

C2. Request for Waiver of ESFRLP Property Standard Requirement

Date of Request: _____ ESFR Project Number or ESFR cycle: _____

Agency Requesting Waiver: _____

Agency Contact Name: _____

Agency Contact Phone and Email: _____

Owner of unit: _____

Owner Phone and Email: _____

Project Address: _____

City/State/Zip: _____

County: _____

By signing this document, the undersigned acknowledges NCHFA's Minimum Requirements of the Essential Single-Family Rehabilitation Loan Pool (ESFRLP) are for the benefit of meeting and/or exceeding building codes and the design standard is intended to promote minimum housing code construction for this project address.

I, _____, affirm I am the authorized representative of the funded entity for this project and do hereby request a waiver of the following Minimum Requirement for my project:

[Enter ESFRLP Minimum Property Standard Section Reference Number(s)]

Please state how this waiver will not impede meeting or exceeding the ESFRLP Minimum Property Standard requirements for this project:

I hereby acknowledge that by requesting this waiver, I will hold harmless any party providing funding, administration, or construction, due to omission of this provision of the North Carolina Housing Finance Agency's ESFR Property Standard and that implementation of this request will not violate any state or local codes or ordinances.

Homeowner's Name: _____
(print full name and sign)

Rehabilitation Specialist's Name: _____
(print full name and sign)

Funded Member/Community Partner Contact: _____
(print full name and sign)

Date Signed: _____

For NCHFA use only below this Line

NCHFA Case Manager Comments:

Case Manager: _____ Date reviewed: _____

NCHFA Team Leader of Home Ownership Rehabilitation or Manager of Home Ownership Rehabilitation and Compliance comments:

NCHFA HO Team Leader or Manager: _____ Review Date: _____
Date of: Approval: _____ Denial: _____