KERR-TAR REGIONAL COUNCIL OF GOVERNMENTS
Essential Single-Family Rehabilitation Loan Pool
Pre-Application & Eligibility Certification

Applicant Data

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

Street Address: _____

City:_____ County:_____ Zip Code: _____

Mailing Address:_____

City:_____ County:_____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

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

Contact Name: _____ Phone: _____

Relationhip to Owner: _____

Notes: _____

Household Membership ***Please list ALL household members living in this home**

A. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

B. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

C. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

D. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

E. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____

SSN # (9 digits) _____-____-_____ Race: ☐ Black/African American ☐ Black/African American & White

(Circle Yes or No) ☐ Asian ☐ Asian & White

Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White

Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American

☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

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Income (Gross) ***Include everyone living in the home**	**a**	**b**	**c**	**d**	**e**	Total
1) Wages						
2) Retirement/Pension						
3) Social Security						
4) Supplemental Security Income						
5) Public Assistance						
6) Child Support						
7) Interest						
Monthly Sub-Total (sum rows 1-10)						
Annual Sub-Total (12 x row above)						
Annual Gross Household Income (sum Annual Sub-Total for Columns A-G)						

Applicant Certifications

I hereby certify that:

1) I own and occupy the home described above as my primary residence;

2) The household and income information listed above is complete and true to the best of my knowledge;

3) This information is provided to qualify me for the Essential Single-Family Rehabilitation Loan Pool (ESFRLP). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose a threat to life, health, or safety, or in performing accessibility modifications or other repairs necessary to meet the Essential Rehabilitation Criteria of ESFRLP.

4. I give permission to Kerr-Tar Regional Council of Governments and NC Housing Finance Agency to access information to verify the contents of this preapplication and to facilitate the rehabilitation of my home to meet Essential Property Standards or the Minimum Housing Code.

5) I understand that the secured, 0% interest, forgiven at the rate of $14000/year loan provided via the ESFRLP is secured with a Deed of Trust.

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 _____

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Qualifying Questions

Does the Applicant own this home? ☐ YES ☐ NO Year home was built: _____

Does the Applicant live in this home? ☐ YES ☐ NO

What type of house? ☐ Manufactured Home ☐ Site Built ☐ Modular Home

Do you have (check the box):

☐ Well Water ☐ Public Water ☐ No Water ☐ Cesspool ☐ Septic Tank ☐ Public Sewer

Applicant must provide:

☐ Verification of gross income for all members of household

☐ Copy of Deed or proof of lifetime rights

☐ Proof property taxes are paid

***Acceptable forms include:**

Social Security Award Letters, Letter from Retirement, Paystubs (most current 3 months)

Please Complete

Repair Needs: