

**Kerr-Tar Regional Council of Governments**  
**Essential Single-Family Rehabilitation Loan Pool**  
**Pre-Application & Eligibility Certification**

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**Applicant Data**

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

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Owner: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Household Membership**

Name (First, MI, Last)	Sex	Birth Date	SS# (9 digits required)	Race Code*	Hispanic**	Veteran***	Relation to Homeowner
a.							
b.							
c.							
d.							
e.							
f.							

\*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 as evidenced by a DD-214 form.

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								
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 for Kerr-Tar Regional Council of Governments and NC Housing Finance Agency to access information to verify the contents of this pre-application 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 \$5000/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 \_\_\_\_\_ Date \_\_\_\_\_

**Kerr-Tar Regional Council of Governments**

**ESFRLP PROGRAM**

***Pre-Application & Eligibility Certification***

(page 2 of 2)

**Applicant Data**

Name of Homeowner(s) (First, MI, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

**Qualifying Questions**

Does the applicant own this home?    **YES**    **NO**    Year home was built \_\_\_\_\_

Does applicant live in this home?    **YES**    **NO**

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

Do you have:

Well Water     Public Water     No Water     Cesspool     Septic Tank     Public Sewer

**Applicant must provide:**

- Verification of income for all members of household
- Copy of Deed or proof of lifetime rights
- Proof property taxes are paid

**Repair Needs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_