

**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	Full SSN#	*Race	Disabled	Relation to Homeowner
a.					yes no	
b.						
c.						
d.						
e.						

\*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						
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): \_\_\_\_\_

**Please provide income verification for all household members with income (must be current)**

**Applicant Certifications**

**I hereby certify that:**

- 1) I own and occupy the home described 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 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 \_\_\_\_\_