

**KERR TAR REGIONAL COUNCIL OF GOVERNMENTS
NORTH CAROLINA HOUSING FINANCE AGENCY
ESFRLP2016**

Application & Eligibility Certification

Applicant Data

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

Ownership Information

Do you own this home? YES NO Do you live in this home? YES NO Year home built?
 What type of house? Manufactured home Modular Home Site Built home
 Do you have: Well water Public Water No Water Cesspool Septic Tank Public Sewer

PLEASE ATTACH A COPY OF THE DEED TO YOUR HOME

Household Membership

Name (First, MI, Last)	Sex	Birth Date	SS# (last 4 digits only)	*Race	Disabled	Relation to Homeowner
a.					yes no	
b.					yes no	
c.					yes no	
d.					yes no	
e.					yes no	

*Race: 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); Asian/Pacific Islander (21); and Hispanic (22).

Gross Income Work Table

Dollars / Household Member / MONTH

Source	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						
8)						
9)						
Monthly Sub-Total (sum rows 1-9)						
Annual Sub-Total (12 x row above)						

Annual Gross Household Income (sum Annual Sub-Total for columns a-g):

Applicant Certifications

I hereby certify that:

- 1) I own and occupy the home described above as my primary residence;
- 2) The above information is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for NCHFA SFR program assistance. The Program is intended to assist very low to moderate income owner-occupants in correcting substandard housing conditions which are in violation of the North Carolina Building Code, public health regulations and the Federal Lead Based Paint Standards.
- 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.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____