

**NORTH CAROLINA HOUSING FINANCE AGENCY**  
**URGENT REPAIR PROGRAM**  
*Application & Eligibility Certification*

(page 1 of 2)

**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	Social Security #	Race Code*	Hispanic**	Relation to Homeowner
a.						
b.						
c.						
d.						
e.						
f.						
g.						

**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 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 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 \_\_\_\_\_

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Page 2 is to be completed by a Kerr-Tar Staff.

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Applicant Data

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

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

Qualifying Income Table (for reference) Maximum Gross Household Income

Table with columns: Household Size, 1, 2, 3, 4, 5, 6, 7, 8. Rows include Statewide non-metro 30%, Statewide non-metro 50%, and Applicant's household annual income.

Qualifying Questions

Does the applicant own this home? YES [ ] NO [ ]
Does the applicant's household qualify based on the income criteria? YES [ ] NO [ ]
Mark all Special Need(s) by which the Applicant qualifies: [ ] Single-Parent Household
[ ] Owner 62+ [ ] Member Disabled [ ] EBLL Child [ ] Veteran\*\*\* [ ] Household Size 5+

Eligibility Certifications

I hereby certify that:

- 1) All of the above information has been reviewed or documented in accordance with the Program Guidelines.
2) The Applicant is eligible for assistance under the Program;
3) There is no other state or federal source of funds available now, or likely to be available within the next six months, which could pay for the proposed repairs.

Authorized Officer \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

Eligible Urgent Repair Needs:

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

Case Notes (for office use only) Name of interviewer: \_\_\_\_\_

Non-housing problems:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Action taken for referrals? YES [ ] NO [ ] If yes, specify: \_\_\_\_\_

Other: \_\_\_\_\_

\*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, Asain/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.