes and change orders for each inspection, if requested
    - **Set up appointments with homeowners to ensure they will be available on the inspection date**
    - Be fully present at the monitoring meeting
  - Respond when necessary to the Monitoring Report




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*The Project Ends*

Questions: 5 Minutes




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ESFR Program Guidelines for  
Minimum Administrative  
Requirements

(aka PG Section 2)



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**POLL 4**

Name 3 critical activities to complete when SETTING UP your ESFR28 project. ⋮

What time are the polls completed?



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## ESFR PROJECT TEAM MEMBERS

Designate oversight and completion of tasks to each team member

**Setting Your ESFR Project UP: Administrator** roughly PG Section 2

Stage 1: Application and Award Phase  
Stage 2: Project Outreach and Scoping Phase  
Stage 3: Household Participant Project Initiation Phase – end by 3/31/28  
Stage 4: Bidding Phase – end by 6/30/28  
Stage 5: Construction Phase – begin no later than 6/30/28, end by 12/31/28  
Stage 6: Close-Out (CCFC) Phase – end by 2/28/29  
Stage 7: Monitoring Phase



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## The Project File

- The guidelines address directly making case files but less directly address making Project Files.



## The Project File is likely to contain at least:

1. Copy of your Application for Funding
2. Copy of your completed PAD including LAP and approved portal user information
3. Funding Agreement
4. Adopted Assistance & P&D Policies and record of adoption.
5. Applicant Ranking Process and Notes
6. Applications denied and approved, disposition letters
7. Advertisements, other program outreach
8. Written Contracts with Consultants
9. Contractor Registry information (or point to it)
10. Project Amendments-REQUIRED FORM, if needed
  - Attach Portal Access form for all current users if updates made
11. Section 3 Information and reporting-REQUIRED FORM, if needed

## Section 2.1: Eligible Activities

### • Rehabilitation of Single-Family Homes

#### • Ineligible Activities

- New Construction
- Replacement Housing
- Rental Units (2.5.2)
- Anything not residential

### Eligible housing characteristics

- Owner-occupied
- Site-Built or Modular
- 2.1.2: Manufactured housing that is:
  - Real Property
  - “Permanently Affixed” 4.1.4.4\*
  - Allowed by your Assistance Policy



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## Section 2.2: Eligible Use of funds

### 2.2.4.2 Eligible Soft Costs

- *DIRECTLY ASSOCIATED only to a single unit*

### Maximum of \$14,000 in soft costs

- Outreach & Advertising
- Environmental Review Preparation
- Asbestos Testing/Clearance
- Radon Testing
- LBP Inspection/Risk Assessment
- LBP Clearance
- Loan Document Execution, recording, legal fees
- Pre-rehab Inspection including Scope of work
- Work Write-Up
- Cost Estimate
- Construction Management
- Flood Insurance (units in Flood Hazard Zones)
- Post-rehab Value Certification



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## Section 2.2: Eligible Use of funds

### • 2.2.4.1 Eligible Hard Costs **purpose**

- 2.2.4.1.iv Eliminate threats to health or safety of occupants and structural integrity of the home

### ESFRLP pays for these hard costs (2.2.4.1)

- Use **most stringent** of EPS or MHC
  - EPS=Essential Property Standards
  - MHC=Minimum Housing Code
- Meet HUD/EPS/RRP LBP req.s
  - RRP=Renovation Repair Program
  - LBP=Lead Based Paint
- Remediation for Asbestos, Radon, etc.
- "Aging in Place"
- Reasonable resilience measures
- Priority Project repairs
- Reasonable temporary relocation costs



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## Section 2.2: Eligible Use of funds

### • 2.2.4.3 Eligible Admin

- Administrative costs must be necessary and documented
- **Maximum of \$7,000/unit**
- Maximum of 10% of total hard and soft costs across the project
- See Section 3.2.7 for details
- **Not available for billing until:**
  - the first unit has a closed loan (up to 50% of eligible hard and soft costs of first unit)

### ESFRLP **NOW** pays for these **admin costs (2.2.4.3)\***

- General management, oversight, coordination
- Travel and mileage expenses
- Project monitoring
- Indirect and overhead costs related to administration of ESFR activities
  - **can be any failed or unselected unit costs**
- Project related outreach and intake, advertising and public information

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### 2.2.4.3 Admin costs for Outreach to contractors

May We Suggest?

## Outreach to Contractors Continuously!

- Don't wait until it's time to advertise Bids
- This is the idea behind the "Contractor Registry"



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## Marketing and Outreach... May We Suggest?

### START NOW!

- Don't wait to get revved up
- **all units must be reserved by March 31, 2028**
- A lack of planning on your part shouldn't constitute an emergency on the part of NCHFA staff.



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## Section 2.4.1-2.4.4: Eligible Households

- Members must update income limits to match the new ones annually [2.4.2]
  - <https://www.nchfa.com/homeownership-partners/community-partners/community-programs/single-family-rehabilitation-loan-pool/forms-and-resources>
- Members must calculate income using the part 5 definition in the HUD income calculator [2.4.3]
  - Use “anticipated income” ie. projecting future income based on current circumstances.
  - Provide at least 2 months of source documentation
- Members must execute the document w/homeowner, eg. fully sign and date the document. [2.4.4]

## Section 2.4.2: Eligible Households

2025 HOME Income Limits by County, by Household Size

Effective 1/1/2025

County	Median Income	Percent Median Income	Household Size (Number of Household Members)								Post-Rehab Value
			One Person	Two Person	Three Person	Four Person	Five Person	Six Person	Seven Person	Eight Person	
Alamance	\$85,000	30%	\$17,850	\$20,400	\$22,950	\$25,500	\$27,550	\$29,600	\$31,650	\$33,700	\$276,000
		50%	\$29,750	\$34,000	\$38,250	\$42,500	\$45,900	\$49,300	\$52,700	\$56,100	
		60%	\$35,700	\$40,800	\$45,900	\$51,000	\$55,080	\$59,160	\$63,240	\$67,320	
		80%	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350	\$89,800	
Alexander	\$77,600	30%	\$16,350	\$18,650	\$21,000	\$23,300	\$25,200	\$27,050	\$28,900	\$30,800	\$252,000
		50%	\$27,200	\$31,050	\$34,950	\$38,800	\$41,950	\$45,050	\$48,150	\$51,250	
		60%	\$32,640	\$37,260	\$41,940	\$46,560	\$50,340	\$54,060	\$57,780	\$61,500	
		80%	\$43,500	\$49,700	\$55,900	\$62,100	\$67,100	\$72,050	\$77,050	\$82,000	
Alleghany	\$76,400	30%	\$16,050	\$18,350	\$20,650	\$22,900	\$24,750	\$26,600	\$28,400	\$30,250	\$247,000
		50%	\$26,750	\$30,600	\$34,400	\$38,200	\$41,300	\$44,350	\$47,400	\$50,450	
		60%	\$32,100	\$36,720	\$41,280	\$45,840	\$49,560	\$53,220	\$56,880	\$60,540	
		80%	\$42,800	\$48,900	\$55,000	\$61,100	\$66,000	\$70,900	\$75,800	\$80,700	

<https://www.housingbuildsnc.com/home-ownership-partners/community-partners/community-programs/essential-single-family-rehabilitation-loan-pool/forms-and-resources>



## Section 2.4.4: Eligible Households

### Income HUD Income Calculator link:

<https://www.hudexchange.info/incomecalculator/>

- Upload to the Partner Portal
  - Executed HOME Owner Agreement
  - Executed Income Calculator
  - At least 2 consecutive months of income source documentation

The screenshot shows the HUD Exchange website interface. The main heading is "CPD Income Eligibility Calculator and Income Limits". Below the heading, there is a brief introduction and a list of programs supported by the calculator. The "Related Materials" section includes links to various income limits and user manuals.

**HUD EXCHANGE**

Home - CPD Income Eligibility Calculator and Income Limits

### CPD Income Eligibility Calculator and Income Limits

Welcome to CPD's Income Eligibility Calculator, an interactive tool that makes determining the income eligibility and assistance amounts for beneficiaries of CPD programs as easy as 1-2-3. Simply enter the requested data and this calculator will work behind the scenes to generate a summary of results for each beneficiary. You should then print out the summary and include it as part of the beneficiary's file. The calculator currently performs income eligibility and assistance amount calculations for the following CPD programs:

- Brownfield Economic Development Initiative (BEDI)
- Community Development Block Grant Program (CDBG)
- CDBG Disaster Recovery Assistance
- Emergency Solutions Grants (ESG)
- HOME Investment Partnerships Program (HOME)
- Housing Opportunities for Persons With AIDS (HOPWA)
- Housing Trust Fund (HTF)
- Neighborhood Stabilization Program (NSP)
- Section 108 Loan Guarantee Program
- Self-Help Homeownership Opportunity Program (SHOP)

**Related Materials**

- Income Eligibility Calculator User Manual (PDF)
- CDBG and CDBG-DR Income Limits
- ESG Income Limits
- HOME Income Limits
- HTF Income Limits
- HOPWA Income Limits
- NSP Income Limits



## Section 2.4.1: Eligible Households

- Income Limits
  - Max is 80% of the Area Median Income (AMI)
  - AMI is as determined by HUD HOME limits, published annually
  - Limits are adjusted for family size
    - Chart shows up to 8 but larger families can be calculated
  - Source Documentation **AND** income certification/recertification must be dated within 6 months of the HOME Owner Agreement

## Section 2.4.6: Eligible Households

Eligible households with Special Needs must be described in Assistance Policy

- Elderly
- Disabled
- Veteran
- Child under age 6 threatened by Lead hazards or potential hazards

Funds are officially committed or “RESERVED” on the date of the HOME Owner Agreement



## Section 2.4.6: Eligible Households

### What it means to be “Disabled”

Physical or mental impairment that substantially limits one or more major life activities

- 2.4.6.2.3 Drug addiction as sole impairment > must have SSD benefits
- Documentation includes:
  - Social Security Disability (SSD)
  - Railroad Retirement Disability
  - Supplemental Security Income
  - VA Disability benefits
  - Letter from a licensed physician

**Fair, Systematic, Uniform, Transparent = policies**

## Section 2.4.4: Eligible Households

### Preferred Documents.

Social Security Income annual Letter  
 at least 2 concurrent Pay Stubs/Wage Statements  
 Interest Statements  
 Unemployment Compensation Documentation  
 Pension Account Statement

### Potentially Problem Documents.

~~Bank Statements~~ – lots of **non-income** information, privacy  
 Income taxes for self-employed– lots of other information, privacy



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## Section 2.4.5: Eligible Households

- Member must have a policy about and respond to applicants who have been denied assistance
- It's important to keep these decisions in the PROJECT FILE

Fair, Systematic, Uniform, Transparent = policies



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## Section 4.1 Selecting Applicants with emphasis on Fair Housing Practices



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### Section 4.1.2: Selecting Applicants

#### Fair, Systematic, Uniform, Transparent = policies

- Do not discriminate against: race, color, national origin, religion, sex (including gender identity and orientation), familial status, disability or limited English proficiency.
- Prioritize households according to income level, housing need, other non-discriminatory practices (age and disability are not discriminatory in connection with these funds as elderly and disabled citizens are part of the target audience) per 24 CFR 92.351.



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## Section 4.1.1 and 4.1.2: Screening, Scoring and Choosing Participants

### Fair, Systematic, Uniform, Transparent = policies

- Entitlement cities that cannot receive funding for ESFR: Charlotte, Durham, Greensboro, Raleigh, Winston-Salem.
- You shall not discriminate against: race, color, national origin, religion, sex (including gender identity and orientation), familial status, disability and limited English proficiency. .
- Why isn't Age on the list? The current thinking is that this program is primarily designed to reach those 62+. This may change if policies or thinking changes.

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Can you prioritize households based on need?

Can you draw eligible applicants from existing waiting lists or make new waiting lists?

Are you required to publicly advertise ESFRLP?

YES...but you **MUST** have a system of internal controls to ensure fair housing practice.

**These policies show up where?**

[https://www.customsmobile.com/regulations/expand/title24\\_part92\\_subpartH\\_section92.351#title24\\_part92\\_subpartH\\_section92.351](https://www.customsmobile.com/regulations/expand/title24_part92_subpartH_section92.351#title24_part92_subpartH_section92.351)



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## Section 2.5.1 and 2.5.2: Eligible Units

- **Post-Rehab Value – pick a method and keep**
  - Max is 95% of the area median purchase price (issued by HUD)
- **Acceptable forms of Ownership**
  - Fee Simple
  - Inherited Property with multiple owners
  - Life estate
  - Inter vivos trust (living trust)
  - Beneficiary deed



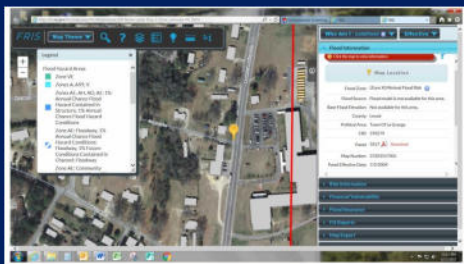
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## Section 2.7: environmental standards

- Member must submit an Environmental Screening via the Partner Portal



Flood Map

Environmental Screening	
Historic Property: [36 CFR 800] <a href="http://gis.ncdcr.gov/hpweb/">http://gis.ncdcr.gov/hpweb/</a> (print and attach color map)	
Year built?	1980
Is the unit > 45 years old?	No
Is the unit within or adjacent to any listed or eligible historic district?	No
Floodplain Management: [24 CFR 55, Executive Order 11988] <a href="http://fris.nc.gov/fris/index.aspx?ST=NC">http://fris.nc.gov/fris/index.aspx?ST=NC</a> (print and attach color map)	
FIRM Panel Number?	3557
FIRM Panel Effective Date?	07/02/2004
Is the unit located outside of a 100-year floodplain?	Yes
Is the cost of rehab <50% of the market value of the home before rehabilitation?	Yes
Wetlands Protection [24 CFR 55, Executive Order 11990] <a href="http://nepassistool.epa.gov/nepassist/nepamap.aspx">http://nepassistool.epa.gov/nepassist/nepamap.aspx</a> (print and attach color map)	
Will there be ground disturbance with the proposed single-family owner occupied housing rehabilitation?	No
Coastal Zone Management [Coastal Zone Management Act of 1972 sections 307(c) & (d)]	
NA - There is no effect for single-family owner occupied housing rehabilitation.	N/A
Sole Source Aquifers [40 CFR 149]	

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## Section 2.2.3 & 2.5.3: Eligible Use of funds

- **2.2.3 Rehab Criteria**
  - Each dwelling Unit must meet all requirements of the **Essential Rehabilitation Criteria**
  - See Appendix A
- **2.5.3 Meet the Essential Rehab Criteria within \$70,000** (rare exceptions)



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### APPENDIX

#### A. ESSENTIAL REHABILITATION CRITERIA

Section:

- A. Introduction
- B. General Requirements
- C. Essential Property Standards
  - C1. Priority List of Additional Repairs
  - C2. Request for Waiver of ESFRLP Property Standard Requirement
- D. Essential Rehabilitation Standards
- E. Environmental Protection
- F. Lead-Based Paint Requirements

## Section 2.6: Essential Rehabilitation Criteria

- Use the **Essential Property Standard (EPS)**
- Members may also use the local Minimum Housing Code, as long as it is not less stringent.
- Combine as needed



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### APPENDIX

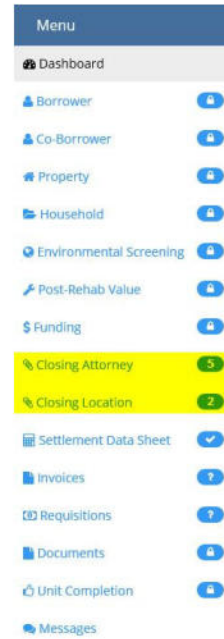
#### A. ESSENTIAL REHABILITATION CRITERIA

Section:

- A. Introduction
- B. General Requirements
- C. Essential Property Standards
  - C1. Priority List of Additional Repairs
  - C2. Request for Waiver of ESFRLP Property Standard Requirement
- D. Essential Rehabilitation Standards
- E. Environmental Protection
- F. Lead-Based Paint Requirements

## Section 2.3: Forms of Assistance

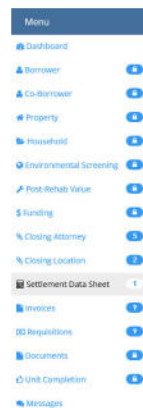
- **Loan**
  - Hard costs only
  - Interest-free
  - Secured by Deed of Trust
  - Forgiven: **\$14,000/year\***
  
- **Grant**
  - Soft costs only
  - No repayment



## Section 2.3.2: Forms of Assistance – Required Documents

### Loan and Grant Documents

- Both prepared by NCHFA
  
- Submit “Settlement Data Sheet”
  - No loan or grant without this
  - Use the Partner Portal to submit



## Section 2.8: Household Temporary Relocation

- No permanent household displacement
- Members may allow for temporary relocation when necessary to protect household members [2.8.1]
  - Only hard costs can be used for this activity
  - Policy must be **uniformly applied**
  - Can be voluntary or as a condition of program participation @ homeowner's expense
- **If the Assistance Policy doesn't:**
  - Include an approved plan for executing, and
  - There is no documented need,

**Then you cannot relocate anyone using Program Funds** (hard costs) [2.8.2]

### 2.8.3 Examples of Temporary Relocation Expenses:

- Moving to and from the home
- Rental of temporary housing
- Storage space for household items



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Questions: 5 Minutes

Break: 5 Minutes  
11:25



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# Financial Management Throughout Your ESFR Project



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## Sections 3.1.1-3.1.3: Funding Agreement

### Where do you Find the Rules for ESFR?

- **Application for Funding** [+program amendments]
- **Funding Agreement** [+modifications] (FA)
- **Program Guidelines and Appendices** (PG)
- **Assistance and Procurement/Disbursement Policies** (AP) (PD)
- **Post Approval Documentation** (PAD)

#### Sections 3.7 & 4.2.5 Disbursement

- Procurement and Disbursement Requires Written Policies

**Fair, Systematic, Uniform, Transparent = policies**

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## Section 3.7.5, 3.7.7 & 3.7.8: Transparency & Equal Opportunity

### No discrimination:

- Race
- Color
- National origin
- Religion
- Sex
- Familial status
- Disability
- Limited English Proficiency

All activities conducted fairly, openly (transparently) and competitively so as to eliminate any conflict of interest and even the appearance thereof

### Conduct Contracting Activities in Compliance with:

- Minority Business Enterprises (MBE)
- Women's Business Enterprises (WBE)

The foundation of your policies should focus on uniformity, openness, inclusiveness and fairness. Your practices should be transparent.

## Sections 3.7.1, 3.7.2: Procurement

No approved PAD without an acceptable  
**Procurement Policy.**



No Funding Agreement without an approved PAD.



No incurring project costs without a Funding Agreement.

## Section 2.2: Eligible Use of funds

Remember that:

- 2.2.1 Source of Funds
  - HUD
  - HOME Investment Partnerships Program
  - Hazardous situation variances: **ASK before you spend!** ←
- Maximum Funds – approval for extra funds now very rare
  - **\$70,000** (2.2.1 hard costs) + **\$14,000** (2.2.4.2 soft costs) = **\$84,000**
  - 2.2.2 Minimum Funds: \$5,000
- 2.2.4.4 Cannot use if  $\geq$ \$30,000 of federal funds used for rehab within 10 yrs. **without written consent.**



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## Section 3.2.7: Reservations and Disbursements

- 3.2.7 Admin Disbursement
  - Maximum of \$7,000 per unit (from 2.2.4.3)
  - Maximum of 10% of total hard and soft costs across the project (from 2.2.4.3)
  - **Available for billing as follows:**
    - **At first closed loan up to 50%, maximum of \$3,500**
    - **Remainder is available once a unit is completely closed out, up to \$7,000.**

### NOTES

- Automatically calculated in the Partner Portal
- Member must upload invoices and **create a requisition for any admin funds using the Partner Portal prior to submission of the CCFC**
- Any funds left in the administrative budget will not be billable after the project is closed out.

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## Section 3.11.6: Eligible Use of funds & Non-compliance w/ESFR

### 3.11.6 (summarized)

**Only COMPLETE units will be reimbursed.** Improperly expended funds or incomplete units not meeting HUD/NCHFA requirements, for any reason, will likely require reimbursement and potentially interest.

**Therefore:** If you bill for Soft or Admin costs but do not complete the unit, your **Organization must return these funds to Agency**

Remember that:

### 2.2.4.2 Eligible Soft Costs

- 2.2.4.2 **DIRECTLY ASSOCIATED** with a specific unit's soft costs
- 2.2.4.3 Cannot use for Administrative expenses (or hard costs)

Maximum of \$14,000 in soft costs

- Outreach & Advertising
- Environmental Review Preparation
- Asbestos Testing/Clearance
- Radon Testing
- LBP Inspection/Risk Assessment
- LBP Clearance
- Loan Document Execution, recording, legal fees
- Pre-rehab Inspection including Scope of work
- Work Write-Up
- Cost Estimate
- Construction Management
- Flood Insurance (units in Flood Hazard Zones)
- Post-rehab Value Certification

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## Section 3.3.3 & 3.7.3: Contractor/Consultant Written Agreements

### **ALERT concerning soft and hard costs!**

- All services utilizing either soft or hard costs require contracts for HOME funds to be used. This means there are Federal requirements attached!
- Contracts must be in place before soft and/or hard cost disbursed, Agency has the right to review
- Work must be unit specific
  - Invoices including single or multiple units should be clearly marked with costs per unit.
- Agency has created model policies, contracts, forms & procedures to assure compliance if you do not already have your own!

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## Section 3.7.6: 2CFR 200 Compliance

**Use the Agency's Model Procurement Policy**

**Modify as needed to meet your organization**

**Comply with 2 CFR 200**



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## Section 3.5: Accounting System Requirements

### Agency requires:

- **Accounting System** - for separating ESFR funds from other funds [Section 3.3.1]
- **Documentation** – records supported by source documentation, available upon request
- **Internal Controls** - including more than one signatory for contract amendments, change orders, etc. If you have a Digital/Electronic Policy acceptable to NCHFA, these can be used.
- **Accountability** – audits, adequate response to findings/recommendations



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## Section 3.8: Financial Audit Requirements

- Audits are required to be submitted annually to Agency
- Audits are carefully reviewed by the Agency
- Share Program Guideline Section 3 with your Fiscal Officer!



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## Sections 3.2.2 & 3.2.3: Reservations and Disbursements

### When can I go swimming in the LOAN POOL?

- **Immediately once you have reserved your first three units (Be prepared for FAMs!)**
- **March 30, 2028** – *everyone out of the pool*
  - Note that all loans must be **Reserved**
- **June 30, 2028** – *everyone dry off and pack up*
  - Note that all loans must be **Closed**, have a **Construction Contract** in place and a **Notice to Proceed** has been issued.
- **December 31, 2028** – *Leave the pool area*
  - Note that all construction must be complete and both the **Unit Completion Report & before and after photos** submitted in the portal. All **Admin funds** must be billed and any lagging projects completely billed; if billing is not complete prior to December 31, 2028, your organization risks not recouping Admin funds (Admin funds are allocated approximately one month after submittal of the UCR and photos).
- **February 15, 2029** – 😊 *DM your case manager telling them what a great time you had* 😊
  - The **CCFC** must be submitted and any other close-out paperwork.
- Monitoring paperwork is a separate process.
- **Reminder:** Must have a funding agreement to enter any pool. If a **cycle prior to ESFR24 is open**, you will need to wait to begin the ESFR28 cycle until the other cycle is closed out.

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## Sections 3.9.1-2: Project Monitoring by the Member

- **Member is ultimately responsible for training and supervising Project Staff who are operating the project**
  - *Includes implementing internal controls for checks and balances that all activities meet "the rules"*
  - *Ultimate responsibility falls with the organization that signs the Funding Agreement with NCHFA*
- **Member's Staffing plan was part of Application**
- **Agency must be notified of any changes (3.1.7)**
  - See 3.2.3 for changes of staff members using the Partner Portal



## Sections 3.1.7 and 3.2.3: Project Amendment

North Carolina Housing Finance Agency  
Essential Single-Family Rehabilitation Loan Pool and Urgent Repair Program  
Request for Project Amendment

Partner Organization: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Program Requesting Amendment:**  
 Urgent Repair Program (URP)  
 Essential Single Family Loan Pool (ESFRP)

**1a. Project Award Numbers for Requested Change URP and ESFR (separate with comma):**  
 \_\_\_\_\_

**2. Dwelling units served:** (Please check either A or B)  
 A. No change in number of dwelling units to be served is requested.  
 B. The Member requests that the number of dwelling units to be served be amended in accordance with the following matrix.

Number of Dwelling units	Approved		Proposed	
	Dwelling Units		Dwelling Units	

**3. Other Funds:** (Please check either A or B)  
 A. No change in other funds to be leveraged is requested.  
 B. The Member requests that the other funds target be amended in accordance with the following:

Source 1	Total amount of approved dwelling units:			Pct. Change
	Approved	Actual to date	Proposed	
Source 1				
Source 2				
Total amount of other funds:				
Other funds per dwelling unit:				

Reason for requested changes:  
 \_\_\_\_\_

**4. Project Role:**  
 A. No change of personnel is requested.  
 B. The Member requests approval of changes in key personnel as indicated on the next page. A current resume is attached for each officer who was not named in our approved application.  
 C. The changes on page 2 are for all projects listed on page 1.  
 D. The changes on page 2 are only for specific projects (list below):  
 \_\_\_\_\_

Complete Project Role sheet on page 2. If Project Role will be different for each project, use the "Duplicate Role Page" tab to copy and paste. Indicate the Project ID the role changes pertain to at the top of the Duplicate Role Page in the space provided.

Proposed changes must be submitted via the ESFRP form **"Request for Project Amendment"**

Use the most recent version from the website!

### Common Changes

- Changes in staffing must be accompanied by resumes of any staff members or consultants.**
  - Changes can be made during the PAD process
  - 3.2.3** When requesting Portal Access changes, these should:
    - be on a **Portal Access Authorization Form** showing all current users, old and new;
    - not include old users who do not work for the organization, on the project, and
    - be attached to a project amendment (3.1.7)
- Soft Cost allocation request important if this will be consistently applied throughout the project.**

Other uncommon changes:

- Unit goals (rarely used in ESFR)
- Additional funding source change (example: loss of match money for your program)

## Sections 3.9.3-5: Project Monitoring by the Member

- **Member must demonstrate proper control systems throughout the project** (financial and/or project)!
- **Failure may result in loss of funding**
- **Monitor contractors- scope of work compliance, licenses, insurance. Inspections!**
- **Agency technical assistance is always available- JUST ASK!**



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## Sections 3.2.5 & 3.2.7: Disbursement of Funds

Incurring ESFR soft costs before "Title Review" is complete, **is at your own risk!**  
**You must complete one unit in full to recoup 100% of the Admin costs!**

This is a  
**REIMBURSEMENT** only  
 program.

*Funds cannot be  
 requisitioned prior to  
 expenditures incurred.*

- **The Portal – location to submit all requisitions for funds, supported by invoices.**
- **Settlement Data Sheet – must be submitted prior to requisitioning hard costs**
- **Estoppel/Loan Modification at final**
- **3.2.7 Admin funds (max. of \$3,500) available for billing after the loan is closed for the first unit.**

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## Sections 4.2.3: Procurement Standards

**4.2.3.1** Competitive bidding requirements: open transparent, fair, competitive, prevent corruption eg. no Conflict of Interest (COI) -in Member Assistance Policy

**4.2.3.2** Requires line-item breakdown

**4.2.3.3** Requires Written Procurement Standards

**4.2.3.4** If work done by member, list specifics of how financial records are kept to meet all accounting requirements.



## Sections 4.2.6: Procurement Inclusion Requirements for Outreach

- Requires MWBE inclusion and documentation.
- 51% Ownership, with decision-making control and actively involved in day to day management

**Fair, Systematic, Uniform, Transparent = policies**

## BID TAB LOG (MODELS)

Bid Tabulation Sheet						
NORTH CAROLINA HOUSING FINANCE AGENCY Funding Source: HUD/CFDE Investment Partnership Program Excess/Single Family Rehabilitation Loan Pool (ESFRLP)						
Operation Name:						
Operation Address:						
Date Bids Advertised:						Date of Expected Award:
Date Bids Received:						Low Bid Minimum Range:
Rebid Date if applicable:						High Bid Maximum Range:
Min Bid Maximum Range:	Min Bid Maximum Range:		Signature of Observer or other authorized person:			
Contractor Responding to Bid Invitation (include contact information: Address, phone, email):	Project 1 Bid	Project 2 Bid	Project 3 Bid	Project 4 Bid	Project 5 Bid	
Pre-Bid Cost Estimate	Cost Estimate Low \$/Max High \$/Max	Cost Estimate Low \$/Max High \$/Max	Cost Estimate Low \$/Max High \$/Max	Cost Estimate Low \$/Max High \$/Max	Cost Estimate Low \$/Max High \$/Max	Response? (Y/N) Other Note?
1						
2						
3						
4						
5						
6						
7						
8						

**Bid Tabulation Sheet**

NORTH CAROLINA HOUSING FINANCE AGENCY  
 Funding Source: HUD/CFDE Investment Partnership Program  
 Excess/Single Family Rehabilitation Loan Pool (ESFRLP)

Operation Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date Bids Advertised: \_\_\_\_\_ Date of Expected Award: \_\_\_\_\_ Low Bid Minimum Range: \_\_\_\_\_ %

Date Bids Received: \_\_\_\_\_ Rebid Date if applicable: \_\_\_\_\_ High Bid Maximum Range: \_\_\_\_\_ %

Project # Bid	Contractor Responding to Bid Invitation (Name, Address, City)	Bid Amount	Pre-Bid Cost Estimate	Expected Award
Project 1 Bid			Low Bid Min	
			Cost Estimate	
Comments:			High Bid Max	
Project 2 Bid			Pre-Bid Cost Estimate	Expected Award
			Low Bid Min	
			Cost Estimate	
Comments:			High Bid Max	
Project 3 Bid			Pre-Bid Cost Estimate	Expected Award
			Low Bid Min	
			Cost Estimate	
Comments:			High Bid Max	
Project 4 Bid			Pre-Bid Cost Estimate	Expected Award
			Low Bid Min	
			Cost Estimate	
Comments:			High Bid Max	

Signature of Person Opening Bids: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Person Observing Bid Opening: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Person Observing Bid Opening: \_\_\_\_\_ Date: \_\_\_\_\_

Both bid tab sheets are available as Excel documents online and include a single project as well as the multiple projects shown here.

## Sections 3.7.9: Debarred/Suspended businesses

No Program-funded rehabilitation work will be contracted with businesses or individuals which are **debarred, suspended or otherwise ineligible under the terms of 24 CFR part 2424.**

[www.sam.gov](http://www.sam.gov)



## Section 3.4.3: Settlement Data Sheet & Requisitions

### Loan Status-Approved

- After winning contractor is selected, **submit the Settlement Data Sheet before hard cost requisitions**
- Only Increments of \$1
- Members must upload invoices and requisitions for hard, soft and admin costs
- *Members Approve **Invoices**,*
- *Case Managers Approve **Requisitions***

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## Sections 3.7.10: Change Orders

- **ANY change to a scope of work, costs or completion date.**
  - *This includes no-cost change orders **ESPECIALLY** when one work item is traded for another work item.*
- **Signed by all parties, two signatures from Member organization.**
- **Documentation as appropriate for describing the change.**
- **Change in cost may require an Agency Loan Mod or Estoppel; the Agency will issue this but the Member is responsible for getting it signed and returned to NCHFA.**

## Sections 3.3.1 & 3.3.2: Recipient Accounts

- **Establish a federally-insured master account**
  - While the account is usually established well before now, this is the stage when things can go wrong.

### **IMPORTANT:**

- **12 days to spend ESFRLP Funds**
- **If not returned within 12 days, Interest earned will be calculated and that will be due as well.**



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## Sections 3.3.4: Hard Cost Disbursements

### **Hard costs for actual rehabilitation can only be paid after:**

- **Loan closing is Complete** (Promissory Note, Recorded Deed of Trust)
- **Executed contract for rehab in the portal**
- **Submit Settlement Data Sheet in the Portal**



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## Sections 3.2.6: Unit Completion Report

### The Unit Completion Report (UCR):

- **Completed within 60 days of final draw, in the Partner Portal.**
- **Once units are closed out in the portal, they are accessible to your organization for 5 years.**
- **Consider if: taking screen shots of the portal for your files is necessary to comply with complete case file information?**
  - *You could add a standard note to the file that will direct them to the portal for the 5 years they are available. See Section 3.6.2 for litigation.*



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## Sections 3.11.1-2: Agency Monitoring

### **Criteria we use to monitor for project compliance:**

- **Application for Funding**
- **Funding Agreement** (and any Project Amendments)
- **Program Guidelines**
- **Post Approval Documentation**
- **Assistance & Procurement Policy**

**The Agency employs Desktop and Field Monitoring and Site Visits of units.**



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## Sections 3.11.3-5: Agency Monitoring

- **Critical to all of our success!**
- **Capacity assessment & # of units – 3.11.3**
- **Electronic delivery of documents required via the Partner Portal- 3.11.4**
- **Compliance (i.e. EPS + MHC) – Unit visits – 3.11.5**
- **Feedback and Findings**
- **Response and responsiveness**

**Your Case Manager will issue a Monitoring Report after all Monitoring is complete.**



## Sections 3.6.1-3: Recordkeeping

- **5 year record retention from date of closeout letter**
- **Retention is longer if there is litigation, etc.**
- **Your organization may be subject to audit, now or in the future**



# Sections 3.12.1-4 & 3.4: Project Close-out & Program Income

- 3.12.1** You initiate project closeout!
- 3.12.2** No new construction contracts after **6/30/28**, No construction contract change orders/no admin requisitions after **12/31/28** (Date of Completion)
- 3.12.3** Members required to submit CCFC, **due 45 days after Date of Completion 2/15/29**  
*Note this is not currently submitted through Portal*
- 3.12.4** Remit all undisbursed funds with CCFC, including Program Income
- 3.4** Program Income is money deposited in interest-bearing accounts. Matching Funds are not Program income.

**3.2.2**  
Requirement to complete the FA modification process to memorialize final funding amount.  
-this is a Portal activity

CERTIFICATION OF COMPLETION AND FINAL COST (REQUIRED)

NORTH CAROLINA HOUSING FINANCE AGENCY  
ESSENTIAL SINGLE-FAMILY REHABILITATION LOAN POOL PROGRAM  
CERTIFICATION OF COMPLETION AND FINAL COST

(Please Type or Print Legibly in Ink AND Please round to the nearest dollar)

Member Organization: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Funding Agreement #: \_\_\_\_\_ Program Completion Date: \_\_\_\_\_

Report Prepared by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**A. ACCOUNT BALANCES**

1. Receipts:

a. Amount of total ESFRLP Program funding allocation: \_\_\_\_\_

b. Sum of HOME-funded ESFRLP Program monies drawn from DIS: \_\_\_\_\_

c. Sum of other Program income (recapture/loan defaults, etc.): \_\_\_\_\_ (+)

d. Total receipts (A+B+C): \_\_\_\_\_ (+)

2. Disbursements by Member of HOME-funded ESFRLP Program monies:

a. Rehabilitation hard costs: \_\_\_\_\_ (+)

b. Rehabilitation soft costs: \_\_\_\_\_ (+)

c. Total of disbursements (A+B+C): \_\_\_\_\_ (+)

3. Balance of ESFRLP funds in local ESSENER Account (B minus 2.d.) (Return to NCHFA)

**B. CUMULATIVE PRODUCTION**

1. Dwelling units rehabilitated:

County Served	Total Funds (ESFRLP + Other Leverage)		
	ESFRLP Funds Disbursed	Other Leveraged Funds Disbursed	
	Hard	Soft	Total
Total			
Average			

2. Total other funds leveraged for Hard Costs (only Hard Costs), by source:

Other Leveraged Funds Disbursed for Hard Costs							
CDBG	USDA HPG	USDA 504	W.A.P.	HOME	Other Cost	Local govt.	Total

**WARNING - Total Other Leveraged Hard Costs in Table B.1. and B.2. are not equal**

For NC Housing Finance Agency Use Only

Assigned Case Manager	Date Received?	CCFC signed?	Rehab Insect Story Rec'd?	Monitoring Status?	Okay to Close?	Date checked by Case Manager

Page 1 of 2

NORTH CAROLINA HOUSING FINANCE AGENCY  
ESSENTIAL SINGLE-FAMILY REHABILITATION LOAN POOL PROGRAM  
CERTIFICATION OF COMPLETION AND FINAL COST

(Please Type or Print Legibly in Ink)

Date of Report: \_\_\_\_\_ Member: \_\_\_\_\_

**C. CERTIFICATIONS** (Please check the box beside each applicable statement.)

1. All dwelling units rehabilitated under the direction of the Member with ESFRLP assistance now meet HUD's Housing Quality Standards and the Agency ESFRLP Rehabilitation Criteria and contain no imminent threats to the occupants of the unit or the structural integrity of the unit.

2. All Program-funded rehabilitation work was inspected, as required, by State building code enforcement officers.

3. All required security documents have been properly executed, recorded and submitted to the Agency pursuant to the Program regulations.

4. All Agency concerns stemming from its monitoring of the Member's ESFRLP Project (as stated in a letter from the Agency) have been resolved.

5. Unit Completion Reports have been submitted for all activity accounts that were set-up in the HUD Integrated Disbursement & Information System (DIS) leaving a DIS balance of zero (0).

6. (Please check a. or b.)

a. All audit reports or financial statements (as per P.G. 3.8.) have been submitted to the Agency covering each fiscal year in which Program funds were on hand or,

b. All required audit reports or financial statements have been submitted except that covering the current fiscal year. Said current-year document will be submitted as soon as it is made available to the Member. (Estimated date: \_\_\_\_\_)

7. If the figure entered at line A.3 of this Certification of Completion and Final Cost is greater than zero (0), a check in the amount there shown, made out to the North Carolina Housing Finance Agency, accompanies this document.

8. All dwelling units rehabilitated with program funds have a post rehabilitation value of less than 95 percent of the median purchase price for the type of single-family housing for the jurisdiction as determined by HUD.

As chief operating officer of the Member I certify that the information contained in this report is complete and accurate.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

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## Sections 3.12.6, 3.12.7, 3.2.2: Additional Project Close-out

### 3.12.6

Submit a human interest story.

### 3.12.7

Members are required to submit 5 before and after photos. **At least one before and after photo should provide an overall picture of the unit's front entry side.**

### 3.2.2

**-CCFC due February 15, 2029\***

-Requires completing the FA modification process to memorialize the final funding amount if it exceeds **\$273,000.**

Questions: 5 Minutes

# Title Review and Loan Closing Process

Incurring other ESFR soft costs before the "Title Review" completion is at your own risk!



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## Title Review Process

- Once the Reservation has been accepted the file falls into the title review work list as well as the Environmental Review work list for processing.
- Our goal is to have the title review complete within 10 Agency business days of the reservation being accepted; however issues discovered during title review can cause delays. Additionally, if we have to send the title review out to our 3<sup>rd</sup> party vendor it can take longer.
- The title review and the Environmental Review, including the receipt of the SHPO response letter, need to be completed before a file can be approved.



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# Title Review Process

- If a Power of Attorney was used to sign the Income Eligibility Calculator or the HOME Owner Written Agreement a copy of the recorded Power of Attorney must be submitted with the reservation.
- If a Power of Attorney is being used for the loan closing a copy of the recorded Power of Attorney must be submitted at the time the Settlement Data Sheet is submitted so we can properly prepare the closing package.

Under no circumstance may someone sign for another person without a Power of Attorney.



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# Title Review Process

During title review we look at the following:

- Property Taxes
- Deeds/Ownership
- Estates, if applicable
- Deed of Trusts/Mortgages
- Judgments
- Bankruptcy



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# Title Review Process

On average close to 60% of the files we receive have some sort of title issue. How can you help?

Challenge	How you can help
Foreclosure	We will find in title review. We may ask for additional information and/or documentation.
Ownership of Multiple Properties	We will find in title review. We may ask for additional information and/or documentation, including an updated HUD income calculation.
Bankruptcy	We will (usually) find in title review. We may ask for additional information and/or documentation, including permission of the Bankruptcy Judge for us to close our loan. If an applicant is in an active bankruptcy, we can not proceed without Court permission.



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# Title Review Process

Challenge	How you can help
Unpaid Property Taxes	When the borrower comes in, ask them if his/her property taxes are current. If not, have the borrower pay the taxes in full or start working with the county tax office now to set up a repayment plan.
Death of Spouse or Co-Owner/Estate/Heirs	Get a copy of the Death Certificate of the deceased spouse or co-owner. ***We may be contacting you to assist us in obtaining copies of estate documents, and additional people may need to sign the deed of trust.***
Divorce and/or Separated	Verify the borrower's marital status. Please provide us a copy of the divorce or separation agreement.



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# Title Review Process

Tax Payment Plans must contain the following:

- Letterhead or form issued by the Tax Department. **Screenshots of the tax department collection system are not sufficient.**
- Signed by the someone in the Tax Department.
- Described the terms of the payment plan (example: \$100, a month starting 7/1/2020 until paid).
- States which years are covered if borrower is past due for more than one year.
- States that as long as borrower is still in good standing on the payment plan that the Tax Department won't proceed with further collections.



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# Title Closing Process

- After you have received loan approval and your winning bid/contract you can submit the Data Settlement Sheet for closing. **Data Settlement Sheets should not be submitted if you have not received your winning bid/contact.**
- The Agency requires **7 Agency business day's** notice before closing. **Closing date should be confirmed with the borrower before scheduling in the portal and the closing may not take place before the closing date given to the Agency.**
- Only the documents provided by the Agency should be used for closing.
- 3 day right to rescind **does not** apply to the ESFR loans and should not be provided to the borrower.



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# Title Closing Process

We will send the closing package via secure email with the following documents:

- Promissory Note
- Deed of Trust (to be recorded and must be signed by all owners and spouses)
- Legal Advise Disclosure (must be signed by all owners and spouses)
- Grant Agreement
- Name Affidavit
- W-9 for all borrowers
- Request for Notice(s), if applicable (to be recorded)
- Privacy Notice (to be given to borrower, does not need to be signed)
- Closing Instructions Letter



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# Title Closing Process

## Quick Reminders

- All loan documents must be fully completed and all be dated the same date.
- Documents must be printed single sided. Most Register of Deeds will not accept double sided documents for recording.
- Absolutely no changes to the loan documents are permitted without written approval from the Agency.
- If a borrower wishes to close with a Power of Attorney the partner must submit the Power of Attorney to the Agency at least 3 business days before closing for review.
- Everyone listed on the loans documents must sign for themselves. If someone is unable or unwilling to sign, stop the closing and call the assigned NCHFA Paralegal.



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# Title Closing Process

## Quick Reminders

- If the marital status of the borrower has changed since the reservation you must notify the Agency before signing any loan documents. This includes death of the co-borrower or spouse who is signing.
- All original loan documents should be returned to the Agency **within 5 business days of closing** with the exception of the Deed of Trust and Request for Notice (if any).
- Hard costs requisitions cannot be paid until all loans documents have been received and approved.
- Notify the Paralegal if there are any changes to the closing date.



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# Title Review and Loan Closing Process




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Questions: 5 Minutes

Break: 5 Minutes  
12:30




NORTH CAROLINA HOUSING FINANCE AGENCY  
HousingBuildsNC.com

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


Individual Case Management  
& Loan Processing



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HousingBuildsNC.com

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## Sections 4.1.2: Selecting Applicants: Assistance Policy

### Outreach and Intake requires the implementation of Policies

- You must have an Assistance Policy that clearly identifies and describes the 18 items listed in this Section.
- The Assistance Policy (AP) must be officially adopted, readily available to the general public and applied uniformly.
- Notice of Disposition
- Complaint and Appeals Process

**Best practice: Homeowners individually sign off on receipt of the AP**

## Sections 4.1.3: Selecting Applicants: Ownership Requirements

**4.1.3.1** Must own the home and have authority to create a lien on the property

**4.1.3.2** Must meet income requirements and a fulltime household member must have at least one special need:

- Elderly
- Disabled
- Veteran
- Child under the age of 6 threatened by lead exposure

## Sections 4.1.4: Selecting Applicants: Property requirements

1. Located in the NC county you are serving
2. Remains affordable after rehab
3. Owner Occupied, Permanent foundation, Real Property
4. Minimum 50% of building is residential

## Sections 4.1.5: Selecting Applicants: Evaluate Households

Members must use a standard pre-application form.

### *Basic Steps:*

1. Gather Data (pre-application)
2. Enter Data (ESFRLP portal);
3. Print HOME Owner Agreement;
4. Applicant signs Agreement;
5. Submit the Agreement to the Portal

The official ESFR **Application** is submitting all of the required documentation in the Partner Portal

PRE-APPLICATION (MODEL)

**AGENCY MODIFY**  
Essential Single-Family Rehabilitation Loan Pool  
Pre-Application & Eligibility Certification (page 1 of 2)

**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	SSN (if applicable)	Race Code*	Hispanic**	Relation to Homeowner

**Gross Income Work Table**

Source	Dollars / Household Member / MONTH							Total
	a	b	c	d	e	f	g	
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-Totals for columns a-g)								

**AGENCY MODIFY**  
ESFRLP PROGRAM  
Pre-Application & Eligibility Certification (page 2 of 2)

**Applicant Data**  
Name of Homeowner(s) (First, MI, Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_

**Qualifying Income Table (for reference) Maximum Gross Household Income**

Household Size	Maximum Gross Household Income							
	1	2	3	4	5	6	7	8
a) County: 30%								
b) County: 50%								
c) County: 80%								
Note: _____								

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## Sections 4.1.6 & 4.1.7: Selecting Applicants: Property requirements

### Section 4.1.6/.7 Income

- Obtain and retain source documentation of income
- Gross annual income
- CANNOT be bank statements
- HUD Calculator

### Section 4.1.8 Files

Maintain on file all forms and documents for each applicant, whether approved or not for assistance, i.e. a case file for each applicant

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## The Case File – Section 4.3

- The guidelines address directly making case files in Section 4.3.
- 26 document types



## Sections 4.3.1: Program Documents: Case File Requirements

- 26 different types of program documents, most are required in every file.
- Some are required in an NCHFA document form (6)
- Some are required in a Partner Portal screen (11)
- Others can be in the format chosen by the Member but many models are provided.

## Sections 4.3.2-3 and 4.3.5-6: Program Documents: Case File Requirements

### **Section 4.3.2 & 4.3.3**

Fully complete, date and sign all documents. Don't use correction fluid/white out or make extraneous marks w/o initials.

### **Section 4.3.5**

Organize your case files; consider a case file log (model available online). Ideally, align files with Desktop Monitoring Checklist.

### **Section 4.3.6**

Not all records are required in the same case file location but notes must be added to the file to explain where they are located and must be provided upon request (i.e. financial records).

## Sections 3.2.1.: Reservations and Disbursements

- **“Approved” status is necessary before the actual loan & rehab process begins!**
- **To get there:**
  - Partner submits a Reservation to initiate the “Reserved” status
  - Agency conducts title search and environmental review
- **Partner needs to complete the following for “Reserved” status:**
  - Environmental Screening
  - Historical Evaluation + SHPO
  - Post-Rehab valuation
  - HOME Owner Agreement
- **Agency then conducts title search & environmental review**

Incur ESFR soft costs at your own risk before “Title Review” is completed and Unit Approved!

## Sections 4.2.1: Rehabilitation Procedures

- Inspect the property for violations to meet the most stringent of the local minimum housing code or Essential Property Standard (EPS)
- Put a checklist (of the Partner's choice) in the case file. The document required to memorialize this inspection is the "ESFRLP Essential Property Standard Certification of Compliance".

Rehab Specialist is in the house!



## Sections 4.2.2: Rehabilitation Procedures

- Create a work write up detailing needed improvements and associated cost estimate. Must include a home year built date.
- Document the date of inspections, on-site staff, notes and calculations, date and preparer of WWU.
- Itemize costs: i.e. materials, labor, fees
- Organize logically, by trade or location in the home.
- Picture is worth a 1000 words



## Sections 4.2.2: Rehabilitation Procedures: Work Write-Ups

### 4.2.2.2 Provide enough information to ensure consistent bidding.

1. Scope
2. Construction method, when appropriate
3. Quantity
4. Quality standard
5. Location in the home
6. Reference materials such as performance or general specification information

### 4.2.2.3 Show matching funds on an item by item basis and identify the source.

### 4.2.2.4 Show lead, radon and asbestos hazards on an item by item basis

## Sections 4.4.1-4: General Loan and Grant Procedures

### Section 4.4.1 Assistance is in the form of:

1. Grant for Soft Costs not to exceed \$14k;
2. 0%-interest free, deferred forgivable (\$14k/year) loan not to exceed \$70k (SECURED by DEED of Trust)

### Section 4.4.2 & 4.4.3 Assumption possible. Default is:

1. Sale or transfer of the property;
2. Failure to use the home as a principal residence.

### Section 4.4.4 Details how Assumption are handled: [subordinations@nchfa.com](mailto:subordinations@nchfa.com)

## Basic Loan Parameters

## Sections 4.5: Preparing Loan Documents

- Member must facilitate the loan closing
- Must present or cause an attorney to present the Agency prepared loan documents to the Homeowner to complete the loan closing and document recording
- Must deliver to NCHFA
- Note: you will need a Notary present at closing



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## Sections 4.5: Preparing Loan Documents

### Documents that encompass a complete loan closing:

1. Pre-Application + Application in the Portal;
2. Work Write-Up and Cost Estimate;
3. Contract for Rehabilitation;
4. HOME Owner Agreement;
5. Promissory Note;
6. Deed of Trust (recorded);
7. Grant Agreement;
8. Request for Notice of Sale (recorded);
9. Unrepresented Borrower Affidavit.

**Member responsibility: All recording must occur **PRIOR** to construction startup!**



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## Sections 4.6: Loan Closing Procedures

**Section 4.6.1** Members are responsible for all signatures, dates and required documents for loan closing.

**Section 4.6.2** Includes all titleholders on the Deed of Trust.

**Section 4.6.3** Best Practice: Record on the date of closing.

**Section 4.6.4** Homeowner must keep the property and rehab improvements insured for 100% of the loan amount.



## Sections 4.8: Loan Close-out Procedures

**Section 4.8.2** Remit to the Agency: Promissory Note, Recorded Deed of Trust, Request for Notice of Sale (if needed)

**Section 4.8.3** You are responsible for proper completion of ALL documents

**Section 4.8.4** Details Complaint/Dispute Policy requirements.  
Note: Certificate of Satisfaction signed after the date of a complaint can resolve it.



## Sections 4.2.4: Pre-Construction & Post-Construction Conferences

- **Pre-construction Conference:** walk-thru, rehab expectations, signed record
- **Post-construction Conference:** manuals, demonstrate systems and their maintenance, product warranties, one-year workmanship and materials warranty.

**Must add the Conference Records to the Case File!**

PRE CONSTRUCTION (MODEL)

NORTH CAROLINA HOUSING FINANCE AGENCY  
Essential Single-Family Rehabilitation Loan Pool

**Preconstruction Conference Record**

Recipient Organization/Coordinating Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Homeowner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Representatives present for (list all persons attending and have each sign and date):**

Recipient Organization: \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor(s): \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner: \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: (Note any special conditions, times, agreements) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recorded by: \_\_\_\_\_

---

**Homeowner Acknowledgement**

I have received a written copy of the ESFRLP "Assistance Policy", and a representative has described the terms, conditions, limitations, and provisions of the ESFRLP. In addition, a representative has described the repair process and reviewed with me the repair Contract, the work write-up, and related documents. Therefore, with full understanding of the assistance being offered, I acknowledge execution of the ESFRLP Homeowner Written Agreement and Construction Contract, and agree that the work will begin on or about \_\_\_\_\_, 20\_\_\_\_.

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POST CONSTRUCTION (MODEL)

NORTH CAROLINA HOUSING FINANCE AGENCY  
Essential Single-Family Rehabilitation Loan Pool

**Post-Construction Conference Record**

Recipient Organization/Coordinating Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
 Homeowner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Representatives present for (list all persons attending and have each sign and date):**

Recipient Organization: \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor(s): \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner: \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Attendee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: (Note any topics discussed) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recorded by: \_\_\_\_\_

---

**Homeowner Acknowledgement**

I have received all warranty manuals, maintenance schedules and instructions for the scope of work completed on my home. Specifically, I have received the following documents or instructions (circle all that apply):  
Instructions for use and care of the following: gutters and downspouts, vinyl siding, thermostat for heating and cooling, return air vent and filter, kitchen exhaust fan, bathroom exhaust fan, gfi outlets in kitchen, gfi outlets in bathroom, CO detector, and Smoke detector. Other: \_\_\_\_\_  
Warranties for: roofing-type: \_\_\_\_\_; siding-type: \_\_\_\_\_; insulation-attic: \_\_\_\_\_; insulation-crawl: \_\_\_\_\_; insulation-wall, pest treatment application-company: \_\_\_\_\_; Electrical panel; sump pump-crawl;  
water heater-type: \_\_\_\_\_; HVAC system-type: \_\_\_\_\_; exhaust fan-kitchen, exhaust fan-bathroom;  
refrigerator, stove, kitchen faucet, and bathroom faucet. Other: \_\_\_\_\_  
 I acknowledge receipt of these instructions and warranties on \_\_\_\_\_, 20\_\_\_\_.

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Sections 3.12.7: Project Close-Out: Photo Documentation

- All units must have at least 5 before and 5 after pictures submitted to NCHFA.
- One picture must show the overall home including the front entry, preferably before and after.
- Submit with Unit Completion Report (UCR) portal entry.

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- Begin with the end in mind-the EPS Certification of Compliance
- Critical Milestone and a required document.
- Additional documentation may be required and/or requested by your NCHFA case manager.

**ESFRLP Essential Property Standard Certification of Compliance\***

This certifies that \_\_\_\_\_ [project address] in \_\_\_\_\_ [city] was inspected on the dates named below and found to be in compliance with at least one of the following during the **Post-Rehabilitation Inspection**:

Local Minimum Housing Code for \_\_\_\_\_ [local jurisdiction]

Essential Property Standard [ESFRLP Program Guidelines Appendix A, Section C.]

**Pre-Rehabilitation Inspection** by [print name of inspector]: \_\_\_\_\_  
 Inspected by \_\_\_\_\_ [Signature of Rehabilitation specialist]  
 on \_\_\_\_\_ [month/day/year] to create a scope of work to meet the selected standard.

**Post-Rehabilitation Inspection** by [print name of inspector]: \_\_\_\_\_  
 Inspected by \_\_\_\_\_ [Signature of Rehabilitation specialist]  
 on \_\_\_\_\_ [month/day/year] to confirm completion of a scope of work to meet the selected standard. On this date, all work is complete and there are no 'punch-list' items.

A one-year warranty begins on the Post-Rehabilitation Inspection date above; the homeowner must notify in writing the contractor and/or partner of any defects within one-year of this date. All corrective work performed extends the warranty on the corrected work to one-year from the date corrected.

Contractor: \_\_\_\_\_ [name of organization and contact with address]

Partner: \_\_\_\_\_ [name of organization and contact with address]

The following corrective work was performed (include item and date of the correction):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Homeowner Receipt of completed document:**  
 Homeowner signature: \_\_\_\_\_  
 Homeowner Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\* The project case file should continue to include a consistent pre-rehab inspection list. Examples include: ESFRLP Certification Checklist, ESFRLP Field List, local minimum housing code with additional required ESFRLP Essential Property Standards added or other pre-rehab list that suits the needs of the Member's organization and location to meet the Essential Rehabilitation Criteria.

April 22, 2019

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## Sections 4.7.1 & 4.7.2: Loan Disbursement Procedures

1. Inspect work – add inspection notes to file including date of
2. Pay only for satisfactory work – add approved requisition to case file
3. Make max. of 5 payments – case file log will help track
4. Ensure adequate funds on hand – communicate with finance
5. All changes to the work are written including time and traded work scope changes: homeowner, contractor, 2 members sign – in case file, modify loan as needed.
6. Lien Waivers are required – add to case file

Critical to coordinate with Rehab Specialist!



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## Sections 4.8.1: Loan Close-Out Procedures

1. Make final inspection and have an LBP clearance if needed;
2. All work including code compliance is complete;
3. Release of Liens is in place;
4. Use all the funds available (change order if needed) or reduce loan by an executed & recorded Estoppel to reflect the final loan;
5. Owner's Satisfaction complete.

Add to the file!



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### CERTIFICATE OF FINAL INSPECTION (MODEL)

NORTH CAROLINA HOUSING FINANCE AGENCY  
ESSENTIAL SINGLE-FAMILY REHABILITATION LOAN POOL PROGRAM

**Certificate of Final Inspection**

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_

Prime/General Contractor: \_\_\_\_\_  
Date of Contract: \_\_\_\_\_

**CERTIFICATIONS:**  
On behalf of the Recipient Organization/Coordinating Agency, I have inspected the work performed on the above-listed property through financial assistance from the North Carolina Housing Finance Agency's Essential Single-Family Rehabilitation Loan Pool. The construction work has been satisfactorily completed in accordance with the contract, including any required Lead Clearance Testing. The contractor named above is eligible for payment of any balance due under the contract.

Lead Hazard Clearance Testing Required:  Yes  No  
If Yes above, date of Lead Clearance Report: \_\_\_\_\_

Signature \_\_\_\_\_ Date of Inspection \_\_\_\_\_  
Title \_\_\_\_\_  
Recipient Organization/Coordinating Agency \_\_\_\_\_

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### CERTIFICATE OF SATISFACTION (MODEL)

NORTH CAROLINA HOUSING FINANCE AGENCY  
ESSENTIAL SINGLE-FAMILY REHABILITATION LOAN POOL PROGRAM

**Owner Certificate of Satisfaction**

Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_

Prime/General Contractor: \_\_\_\_\_  
Date of Contract: \_\_\_\_\_

**CERTIFICATIONS:**  
I hereby certify that I have inspected the repairs or modifications made to my home and that the construction work has been satisfactorily completed in accordance with the construction contract.

I understand that the assistance that I have received under the Essential Single-Family Rehabilitation Loan Pool was intended only to achieve the following goals:

- 1) to alleviate housing conditions which pose an imminent threat to the life or safety of qualifying homeowners; and/or
- 2) to provide accessibility modifications and other repairs necessary to prevent displacement of qualifying homeowners with special housing needs, such as frail elderly and persons with disabilities.
- 3) to rehab the home to meet one or both of the following standards (circle fill-in blank as appropriate) not including any waivers granted and approved by all parties:
  - a. The ESFRLP Essential Property Standard
  - b. the local Minimum Housing Code in \_\_\_\_\_ (local jurisdiction).

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co-owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### NORTH CAROLINA HOUSING FINANCE AGENCY Single-Family Rehabilitation Program Loan Pool Contractor's Release of Liens

**A. Sub-contractor's and Supplier's Certification**

WHEREAS we, the undersigned sub-contractor(s) and/or supplier(s), have furnished the materials and work for the repair of the dwelling unit described below:

HOME OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PRIME/GENERAL CONTRACTOR: \_\_\_\_\_  
CONTRACT DATE: \_\_\_\_\_

WHEREAS we, the undersigned sub-contractors and suppliers, have agreed to release all liens which we, or any of us, have, or might have on the said buildings for work or materials contracted for or furnished in, for, or about the repairing or modification of the said building.

WITNESSETH that we, the undersigned sub-contractors and suppliers, do hereby certify that all work required to be done by us in association with the above-referenced contract has been done in good and workmanlike manner in accordance with the terms thereof, and that we have been paid or definite arrangements have been made for us to be paid by the prime/general contractor.

WITNESSETH that we, the undersigned sub-contractors and suppliers, do hereby release any and all claims for damages, loss or amounts owed or claimed to be owed by either the Contractor or Homeowner as a result of the above contract and work done thereunder.

IN WITNESS WHEREOF, we hereto set our hands and seals, on the date written opposite our respective signatures:

(1) \_\_\_\_\_  
Date \_\_\_\_\_ Sub-contractor/Supplier  
Witness \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Signature

(2) \_\_\_\_\_  
Date \_\_\_\_\_ Sub-contractor/Supplier  
Witness \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Signature

(3) \_\_\_\_\_  
Date \_\_\_\_\_ Sub-contractor/Supplier  
Witness \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Signature

1

(4) \_\_\_\_\_  
Date \_\_\_\_\_ Sub-contractor/Supplier  
Witness \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Signature

(5) \_\_\_\_\_  
Date \_\_\_\_\_ Sub-contractor/Supplier  
Witness \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Signature

**B. Prime/General Contractor's Certification and Request for Payment:**

I do hereby certify to the Owner of the above property that the signatures signed to this Release of Liens comprise a true and complete list of all corporations and persons who have contracted for or furnished any and all repairs or improvements of the said building(s) or premises, or who are, or have been, sub-contractors upon said building(s) or any part thereof or for any furnishing and any and all fixtures or improvements to said real estate under any contract or agreement with the undersigned.

Upon receipt of payment of the balance due under the contract this document shall become effective to release all liens which I, the undersigned, have or might have on the said buildings for work or materials contracted for or furnished in, for, or about the repairing or modification of the said building. Payment shall be considered received when the related payment check has been properly endorsed and has been paid by the bank upon which it is drawn.

I hereby request payment of the balance due under the contract.

Contractor \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Witness \_\_\_\_\_

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### RELEASE OF LIENS (MODEL)

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# Sections 3.10: Project Reporting– Individual Units

1. Complete all Unit Completion Reports (UCR) in portal
  1. Within 60 days of final pay requisition – case file log!
  2. This includes inputting the General Contractor if you did not add with the Settlement Data Sheet.
  3. Don't forget to check the Final Requisition box!

### 3.10.3 Important Dates worth repeating!

For ESFRLP28:

- The project completion date: **December 31, 2028 – NO MORE Requisitions**
  - **June 30, 2028**(Funds obligated by loan)
- The project closeout date is **February 15, 2029**



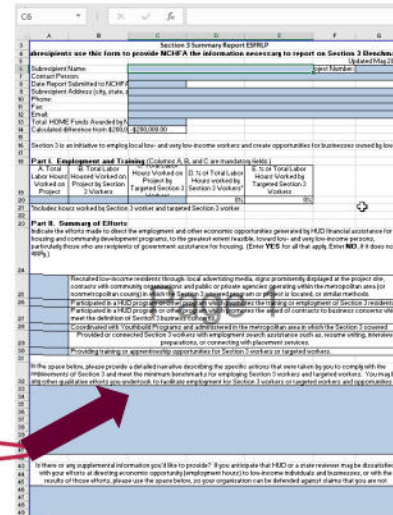
# SECTION 3: SUMMARY REPORT >>>>TO NCHFA

## Section 4.2.7

Section 3 reporting required- this is a document which covers the entire Project

### ESFRLP Required Forms

- [ESFRLP Lead-Based Paint Requirement Worksheet \(9/7/2023\)](#)
- [ESFRLP Essential Property Standard Certification of Compliance \(9/7/2023\)](#)
- [ESFR Certification Checklist \(2016–2018\)](#)
- [Certification of Completion and Final Cost \(3/4/2020\)](#)
- [ESFRLP Section 3 Summary Report and Guidance \(7/15/2021\)](#)
- [ESFRLP Section 3 Summary Report \(Excel\) \(11/15/2024\)](#)
- [Request for Project Amendment - ESFRLP & URP \(updated 9/9/2024\)](#)
- [ESFR Waiver Form \(updated 9/7/2023\)](#)



## Sections 3.11: Project Monitoring by Agency – Desktop & Site Visit Audits

The Agency uses the following criteria to review the Member's performance:

1. Conformance with the Member's Application for Funding;
2. Compliance with the requirements of the Program as stated in the Funding Agreement and ESFRLP Program Guidelines;
3. Adherence to the member's policies for Assistance and Procurement/Disbursement.

- Members will be contacted by their case manager w/ which units will be monitored.
- NCHFA will open slots for the electronic upload of monitored case files
- Members will upload requested case files needed to be reviewed; all documents required for each unit unless noted otherwise. See **Section 4.3.1** for case file documents
- Member will contact the individual homeowners to schedule a time to visit and review the rehab work that was completed.

## Questions by Mike Poll by Donna

**POLL 5**

Name 3 critical activities to complete when CLOSING OUT your ESFR28 project. ⋮

*New Partners Must Return*

Questions + Poll: 10 minutes

Break: 40 Minutes  
Back at 1:45



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Recent  
Technical Assist  
Topics



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## Topic 12: Completing a DocuSign PAD

### *PAD = Post Approval Documentation*

#### Who is involved in the process? What are their roles?

1. NCHFA ESFR Coordinator
  - Initiates PAD document email and DocuSign PAD Submittal Process
2. NCHFA Case Manager
  - First point of Member contact, provides member with technical assistance throughout the life of the project, including during the PAD Submittal Process
3. **Member-PA** aka the person who complies the PAD for submittal to NCHFA
  - Person listed as Program Administrator on Application
  - Only one person can complete the DocuSign PAD
4. **Member-Signatory**
  - Person listed as the CAO on Application
5. **Witness**
  - Person designated by the CAO in DocuSign– could be another employee, Bruno Mars or Taylor Swift, etc. *This person is not necessarily a member of the project team.*

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## Topic 12: Submitting a DocuSign PAD

#### Basic DocuSign Process in 7 steps

1. Receive, Read and Understand PAD document email – *initiated by NCHFA*
2. Collect, Create and Update all the documents requested in the email – *by Member*
3. Save each separate document as a separate PDF – *by Member*
4. Receive the DocuSign link to the PAD submittal in an email – *initiated by NCHFA*
5. **Member-PA** uploads the PDFs and completes the DocuSign document
  - **Bonus:** Forward a WORD document to your Case Manager of the proposed Policies – your case manager might ask for it, so be prepared.
6. **Member-Signatory** assigns a **Witness** and signs the DocuSign document
7. **Witness** signs the DocuSign document → *Routed back to NCHFA*



**DocuSign PAD Submittal is Complete!**

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## Topic 12: Completing a DocuSign PAD

### STEP 1: *What Comprises a PAD document email?*

The Email sent out on April 20, 2026 to the **Member-CAO** and the **Member-Program Administrator** listed in the Application included the following:

- A memo from NCHFA to roughly describe the process, provide access to training opportunities and state due dates with the following attachments:
  1. Directions: Completing the ESFRLP28 PAD via DocuSign
  2. 01\_Subrecipient Audit Compliance Form
  3. 02\_FFATA Subrecipient Questionnaire
  4. 03\_ESFRLP28 State and Federal Audit Regulations
  5. 04\_Portal Access Approval
  6. 05\_W9
  7. 06\_ACH Form submittal process guide
  8. 07\_NCHFA Guidance for Developing a Four Factor Analysis
  9. Model Policies (4 documents in WORD format): Assistance (1 type) and Procurement and Disbursement (3 types)

## Topic 12: Completing a DocuSign PAD

### STEP 2: *Collect, Create and Update Documents – Member-PA*

1. Create a Project File, Manual, Electronic folder etc. to save documentation and memos
2. Work with the appropriate **Member** personnel to execute:
  - 01\_Subrecipient Audit Compliance Form
  - 02\_FFATA Subrecipient Questionnaire
  - 04\_Portal Access Approval
  - 07\_NCHFA Guidance for Developing a Four Factor Analysis
  - Model Policies for Assistance and Procurement and Disbursement and create a Draft Policy in WORD format.
3. Route the 03\_ESFRLP28 State and Federal Audit Regulations to the **Member-CAO** and any other personnel involved. Save the routing of the document in the Project file.
4. Route the 05\_W9 and 06\_ACH Form submittal process guide to the appropriate **Member** personnel

## Topic 12: Completing a DocuSign PAD

### STEP 3: Save each separate document as a separate PDF – **Member-PA**

1. Add the originals of documents in the following steps to the Project File
2. Special instructions for **Local Governments** and **Non-Governmental Agencies**, next slide
3. Make PDFs of the following documents to be uploaded in this order into the DocuSign PAD when you see the word **ATTACH/blue paperclip rectangle**:
  - **Source of Funds letter** [Section B]
  - **Assistance Policy DRAFT** [Section C]
  - **Procurement and Disbursement Policy DRAFT** [Section D]
  - **01\_Subrecipient Audit Compliance Form and 02\_FFATA Subrecipient Questionnaire** [Section G]
  - **Find all local Minimum Housing Codes in the service area** [Section H]
  - **04\_Portal Access Approval** [Section K.1]
  - **Four Factor Analysis and the LAP** if required by the analysis [Section L]
4. **BONUS activity not included in the PAD document package email**: Get a head start on completing the DocuSign form by confirming the soft cost budget your organization plans to use. The suggested budget was included in your application. If you plan to revise the soft cost budget, work with your team now so you are prepared to enter the numbers in DocuSign.

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## Topic 12: Completing a DocuSign PAD

### STEP 3: Save each separate document as a separate PDF – **Member-PA**

1. Special instructions for **Local Governments**
  - If [Section I] says “Attach”, you will need to have an executed **Intergovernmental Agreement** in PDF format to attach. Since two governments must sign off on this, it can create a delay.
  - This is an unusual agreement, usually between a City providing ESFR to a County. *A County or a COG does not need to complete this document.*
2. Special instructions for **Non-Governmental Agencies**
  - In [Section H], collect copies of the following documents and create PDFs
    1. **Conflict of Interest Policy**
    2. **No Overdue Taxes Statement** executed by appropriate governing body
    3. **Articles of Incorporation**
    4. **By-Laws** including all amendments
    5. **List of current directors, officers and staff**



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## Topic 12: Completing a DocuSign PAD

**STEP 4:** Receive the DocuSign link to the PAD submittal in an email – from **NCHFA** to **Member-PA**

1. Things to know about the DocuSign Link
  - Only one person can complete the DocuSign process of adding all the data
  - It can be reassigned to a new person but
    - any work completed will disappear and
    - the initial user will lose access to the document
    - if the signatory role will be reassigned, call your **Case Manager**
2. How to Reassign the PAD completion Role to a new person:
  - Open the DocuSign
  - Select “**Other Actions**” in the top right corner
  - Choose “**Assign to Someone Else**”
  - Enter the new signer’s name and email address
  - At this point the original **Member – PA** role is revoked and loses access
  - Please tell your **Case Manager** about the reassignment
3. Note that “signing” by the **Member – PA** is the completion of adding all data in DocuSign and clicking the “Finish” button
4. Note that a **Witness** cannot be someone that completed the DocuSign data

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## Topic 12: Completing a DocuSign PAD

**STEP 5:** **Member-PA** uploads the PDFs and completes the DocuSign document

1. Confirm that the person in your organization responsible for completing the process is the one who received the DocuSign Link.
2. Gather all the available guidance on how to do this:
  - The initial email memo sent on April 20, 2026
  - **Completing the ESFRLP28 PAD via DocuSign**
  - These Technical Assistance **Topic 12** slides from the Webinar
3. Gather all of the PDF documents you need to upload in the process
  1. See the Technical Assistance Step 2 and Step 3
  2. Compare the documents you collected and the document you filled out to make sure you have all the documents and approvals etc. that you need.
  3. Create any documents we ask for the DocuSign Pad submittal process you did not have on hand
4. Use the **Completing the ESFRLP28 PAD via DocuSign** document to guide you as you upload and complete the submittal process.
5. If an entry issue stops you from completing the process, alert your **Case Manager**. If you find directions you think are confusing to you but you were able to figure them out, please share your thoughts and ideas with the **ESFR Coordinator**: Donna Coleman at [djcoleman@nchfa.com](mailto:djcoleman@nchfa.com)

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## Topic 12: Completing a DocuSign PAD

**STEP 6:** Member-Signatory assigns a Witness and signs the DocuSign document

1. Assign a Witness
  - This person cannot be the **Member – PA** or the **Member – Signatory**
  - You need to know the correct spelling and email of this person
  - This person can be a person in or out of the organization. They do not need to be on the project team. Basically, they function as a notary without being an official notary.
2. Sign the Application

**STEP 7:** Witness signs the DocuSign document → *Routed back to NCHFA*

3. Witness signs and this routes the document to your Case Manager and two other NCHFA personnel for information, collection and review.
4. **FINISHED** with the DocuSign PAD submittal



**DocuSign PAD Submittal is Complete!**

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## Topic 12: Completing a DocuSign PAD

**Oh wait, you thought you were done... 😊**

**STEP 8:** Member-PA or Member – Signatory followup steps

1. Download a combo copy of the completed submittal for your Project File
2. Confirm that the ACH Form Submittal process has started, been submitted and is complete before the PAD can be complete.
3. Work with your **Case Manager** to finalize the content of your Policies or any other documents; depending on the complexity of your policies, this might be an iterative process.
4. Once the Policy content is approved by your **Case Manager**, get your policies adopted and executed and send a separate PDF of each to your **Case Manager**.
5. Receive email from your **Case Manager** that your PAD is complete and your organization is ready for a Funding Agreement.


**PAD is Complete!**

6. **Final step before FA can be issued** Provide a Signatory Name, Signatory Title and Signatory Email; the Signatory will assign a Witness to their execution of the Funding Agreement.


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# Questions: 5 Minutes




NORTH CAROLINA HOUSING FINANCE AGENCY  
HousingBuildsNC.com

NCHFA: ESFRLP Admin Workshop 5/6/2026




# ESFRLP Income Determination 24 CFR part 5



NORTH CAROLINA HOUSING FINANCE AGENCY  
HousingBuildsNC.com

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### Income Types

Household income is defined as the gross annual income of all household members that is anticipated to be received during the upcoming twelve-month period based on the twelve-month period preceding the date of application. Annual Income is the anticipated gross annual income from all sources received by the family. "Anticipated" means projecting future income based on current circumstances, which may include recent overtime, recent promotion etc.

Household income includes wages, salary, overtime pay, commission, fees, tips, bonuses, interest, dividends, Social Security, annuities, pensions, retirement funds, insurance policy dividends, disability benefits, alimony, child support, regular contributions from persons not occupying the unit, and public assistance allowances.

Household income for self-employed persons will be determined by averaging the reported net income on federal tax returns for the previous two years.

Recipients must re-verify the applicant's income eligibility if the time between the Application and Eligibility Certification (4.3.1.1) and the signing of the Promissory Note (4.3.1.9) exceeds six (6) months.



**AGENCY MODIFY**  
**Essential Single-Family Rehabilitation Loan Pool**  
*Pre-Application & Eligibility Certification* (page 1 of 2)

**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 Member #	Name (First, MI, Last)	Sex	Birth Date (MM/DD)	SSN (9 digit required)	Race Code*	Hispact**	Relation to Homeowner
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Gross Income Work Table**

Source	Dollars / Household Member / MONTH							Total
	a	b	c	d	e	f	g	
1) Wages								
2) Retirement Pensions								
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-Totals for columns a-g)								

**AGENCY MODIFY**  
**ESFRLP PROGRAM**  
*Pre-Application & Eligibility Certification* (page 2 of 2)

**Applicant Data**  
Name of Homeowner(s) (First, MI, Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_

**Qualifying Income Table (for reference) Maximum Gross Household Income**

Household Size	Maximum Gross Household Income							
	1	2	3	4	5	6	7	8
a) County: 30%								
b) County: 50%								
c) County: 80%								

**Qualifying Questions**  
Does the applicant own this home? YES  NO   
Does the applicant's household qualify based on the income criteria? YES  NO   
Mark all Special Need(s) by which the Applicant qualifies:  
 Over 62  Member Disabled  Veteran\*\*\*  EBLL threat to child under 6

**Eligibility Certifications**  
I hereby verify that:  
1) All of the above information has been reviewed or documented in accordance with the ESFRLP Program Guidelines and the ESFRLP Assistance Policy;  
2) The Applicant is eligible for assistance under the ESFRLP Program;  
3) There is no other state or federal source of funds available now, or likely to be available within the next six months, which could pay for the proposed repairs.


Authorized Officer: \_\_\_\_\_ Organization: \_\_\_\_\_ Date: \_\_\_\_\_

**Eligible ESFRLP Rehabilitation Needs:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Care Notes (for office use only) Name of interviewer:**  
Non-housing problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Action taken for referrals? YES  NO  If yes, specify: \_\_\_\_\_  
Other: \_\_\_\_\_

\*Race Code: White (1); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaiian/Other Pacific Islander (15); American Indian/Alaska Native & White (16); Asian & White (17); Black/African American & White (18); American Indian/Alaska Native & Black/African American (19); Other Multi-Racial (20); and, Asian/Pacific Islander (21).  
\*\*Hispanic - Yes or No.  
\*\*\*Veteran: A person who served in the active military as evidenced by a DD-214 form.

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**ZERO INCOME AFFIDAVIT**

(To be completed by all homeowners in appropriate households)

Residence: \_\_\_\_\_  
Residence address: \_\_\_\_\_

1. I declare under penalty of perjury that I do not individually receive income from any of the following sources:

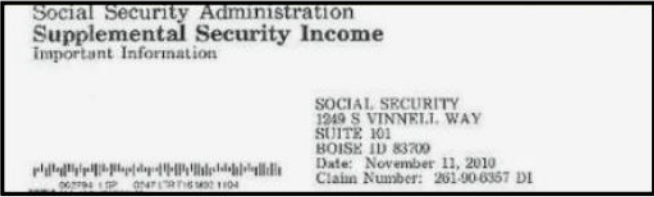
- Wages from employment (including commissions, tips, bonuses, fees, etc.).
- Income from operation of a business.
- Income derived from real or personal property.
- Income or dividends from assets.
- Social Security payments, annuities, retirement pensions, retirement funds, pensions, or health benefits.
- Unemployment or disability payments.
- Public assistance payments.
- Periodic allowances such as alimony, child support, or gifts received from persons living in my household.
- Gifts from self-employed persons (Aunt, Mary Kay, etc.).
- Any other source not listed above.

2. I currently have no income of my kind and there is no amount change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certificate is true and accurate to the best of my knowledge. I further understand that providing false information here is a violation of law and may result in the revocation of the loan or predatory rate.

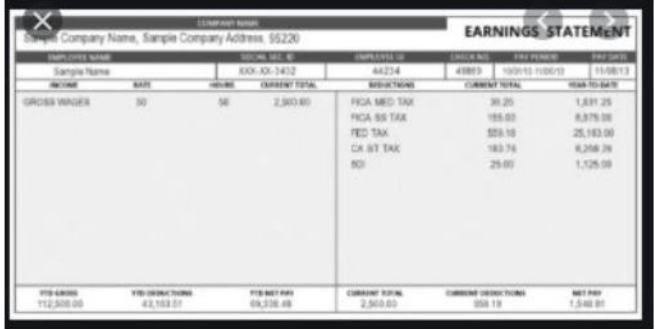
PRINTED NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**ZERO INCOME AFFIDAVIT**



**Social Security Administration  
Supplemental Security Income  
Important Information**


SOCIAL SECURITY  
1349 S VINNELL WAY  
SUITE 101  
BOISE ID 83709  
Date: November 11, 2010  
Claim Number: 261-90-0357 D1



Sample Company Name, Sample Company Address, 55220		PERIOD	PERIOD END	PERIOD START	PERIOD END
Sample Name	SSN	44224	49813	10/01/10	11/01/10
<b>INCOME</b>	<b>RATE</b>	<b>HOURS</b>	<b>CURRENT TOTAL</b>	<b>DEDUCTIONS</b>	<b>CURRENT TOTAL YEAR TO DATE</b>
GROSS WAGES	50	56	2,800.00	FICA MED TAX 30.25	1,831.25
				FICA SS TAX 165.00	8,876.00
				FED TAX 859.16	25,143.00
				CA WT TAX 183.74	4,208.26
				SDI 25.00	1,325.00
<b>YTD GROSS</b>	<b>YTD DEDUCTIONS</b>	<b>YTD NET PAY</b>	<b>CURRENT TOTAL</b>	<b>CURRENT DEDUCTIONS</b>	<b>NET PAY</b>
112,300.00	43,163.01	69,136.99	2,800.00	508.19	1,540.81

<https://www.nchfa.com/homeowners/ip-partners/community-partners/community-programs/urgent-repair-program/forms-and-resources>

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**Social Security Administration  
Supplemental Security Income  
Important Information**

SOCIAL SECURITY  
1349 S VINNELL WAY  
SUITE 101  
BOISE ID 83709  
Date: November 11, 2010  
Claim Number: 261-90-0357 D1

CURESTOWER ALAN WALTERS  
210 5th AMBERSONA BLVD  
BOISE ID 83706

Type of Payment:  
Individual-Disabled

We are writing to tell you about changes in your Supplemental Security Income (SSI) record. The rest of this letter will tell you more about this change.

**Your Payments Will Be As Follows:**

From	Through	Amount Due Each Month
December 1, 2010	Continuing	\$674.00

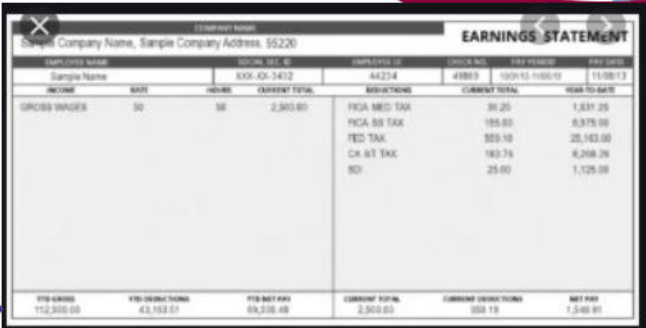
**Information About Your SSI Payments**

This action does not change your current payment amount.


**Your Payment Is Based On These Facts**

- The amount of SSI we pay depends on your living arrangements. Your living arrangements are where you live, with whom you live, and how your food and shelter expenses are paid. Based on the information we have, your Federal living arrangement is:
  - Category A for November 2010 on.
- Please see the enclosed "Fact Sheet on SSI Federal Living Arrangement Categories" for a description of this Federal living arrangement category and others.
- You are living in the State of Idaho for November 2010 on.

See Next Page




Sample Company Name, Sample Company Address, 55220		PERIOD	PERIOD END	PERIOD START	PERIOD END
Sample Name	SSN	44224	49813	10/01/10	11/01/10
<b>INCOME</b>	<b>RATE</b>	<b>HOURS</b>	<b>CURRENT TOTAL</b>	<b>DEDUCTIONS</b>	<b>CURRENT TOTAL YEAR TO DATE</b>
GROSS WAGES	50	56	2,800.00	FICA MED TAX 30.25	1,831.25
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112,300.00	43,163.01	69,136.99	2,800.00	508.19	1,540.81



Wage document

SSI document



**NORTH CAROLINA HOUSING FINANCE AGENCY**  
HousingBuildsNC.com

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You can use a bank statement to understand what Sources of income you should be looking for but **the bank statement itself is not considered income source documentation**. Never leave the statement in the case file unless all of these conditions apply:

- 1. ALL of the non-pertinent information is redacted**
- you made a **BIG MISTAKE** and served someone without getting all of your source documentation up front and this the only way to document an income source

There are rare occasions when a bank statement shows a source account for income. On these occasions, you must **redact all non-pertinent information**.

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The HUD Income Calculator is required for ESFRLP program.

- <https://www.hudexchange.info/incomecalculator/dashboard/>

### Compliance Income Calculations

Income limits for participants (which are included in your Assistance Policy) are based on the county median income for the county in which the household resides adjusted for family size as published by the U.S. Department of Housing and Urban Development (HUD) for the HOME program.

Resources and assistance to support HUD's community partners

NEED HOUSING ASSISTANCE? [Email Updates](#)

**HUD EXCHANGE** My HUD Exchange Programs ▾ Resources ▾ Trainings Program Support ▾ Grantees ▾

...determining the income-eligibility and assistance amounts for beneficiaries of CPD programs as easy as 1-2-3. Simply enter the requested data and this calculator will work behind the scenes to generate a summary of results for each beneficiary. You should then print out the summary and include it as part of the beneficiary's file.

The calculator currently performs income eligibility and assistance amount calculations for the following HUD CPD programs:

- Brownfield Economic Development Initiative (BEDI)
- Community Development Block Grant Program (CDBG)
- CDBG Disaster Recovery Assistance
- Emergency Solutions Grants (ESG)
- HOME Investment Partnerships Program (HOME)

- Housing Opportunities for Persons With AIDS (HOPWA)
- Housing Trust Fund (HTF)
- Neighborhood Stabilization Program (NSP)
- Section 108 Loan Guarantee Program
- Self-Help Homeownership Opportunity (SHOP)

**Related Materials**

- [COVID-19 HOME Sample Self-Certification Form](#)
- [Income Eligibility Calculator User Manual \(PDF\)](#)
- [CDBG Income Limits](#)
- [ESG Income Limits](#)
- [HOME Income Limits](#)
- [HTF Income Limits](#)
- [HOPWA Income Limits](#)
- [NSP Income Limits](#)
- [Using the Income Calculator to Determine Annual Income Webinar Materials](#)
- [Using the Income Calculator for Rental and TBRA Programs Webinar Materials](#)

**Start Calculating Income** Go To My Dashboard

Start a new calculation or complete a previous calculation

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hudexchange.info/incomecalculator/dashboard/

**HUD EXCHANGE** 🔍 ☰

**CPD Income Eligibility Calculator Dashboard** [User Manual](#) [Help](#)

**Important Note:** The calculator is a tool designed to help a user calculate income in accordance with an allowable definition, but it does not verify income. The calculator does **not** replace the documentation that must be collected and retained by the user. The user must maintain all necessary documentation, which, when using the calculator, will include saving and retaining the summary documents generated by the calculator. **The Dashboard feature is designed to allow you to more easily update a beneficiary's income in the future - however it is not a repository for all previous years' income calculations completed in the past. Users must be sure to save and retain summary documents at the time of creation.** Record retention requirements depend upon the CPD program: users should be aware of the length of time records must be kept as well as their own state or local laws related to record retention and privacy.

The FY 2021 income limits are in effect for all programs within the CPD Income Calculator (note that the effective date for ESG is 4/1/2021). The 30 percent income limits for the CDBG, HOME, ESG, and HOPWA programs have been calculated based on the definition of Extremely Low-Income Family (ELI) as described in Consolidated Submission for CPD Programs section of 24 CFR part 91.5. Therefore, the ELI Limit is calculated as 30 percent of median family income for the area and may not be the same as the Section 8 ELI Limit for your jurisdiction. The Section 8 Limit is calculated based on the definition of ELI as described in The 2014 Consolidated Appropriations Act, (Section 23B on page 128 Stat 635) which defines ELI as very low-income families whose incomes do not exceed the higher of the Federal poverty level or 30% of area median income.

Select a program and start a new calculation [Start](#)

Select One

- Select One
- Brownfield Economic Development Initiative (BEDI)
- CDBG Disaster Recovery Assistance
- Community Development Block Grant Program (CDBG)
- Emergency Solutions Grants (ESG)
- HOME Investment Partnerships Program (HOME)
- Housing Opportunities for Persons with AIDS (HOPWA)
- Housing Trust Fund (HTF)
- Neighborhood Stabilization Program (NSP)
- Section 108 Loan Guarantee Program
- Self-Help Homeownership Opportunity (SHOP)

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63092E726.DOCX
Show all
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Presentation will be posted online sometime after the Workshop held on 5/6/26

Resources and assistance to support HUD's community partners

NEED HOUSING ASSISTANCE? Email Updates

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---

**CPD Income Eligibility Calculator**  
HOME Annual Income Calculation

[User Manual](#) [Help](#)

- Dashboard
- ANNUAL INCOME
- Type of Assistance**
- Beneficiary ID
- Beneficiary Location
- Income Determination Method
- Beneficiary Income
- Summary
- ADJUSTED INCOME
- Dependents

[Skip to side navigation](#)

**What type of HOME assistance is being provided to this household?**

Homeowner Rehabilitation

Homebuyer

Rental\*

Tenant-based Rental Assistance\*

**\* IMPORTANT REMINDER: During an annual income RECERTIFICATION of a family residing in HOME-assisted rental housing, or receiving HOME tenant-based rental assistance, it is necessary to manually exclude from annual income certain increases in the income of a disabled family member. These exclusions apply to annual income increases resulting from the following:**

- Employment of a family member who is a person with disabilities and who was previously unemployed for one or more years prior to employment;
- Increased earnings by a family member who is a person with disabilities during participation in any economic self-sufficiency or other job training program; or
- New employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any state program for families funded under Part A of Title

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Resources and assistance to support HUD's community partners

NEED HOUSING ASSISTANCE? Email Updates

**HUD EXCHANGE** My HUD Exchange Programs Resources Trainings Program Support Grantees

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**CPD Income Eligibility Calculator**  
HOME Annual Income Calculation

[User Manual](#) [Help](#)

- Dashboard
- ANNUAL INCOME
- Type of Assistance
- Beneficiary ID**
- Beneficiary Location
- Income Determination Method
- Beneficiary Income
- Summary
- ADJUSTED INCOME
- Dependents
- Children's Expenses

[Skip to side navigation](#)

The CPD Income Eligibility Calculator asks for a "Beneficiary ID" instead of a "Last Name" to help protect the privacy of applicants to CPD programs. The Beneficiary ID you enter should be unique, will be included on the Calculator screens and printouts, and will be the key data element necessary to later find, complete, and/or edit the income determination performed for that beneficiary within the Calculator. **DO NOT use any personal information to create a Beneficiary ID, including but not limited to names, social security numbers, or addresses.**

Each user is responsible for designing their own method for creating Beneficiary IDs, as well maintaining and adequately protecting their own auditable records which associate each Beneficiary ID with the individual, family, or household whose income was determined (as appropriate and/or required under the rules of each CPD program.) Printouts from the Calculator for all programs except HOPWA will include both the Beneficiary ID and a blank space in which the Last Name of the associated individual, family, or household can be written or otherwise inserted.

\* Required

**Enter a Beneficiary ID for this household. \***

**How many members are in this household?**

Select One... ▼

[Previous](#)
[Continue](#)

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List each person in the household individually.

Use the information circled in blue (page 2 of the model application) to fill in the first section

Fill in the State (NC), County designated in your assistance policy and 80% for your limit.

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Indicate if person has been previously determined or not.

Select Part 5 Annual Income (Section 2.4.3)

Passbook rate is currently 0.40%.

Choose between Short Form Method (right) and Guided Method (see next slide)

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**Guided Method  
(Step by Step)**

- **Overtime/bonus pay is calculated for the pay period covered on the pay stub (May = Month 5)**

Calculate wages, overtime, bonuses, and benefits for Beneficiary Member ID: Testcase

Add a job for this member?  
 Yes  No

Description

Wages/Salaries  
 Hourly  Annual  
 Hourly Wage: \$  Hours per week:  Weeks per year:

Overtime/Bonuses

Total Overtime/Bonus Pay, Month 1	Total Overtime/Bonus Pay, Month 7
\$ <input type="text"/>	\$ <input type="text"/>
Total Overtime/Bonus Pay, Month 2	Total Overtime/Bonus Pay, Month 8
\$ <input type="text"/>	\$ <input type="text"/>
Total Overtime/Bonus Pay, Month 3	Total Overtime/Bonus Pay, Month 9
\$ <input type="text"/>	\$ <input type="text"/>
Total Overtime/Bonus Pay, Month 4	Total Overtime/Bonus Pay, Month 10
\$ <input type="text"/>	\$ <input type="text"/>
Total Overtime/Bonus Pay, Month 5	Total Overtime/Bonus Pay, Month 11
\$ <input type="text"/>	\$ <input type="text"/>
Total Overtime/Bonus Pay, Month 6	Total Overtime/Bonus Pay, Month 12
\$ <input type="text"/>	\$ <input type="text"/>

Raises  
 All forms of income earned by program applicants must be accounted for. In addition to base salary, this will include raises and annual cost of living adjustments (COLAs). Use the data entry fields below to enter information about any anticipated increase in annual income the applicant will experience over the next 12 months due to a raise in his or her hourly wage or annual salary and/or an annual COLA.  
 Check if member anticipates a raise or COLA increase.

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Beneficiary ID: TESTcase1 Area, State: Raleigh, NC MSA  
 Number of Members: 1 Income Limit: \$53,600.00

**Assets**

Member ID	Asset Type(s)	Current Cash Value	Actual Income from Assets
Testcase	Cash	\$200.00	\$0.00
<b>NET CASH VALUE OF ASSETS</b>		<b>\$200.00</b>	

TOTAL ACTUAL INCOME FROM ASSETS \$0.00  
 IMPUTED INCOME FROM ASSETS (only if the Net Cash Value of Assets is greater than \$5,000): \$0.00

**Anticipated Annual Income**

Member ID	Wages/Salaries	Benefits/Pensions	Public Assistance	Other Income	Asset Income
Testcase	\$0.00	\$0.00	\$8,088.00	\$0.00	
<b>TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$8,088.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

TOTAL ANNUAL INCOME \$8,088.00

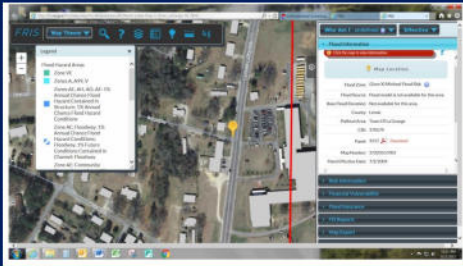
**Income Eligibility Result**  
 Based upon the information submitted, the Annual Income of TESTcase1 has been determined to be \$8,088.00, which is below the 2021 80% income limit of \$53,600.00 for a 1-member household in Raleigh, NC MSA (CBSA: METRO39580M39580). (Completed on June 09, 2022.)

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## Section 2.7: environmental standards

- Member must submit an Environmental Screening via the Partner Portal



Flood Map

Environmental Screening	
Historic Property: [36 CFR 800] <a href="http://gis.ncdcr.gov/hpweb/">http://gis.ncdcr.gov/hpweb/</a> (print and attach color map)	
Year built?	1980
Is the unit > 45 years old?	No
Is the unit within or adjacent to any listed or eligible historic district?	No
Floodplain Management: [24 CFR 55, Executive Order 11988] <a href="http://fris.nc.gov/fris/index.aspx?ST=NC">http://fris.nc.gov/fris/index.aspx?ST=NC</a> (print and attach color map)	
FIRM Panel Number?	3557
FIRM Panel Effective Date?	07/02/2004
Is the unit located outside of a 100-year floodplain?	Yes
Is the cost of rehab <50% of the market value of the home before rehabilitation?	Yes
Wetlands Protection [24 CFR 55, Executive Order 11990] <a href="http://nepassistool.epa.gov/nepassist/nepamap.aspx">http://nepassistool.epa.gov/nepassist/nepamap.aspx</a> (print and attach color map)	
Will there be ground disturbance with the proposed single-family owner occupied housing rehabilitation?	No
Coastal Zone Management [Coastal Zone Management Act of 1972 sections 307(c) & (d)]	
NA - There is no effect for single-family owner occupied housing rehabilitation.	N/A
Sole Source Aquifers [40 CFR 149]	

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## Environmental Screening

- Please submit all required documents
- Follow links to create the required maps
- Label maps and include map component tables with all maps
- Do not Submit Noise Calculations. Noise Calculations are no longer required.

## Post-Rehab Value

Pick a Method and keep it!

There are three methods to determine a Post-Rehab Value:

1. **Estimate of Value (Comparable Sales);**
2. **Tax Assessments of a comparable property; or,**
3. **Appraisal.**

If you select to use Estimate of Value or Tax Assessments of a comparable property, please enter the comparable property figure and upload the documentation of the target and the comparable property.

If you select the Appraisal method, please enter the Appraisal figure and upload the documentation that includes the work to be performed.

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## Appendix A: Section E. Environmental Protection

- **E. Environmental Protection**
  - Threats from the Environment, Examples of these are:
    - Radon: tests required
    - Friable asbestos
    - Over-hanging trees
    - Poor Drainage
    - LBP: tests required before 1978
    - VOC
    - Flooding
    - Natural Disasters



### NORTH CAROLINA HOUSING FINANCE AGENCY ESSENTIAL SINGLE-FAMILY REHABILITATION LOAN POOL Essential Rehabilitation Criteria

#### E. Environmental Protection

1. **Threats from the environment** Section B.4 in General Requirements requires that units rehabilitated with ESFRP assistance retain no threats to the health or safety of the household or to the structural integrity of the dwelling itself. Examples of such threats from environmental sources include, but are not limited to:
  - 1.1 Radon gas. Reducing infiltration through rehabilitation can exacerbate existing radon threats. All assisted units must be tested for radon levels. In the event that measured levels of radon exceed 20 picocuries per liter of air (pCi/l), remediation measures must be taken to reduce the level to 4 pCi/l or below. Where tested levels are between 4 and 20, homeowners must be informed of the level and provided with EPA's "Home Buyer's and Seller's Guide to radon" or an Agency-approved alternative.
  - 1.2 Friable asbestos. A dangerous mineral, especially when its microscopic fibers are inhaled, asbestos is found in several building products common in North Carolina. Among them are ceiling tiles, pipe or duct wrap resembling coarse, thick paper or paper mache. Asbestos-cement shingle siding is not considered friable and is not a hazard unless removed, sawn, broken or otherwise disturbed, at which point it must be treated as a hazard. There are over 3,000 different building products, which contain asbestos. Some are considered "friable and regulated", some are not and some depend on the method of removal to trigger regulation. Rehabilitation specialists must learn to recognize the most commonly encountered of these products and how to stabilize, encapsulate or have them removed safely and legally to protect the health of workers, the household and the environment. Certain threshold limits regarding the quantity and type of asbestos to be removed may require certified contractors. Applicable federal regulations are found at 40 CFR Part 61, Subpart M. The rehabilitation specialist should contact the [Asbestos Hazard Management Branch of the Division of Epidemiology](#) to discuss the treatment of any suspected asbestos hazard.
  - 1.3 Over-hanging trees. Members should consider whether limbs or trees that overhang an assisted unit pose a threat to the unit and/or its occupants. If so, appropriate pruning should be included in the scope of work.
  - 1.4 Poor drainage. Excessive moisture in crawlspaces and basements may be the most common and odious environmental threat encountered in ESFRP-funded

rehabilitation work, serving as a catalyst to decay, mildew, mold, radon-transfer, corrosion, and other problems. Correcting drainage problems should be a priority in ESFRP-funded rehabilitation work.

1.5 Lead-based paint. All units rehabilitated with ESFRP assistance are deemed "HUD-associated housing" for the purpose of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821) and are, therefore, subject to 24 CFR part 35 (as published in the *Federal Register* on September 15, 1999) requiring testing, abatement and/or lead hazard reduction activities under certain circumstances (See Section F, below). Members are responsible for ensuring that rehabilitation specialists, contractors and workers are trained and/or certified in accordance with 24 CFR part 35. It is also the responsibility of the Member to provide the pamphlet, "Renovate Right", to households occupying pre-1978 dwelling units.

1.6 Volatile Organic Compounds (VOCs). Rehabilitation specialists should avoid specifying, especially for indoor use, building products high in VOCs which may threaten the comfort and/or well-being of the household. Particular sensitivities or allergies should be ascertained in initial interviews with applicants for assistance.

1.7 Flooding. If the Member's Assistance Policy allows for assistance to units within the floodplain, owners of any such units selected for assistance must be required to carry flood insurance in a minimum amount equal to 100% of Program loan's principal balance for the term of the loan.

1.8 Natural Disasters. Reasonable measures should be taken to strengthen homes against natural disasters such as wild fire, flooding, and in coastal areas, hurricane force winds.

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# Appendix A: Section E. Environmental Protection

- **E. Environmental Protection**
  - Threats to the Environment
    - Historic Properties: SHPO
    - Floodplain Management
    - Toxic Chemicals
    - Wells and Septic Systems

**Threats to the environment.** Although single-family rehabilitation activities are "categorically excluded" under the National Environmental Policy Act of 1969 (NEPA), such activities are not excluded from individual compliance requirements of other environmental statutes, including the North Carolina Environmental Policy Act (SEPA). To ensure that all ESFRLP-funded activities are in compliance, the Member must complete a brief review ("Environmental Screening Checklist") using the ESFRLP Partner Portal screen and instructions for each unit targeted for rehabilitation assistance. An Environmental Screening Checklist must be submitted to the Agency prior to committing funds to a unit. Although numerous areas of concern are covered in the required review, only a few of them are often relevant to ESFRLP work. Those are:

**2.1 Historic Properties.** If a property deemed to have bonafide historical significance is targeted for ESFRLP-funded rehabilitation, the scope of work must meet or exceed the Secretary of the Interiors Standards for Rehabilitation and Guidelines for Historic Buildings. To ensure compliance with applicable regulations and guidelines, Members must complete an additional form ("Historical Evaluation Request Form") for any unit targeted for Program-funded rehabilitation which is 45

years old or older or is deemed by the Member to have potentially significant architectural or historical importance. Historical Evaluation Request Form must be forwarded, with photographs of the unit and a location map attached, to the State Historic Preservation Office (SHPO) for review, and a copy, with SHPO's response, must be submitted to the Agency with the Environmental Screening Checklist through the ESFRLP Partner Portal. (Note: meeting the required standards for historic properties can be expensive. Members may deem it necessary to exclude historic properties from eligibility in their Assistance Policies or require matching funds from other sources in order to meet their average-cost targets.)

**2.2 Floodplain Management.** Although traditionally listed with threats to the environment for the purposes of environmental reviews, the primary concern here is with protection of the property from the environment (as discussed at section 2.6.2, above). The owner of any dwelling unit located within the 100-year floodplain, which is rehabilitated with Program funds is required to carry flood insurance on the unit continuously throughout the term of the ESFRLP loan in an amount not less than 100% of the principal balance of the ESFRLP loan. NCHFA, as mortgagee for the ESFRLP loan, shall be named as an insured lender on the policy. The first year's premium is an eligible Program soft cost. Property location must be documented by providing the map and parcel numbers as supporting documentation to the Environmental Screening Checklist through the ESFRLP Partner Portal. (See "Instructions to Environmental Review" and "Environmental Review Checklist")

**2.3 Toxic chemicals.** Deformed buried oil or gas tanks, stored chemicals, old car batteries and the like are sometimes found in or near units targeted for rehabilitation. The Member's rehabilitation specialist should ask the homeowner and inspect the house and grounds to determine if any such hazard exists and, if so, consult their case manager at the Agency regarding appropriate mitigation measures. Though lead-based paint, another toxic chemical, can be a threat to the environment, it is discussed above (Section E.2) as a threat from the environment.

**2.4 Wells and septic systems.** The installation of a new well or septic system could conceivably have a deleterious effect on wetlands and/or water quality. To ensure that this is not the case, any such installations must be done under the supervision of local health department officials.

**Fair, Systematic, Uniform, Transparent = Policies**



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## Radon

HUD Notice CPD-23-103 - Effective April 11, 2024

Submit Radon Tests for ER

SDS will not be processed until Radon Test submitted

If 4 pCi/L or greater – Hazard Mitigation Plan required

If 4 pCi/L or greater - "Post Radon Test" required after mitigation is completed to be able to submit the UCR.



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# ESFR and the LBP Process

## PG Appendix F



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5/6/2026



## Why?

### **Acute Exposure can cause:**

- Brain Damage, Seizures, Coma, and Death

### **Chronic Exposure can cause:**

- Damage the nervous system, blood, kidneys, heart
- Damage the reproductive system in both men and women
- Contribute to high blood pressure
- Reduce growth and development in children



## Childhood Exposure Can Cause

- Behavioral and learning disabilities
- Decreased muscle and bone growth
- Nervous system and kidney damage
- Hearing damage
- Speech and language problems



## NCDHHS-HHCU

### Health Hazards Control Unit

- <https://epi.dph.ncdhhs.gov/lead/lhmp.html>
- (919) 707-5950

EPA vs NC



## RRP in NC

### Renovation, Repair & Painting Rule

- Been the law since January 1, 2010
- Pre 1978 units - for compensation
- Make Sure the Individual and the Firm are both NC Certified by the Health Hazards Control Unit (HHCU)



## NCDHHS-HHCU

**How does a company become a RRP NC Certified Lead Firm?**

**How does an individual become a RRP NC Certified Lead Renovator?**



## RRP in NC

Your responsibility as Subrecipient of NCHFA funding is to have a copy of the NC Certified Health Hazards Control Unit (HHCU) Individual and Firm for every assisted unit built before January 1, 1978.



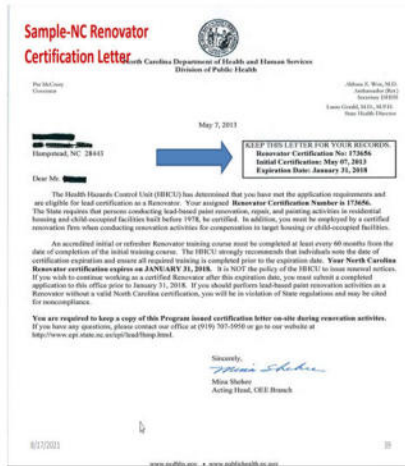
# RRP in NC NC Firm Certification

- Letter & Certificate from HHCU
- Firms can be found on HHCU website



# RRP in NC Renovator Certification (Every 5 years)

Letter with Renovator Certification #17XXXX





## ESFRLP LBP Requirements

### Regulations

#### Federal

- 24CFR35 (HUD)
- 40CFR745 (EPA)
- 29CFR1926 (OSHA)

#### State of North Carolina -Lead-Based Paint Hazard Management Program (RRP & Abatement)

- N.C. General Statute §130A-453.01-453.11 - Lead-Based Paint Hazard Management Program.
- Rules adopted by the North Carolina Health Commission to implement the statutes may be found under 10A NCAC 41C.0800 - Lead-based Paint Hazard Management Program.

### ESFRLP PG Essential Rehabilitation Criteria Section F



## ESFRLP LBP Requirements

	<\$5,000	\$5,000 - \$25,000	>\$25,000
<b>Strategy</b>	Do no harm	Assess and control lead hazards	Assess and abate lead hazards
<b>Lead Hazard Evaluation</b>	Paint Testing or Presume lead	Paint Testing and Risk Assessment or Presume Lead	Paint Testing and Risk Assessment or Presume Lead
<b>Lead Hazard Reduction</b>	Repair Surfaces disturbed during rehabilitation	Interim Controls or Standard Treatments	Abatement



## ESFRLP LBP Requirements

		\$5,000 - \$25,000	>\$25,000
<b>Strategy</b>		Assess and control lead hazards	Assess and abate lead hazards
<b>Lead Hazard Evaluation</b>		Paint Testing and Risk Assessment or Presume Lead	Paint Testing and Risk Assessment or Presume Lead
<b>Lead Hazard Reduction</b>		Interim Controls or Standard Treatments	Abatement



## ESFRLP LBP Requirements

### Differences with RRP and 24CFR35

Presume or Test for Lead-Based Paint

Testing must be performed by either a NC Certified Lead Inspector or NC Certified Risk Assessor

If tested for LBP and lead is found a Lead Risk Assessment must be performed



## ESFRLP LBP Requirements

### Differences with RRP and 24CFR35

Lead work must be performed by properly credentialed workers

The home must receive a Lead Clearance from a NC Certified Lead Inspector or Risk Assessor

Lead Hazard Information Pamphlet "Renovate Right" Notices

- Notice of Presumption or Notice of Evaluation
- Notice of Hazard Reduction

How many days?

15 calendar days



May move into Abatement Strategy

## ESFRLP LBP Requirements

### Lead Requirements Worksheet

Required form for all ESFRLP files of assisted units

### Lead Requirements Worksheet

North Carolina Housing Finance Agency

#### Essential Single-Family Rehabilitation Program (ESFR)

*DIRECTIONS: This worksheet must be completed and placed in all unit files assisted with ESFR funds. Completion of this worksheet demonstrates Members have reviewed HUD LBP compliance requirements. This worksheet does not cover RRP requirements which must be coordinated with HUD requirements.*

Street Address: \_\_\_\_\_ DU# \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_

#### Part I: Regulation Eligibility Statements

Check all that apply:

Property is receiving Federal funds.

Unit was built prior to 1978.

Note: Continue with the Exemption Statements below. If the home was built after January 1, 1978, check the first exemption and file this form in the case file.



## ESFRLP LBP Requirements

### Part 2: Full Exemptions from All Requirements of 24 CFR Part 35 (The Lead Regulation)

If any of the exemptions are applicable, the property is exempt from the requirements of 24 CFR Part 35 per the regulatory citation. Note: ONLY eligible exemptions for ESFR are listed.

#### Check all that apply:

- The property was constructed after January 1, 1978. [35.115(a)(1)]
- A paint inspection conducted in accordance with 35.1320(a) established that the property is free of lead-based paint. [35.115(a)(4)]
- The date of the original paint inspection was \_\_\_\_\_. An optional paint inspection conducted on \_\_\_\_\_ confirmed this prior finding.
- ALL lead-based paint in the property has been identified and removed, and clearance has been achieved. [35.115(a)(5)]
- ALL rehab **excludes** disturbing any painted surfaces. [35.115(a)(8)]
- Emergency repairs to the property are being performed to safeguard against imminent danger to human life, health or safety, or to protect the property from further structural damage due to natural disaster, fire or structural collapse. The exemption applies only to repairs necessary to respond to the emergency. [35.115(a)(9)]



## Lead Requirements Worksheet

### North Carolina Housing Finance Agency Essential Single-Family Rehabilitation Program (ESFR)

#### Part 3: Hazard Reduction Requirements - Partial Waivers

If any of the partial waivers are applicable, the grantee and/or homeowner may waive certain requirements as described below.

- A) De minimis [35.1350(d)(1) & (2)]**  
The amount of painted surface that is being disturbed during construction is below "de minimis" levels. Safe work practices and clearance are not required in that work area.
- Less than 9 SF of bare soil?
- Less than 20 square feet on an exterior surface
- Less than 2 square feet in the following rooms:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- B) Elderly Relocation Waiver [Interpretive Guidance Question J-24]**  
The home is only occupied by an elderly person(s). Relocation of elderly homeowners is not required if complete disclosure of the nature of the work is provided and informed consent is obtained prior to rehabilitation.
- C) Historic Abatement Waiver [35.115(13)]**  
The home that is subject to abatement requirements is listed or eligible for listing on the National Register of Historic Places, or contributes to a National Register Historic District. The State Historic Preservation Office may request that interim controls be implemented rather than abatement.
- D) No Exterior Work [35.930(d)(3)]**  
 No exterior paint is to be disturbed during renovation. (Only exterior stabilization required even in abatement jobs.)
- E) No Children [35.1330(d)(1)]**  
 All of the residents are over the age of 6. (No chewable or play area treatments required.)
- F) No Bite Marks [35.1330(d)(1)]**  
 All chewable surfaces are free of bite marks made by children under 6. (No chewable surface treatment required)
- G) No Dust Hazards [35.1330(c)(1)(i)]**  
 The closest horizontal surface dust wipe is below the clearance threshold. (No friction and impact surface treatments required in the following work areas:



## ESFRLP LBP Requirements

### Part 4: Level of Rehabilitation Assistance [35.915]

- A. Amount of all federal\* funding for home \$ \_\_\_\_\_  
\*Federal funding includes all soft and hard costs from all federal sources, including but not limited to, ESFR.
- B. Amount of all rehabilitation **Hard\* Costs** (not including any soft costs or costs of lead hazard evaluation, reduction, clearance and training) \$ \_\_\_\_\_  
\*Item A - all soft costs - cost of LBP stabilization/reduction + cost of non-federal funds used for hard costs = B
- C. Level of Assistance (lower of A or B) \$ \_\_\_\_\_

Approach Required (Based on answer to C, above)

_____ \$5,000 - \$25,000	Requires Risk Assessment and Interim Control of Lead Hazards Note - If abatement work was subtracted from the hard cost to get the unit below \$25,000, the subtracted abatement items must be performed by a NC licensed abatement contractor and crew.
_____ \$25,001 and above	Requires Risk Assessment and Abating Lead Hazards



## Section 3 Reporting



# SECTION 3: EXPLANATION & BUSINESS PRACTICE

HUD Housing Finance Agency

## Section 3 Information and Terminology

Section 3 of the Housing and Urban Development Act of 1968

### Section I: Introduction

Section 3 and regulations at 24 CFR Part 75 and 24 CFR Part 135, ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, be directed to low- and very-low income individuals and to business concerns they own or that employ them.

### Who Must Comply with Section 3 Requirements?

Section 3 may apply to employment opportunities for the Essential Single-Family Rehabilitation Loan Pool ("ESFRP") Members that are generated as a result of projects receiving federal HUD HOME Investment Partnership Program (HOME) funding. For NCHFA ESFRP awards, it has been determined by HUD Greenbook that Section 3 is applicable to any subrecipient who receives more than \$200,000 in ESFRP funding.

### Section II: Definitions

#### Section 3 Service Area/Neighborhood of the Project

Due to the scattered site nature of the projects, the service area will be the county service area as defined in the NCHFA ESFRP program guidelines.

#### Section 3 Worker

Section 3 workers are individuals who currently meet at least one of the following eligibility criteria, or met the criteria when hired within the last 5 years:

- The worker's income meets the Low-Income or Very Low-Income definition as established by the Department of Housing and Urban Development.
- The worker is employed by a Section 3 Business Concern, as defined below.
- The worker is a YouthBuild participant.

#### Targeted Section 3 Worker

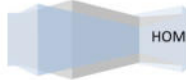
Targeted Section 3 workers are individuals who must meet one of the following criteria:

- The worker is employed by a Section 3 business concern, as defined below.
- The worker currently meets at least one of the following eligibility criteria, or met the criteria when hired within the last five years:
  - The worker meets the low-income or very low-income definitions as established by Department of Housing and Urban Development and lives within the neighborhood or service area of the project.
  - The worker is a YouthBuild participant.

The following locations have YouthBuild Programs which qualify:

Grantee	Program City	Grantee Year
Greene-Mae Services Inc	Charlotte	2020
No Demissions	Hickory	2019
Central Carolina Community College	Raleigh	2018
Triangle-Lenoxy Council	Asheville	2018
River City Community Development Corporation	Elizabeth City	2017
Capital Area Workforce Development Board	Sanford	2017
Green Opportunities	Durham	2017

### Section 3 Guidance for ESFRP



## Section 3 Reporting Instructions for the Summary Report

Essential Single-Family Rehabilitation Loan Pool (ESFRP)

This reporting requirement applies only to ESFRP subrecipients that receive HOME funds in excess of \$200,000 and is only applicable to the subrecipient. The subrecipient must submit to NCHFA one Section 3 Summary Report for ESFRP report that contains their own activities.

### General Instructions

For NCHFA ESFRP projects, the Summary Report must be submitted prior to award close-out. The terms "low-income persons" and "very low-income persons" have the same meanings given the terms in section 3(b)(2) of the United States Housing Act of 1937. Low-income persons mean families (including single persons) whose incomes do not exceed 80% of the median income for the area, as determined by the Secretary, with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80% of the median for the area on the basis of the Secretary's findings such that variations are necessary because of prevailing levels of construction costs or unusually high- or low- income families. Very low-income persons mean low-income families (including single persons) whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 50% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of unusually high or low family incomes.

### Fill out blue cells only

#### For the heading of Section 3 Summary Report:

- Fill out:
- Subrecipient Name and Address: This should contain the complete name of the subrecipient of the NCHFA award, not the name of the homeowners. The address field should be the address of the subrecipient organization.
  - Contact person: The person at the recipient organization whom NCHFA staff should contact with questions about this form.
  - Date Submitted to NCHFA: Enter date
  - Phone/Fax/Email: For the contact person
  - Total HOME Funds Awarded by NCHFA: Enter the dollar amount, rounded to the nearest dollar, received from NCHFA. The next field will self-calculate and is the amount that exceeds \$200,000.

#### For Part I: Employment and Training

Labor hours worked by Section 3 workers and targeted Section 3 workers will be reported to HUD.

**Column A:** Enter the total labor hours worked on the Section 3 project by all employees.

**Column B:** Enter the labor hours worked on the project by Section 3 workers.

**Column C:** Enter the number of hours worked by targeted Section 3 workers on the project.

#### For Part II: Summary of Efforts

Enter **Yes** or **No** to the first six statements. Use the first narrative space to detail any actions that were undertaken by the subrecipient to comply with Section 3 (where you posted job listings etc. if there was hiring). In the second narrative space detail why you were unable employ section 3 workers or targeted workers, if applicable.

# SECTION 3: SUMMARY REPORT >>>> TO NCHFA

Section 3 Summary Report ESFRP				
Subrecipients use this form to provide NCHFA the information necessary to report on Section 3 Benchmark				
Updated May 2021				
Subrecipient Name:		Project Number:		
Contact Person:				
Date Report Submitted to NCHFA:				
Subrecipient Address (city, state, zip):				
Phone:				
Fax:				
Email:				
Total HOME Funds Awarded by NCHFA:				
Calculated difference from \$200,000: -\$200,000.00				
Section 3 is an initiative to employ local low- and very low-income workers and create opportunities for businesses owned by low-income persons.				
<b>Part I. Employment and Training</b> (Columns A, B, and C are mandatory fields.)				
A. Total Labor Hours Worked on Project	B. Total Labor Hours Worked on Project by Section 3 Workers	C. Total Labor Hours Worked on Project by Targeted Section 3 Workers	D. % of Total Labor Hours worked by Section 3 Workers	E. % of Total Labor Hours Worked by Targeted Section 3 Workers
			0%	0%
Includes hours worked by Section 3 worker and targeted Section 3 worker				
<b>Part II. Summary of Efforts</b>				
Indicate the efforts made to direct the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, toward low- and very low-income persons, particularly those who are recipients of government assistance for housing. (Enter <b>YES</b> for all that apply. Enter <b>NO</b> , if it does not apply.)				

## SECTION 3: SUMMARY REPORT >>>>TO NCHFA

24	
25	Recruited low-income residents through: local advertising media, signs prominently displayed at the project site, contacts with community organizations and public or private agencies operating within the metropolitan area (or nonmetropolitan county) in which the Section 3 covered program or project is located, or similar methods.
26	Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.
27	Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.
28	Coordinated with Youthbuild Programs and administered in the metropolitan area in which the Section 3 covered
29	Provided or connected Section 3 workers with employment search assistance such as, resume writing, interview preparations, or connecting with placement services.
30	Providing training or apprenticeship opportunities for Section 3 workers or targeted workers.
31	
32	In the space below, please provide a detailed narrative describing the specific actions that were taken by you to comply with the requirements of Section 3 and meet the minimum benchmarks for employing Section 3 workers and targeted workers. You may list any other qualitative efforts you undertook to facilitate employment for Section 3 workers or targeted workers and opportunities
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43	Is there or any supplemental information you'd like to provide? If you anticipate that HUD or a state reviewer may be dissatisfied with your efforts at directing economic opportunity (employment hours) to low-income individuals and businesses, or with the results of those efforts, please use the space below, so your organization can be defended against claims that you are not
44	
45	
46	
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48	
49	

NCHFA: ESFRP Admin Workshop

5/6/2026

199

## POLL 6

I would like a webinar or in-person session on the following topic (Choose only one for this poll)

## Question and Answer Session



NCHFA: ESFRP Admin Workshop

5/6/2026



200

## ESFRLP PROJECT WORKFLOW DATES-PARTNER

Activity	Date of Performance
Award – issued by NCHFA, phone call or letter	April 14, 2026
Create Project Folder- <b>Partner</b>	Day of Award Letter Receipt (dated April 14, 2026)
Implementation Webinar-NCHFA, <b>Partner attends</b>	May 6 and 7, 2026
Complete Post Approval Documentation (PAD) <b>submittal through DocuSign</b> , receive approval, sign Funding Agreement (FA), <b>\$273,000</b> allocation in place and usable-iterative process between NCHFA and <b>Partner</b>	<b>Earliest Start date: 7/1/26</b> , after Webinars; <b>Latest Start date:</b> on or after <b>1/1/27</b> , FA is dated no later than <b>1/1/27</b> but project cannot begin <i>until FA signed</i> , no expenses paid for work prior to the date of an FA.
Begin Marketing and Outreach- <b>Partner</b>	Date of FA but <b>no earlier than 7/1/26</b> – no expenses paid for work prior to an FA
Perform Intakes/Select Applicants- <b>Partner</b>	<b>Not before 7/1/26</b> or per Assistance Policy
Begin Portal Workflow Process- <b>Partner</b>	<b>7/1/26</b> or per Assistance Policy decision dates
Last date to reserve units in the Portal (3.2.2) - <b>Partner</b>	<b>March 31, 2028</b>
All units <b>closed loans, construction contracts, Notice to Proceed</b> in the Portal (3.2.2) - <b>Partner</b>	<b>June 30, 2028</b>
All units complete, CCFC due, no further fund expenditures (3.2.2) - <b>Partner</b>	<b>December 31, 2028-units complete, no unit or admin after February 15, 2029-CCFC due</b> <small>201</small>

"Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it's the only thing that ever has."

*Margaret Mead*