



**Kerr-Tar Regional Council of Governments
NCHFA Urgent Repair Program
Application & Eligibility Certification**

Applicant Data

Name of Homeowners(s) (First, MI, Last): _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

List all people living in the household.

Name (First, MI, Last)	Sex	Birth Date	SS #	Race	Hispanic**	Disabled	Veteran***
a							
b							
c							
d							
e							
f							
g							

*Race Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaiian/Other Pacific Islander (15); American Indian/Alaskan 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, and who was discharged or released therefrom under conditions other than dishonorable.

Gross Income Work Table

Dollars/Household Member/MONTH

Source

	a	b	c	d	e	f	g	Total
1. Wages								
2. Retirement/Pension								
3. Social Security								
4. Supplemental Security Income								
5. Public Assistance								
6. Child Support								
7. Interest								
8.								
9.								
10.								
Monthly Sub-Total (Sum 1-10)								
Annual Sub-Total (12x row above)								
Annual Gross Household Income (sum Annual Sub-Total for columns a-g)								

Applicant Certifications

I hereby certify that:

- 1) I own and occupy the home describe above as my primary residence and my property taxes are paid;
- 2) The above information is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for the Urgent Repair Program (Program). The Program is intended to assist low-and very low-income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety or in performing accessibility modifications or other repairs necessary to prevent imminent displacement.
- 4) I give permission for Kerr-Tar Regional Council of Governments to access information to verify the contents of this application and to facilitate the repair of my home.
- 5) I understand that this Program grant may not rectify all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
- 6) I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self disclose the information.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

PLEASE ATTACH A COPY OF THE DEED TO YOUR HOME AND INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS WITH INCOMES.

PLEASE PROVIDE A LIST OF URGENT HOUSING NEEDS THAT YOU WOULD LIKE TO BE CONSIDERED IF YOU ARE SELECTED TO PARTICIPATE IN THE URGENT REPAIR PROGRAM.
