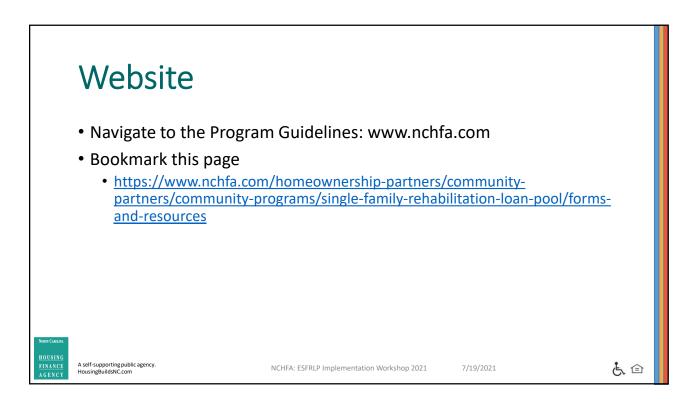
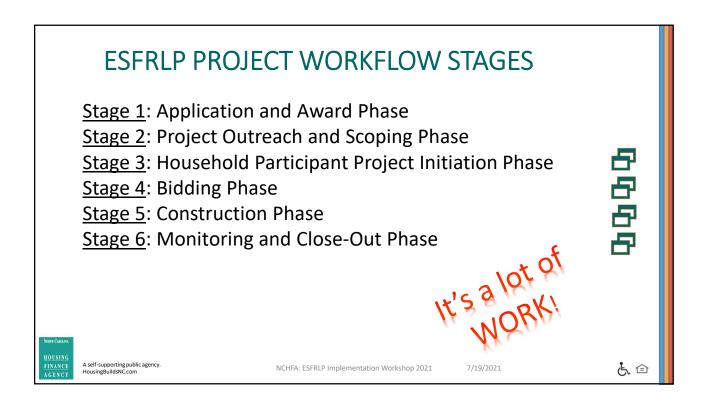




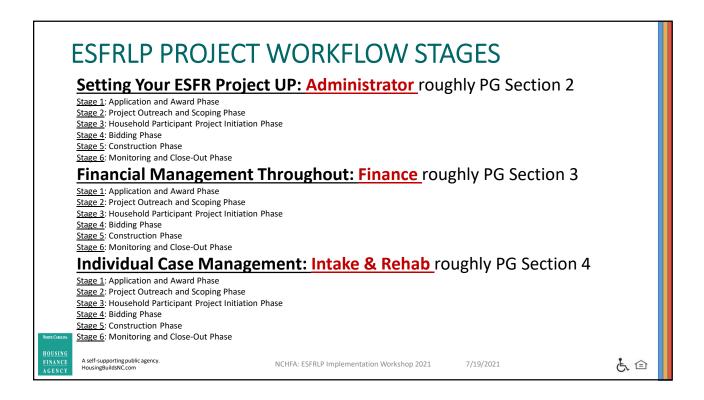
• A	dministrator	s' Implementation Webinar Agenda	
Wed	nesday, June 23	, 2021	
• 9:	45 a.m.	Webinar login	
•	10:00 a.m.	Welcome and Mission and Workshop Flow	
		ESFRLP Project Workflow Overview and Due Dates	
	10:15 a.m.	Setting Your ESFR Project Up: Minimum Requirements (PG 2)	
• 11	:00 a.m.	7 Minute Stretch break Break	
•	11:07 a.m.	Financial Management Throughout Your ESFR Project (PG 3)	
•	11:40 a.m.	ESFRLP Loan Document Required Elements	
	11:50 a.m.	Individual Case Management & Loan Processing (PG 4)	
•	12:15 p.m.	Section 3 Reporting and Environmental Review Issues	
• 12	:30 p.m.	30 Minute Bio-Break: Afternoon attendance required for new ESFR partners	
•	1:00 p.m.	ESFRLP income Determination 24 CFR part 5	
•	1:10 p.m.	Portal Training	
•	1:25 p.m.	Working with your Rehabilitation Specialist/Consultants	
•	1:40 p.m.	LBP in ESFR	
•	2:00 p.m.	Q & A	
• 2:3	30 p.m. Adjournmer	nt	

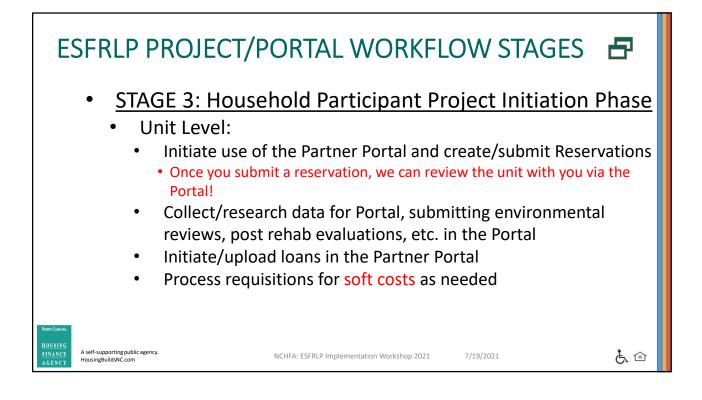


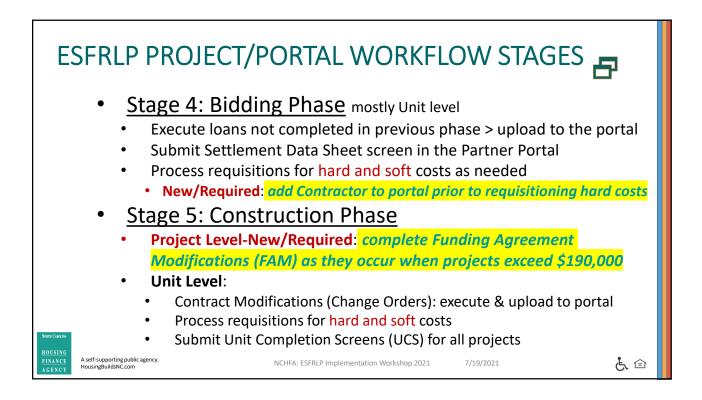


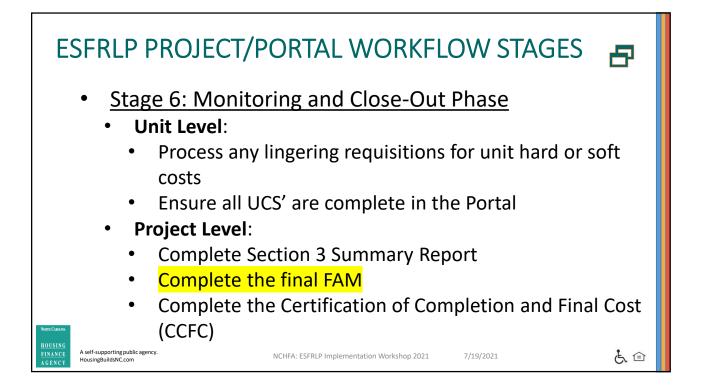


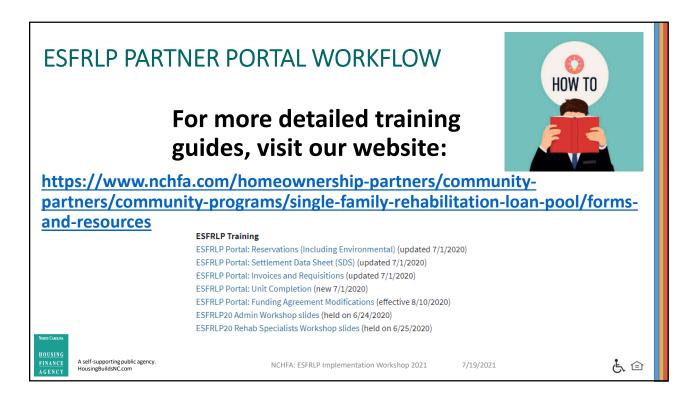
Activity	Example Date in 2021
Award – issued by NCHFA, phone call + letter	March 1, 2021
Create Project Folder	Day of Award Letter Receipt
Complete PAD, receive approval, sign Funding Agreement, \$190,000 allocation in place, usable	Start date: 7/1/21; after 7/1/21, FA date begins on date of PAD approval
Begin Marketing and Outreach	7/1/21 or as per FA – no expenses prior
Perform Intakes/Choose among Applicants	7/1/21 or per your FA and/or Assistance Policy
Begin Partner Portal Workflow Process	7/1/21 or Per Assistance Policy decision dates
\$190,000 allocations return to Loan Pool (3.2.2)	December 31, 2022
All units reserved in the Partner Portal (3.2.2)	December 31, 2023
All units complete, CCFC due, no further fund expenditures (3.2.2)	June 30, 2024

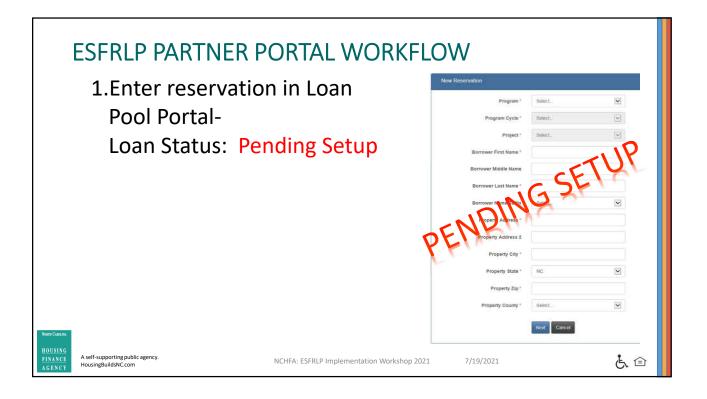


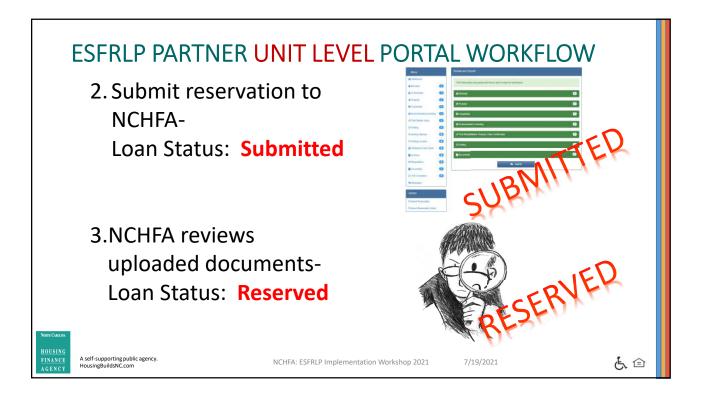


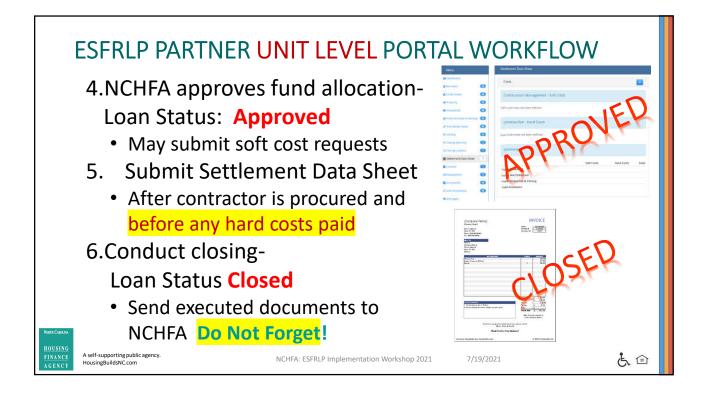


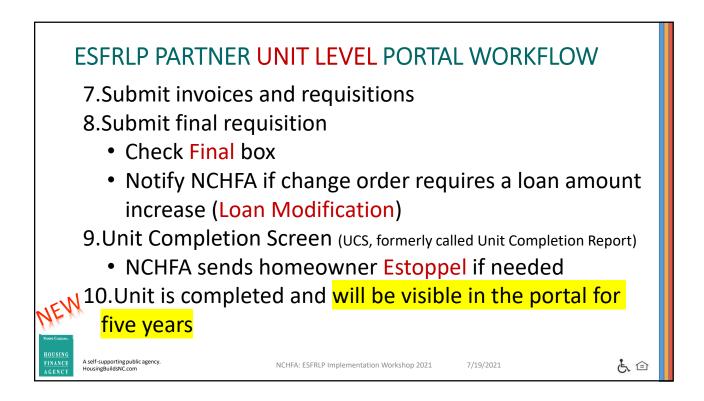




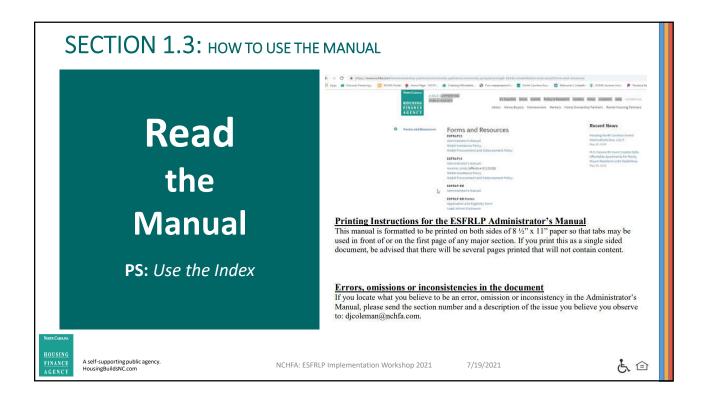


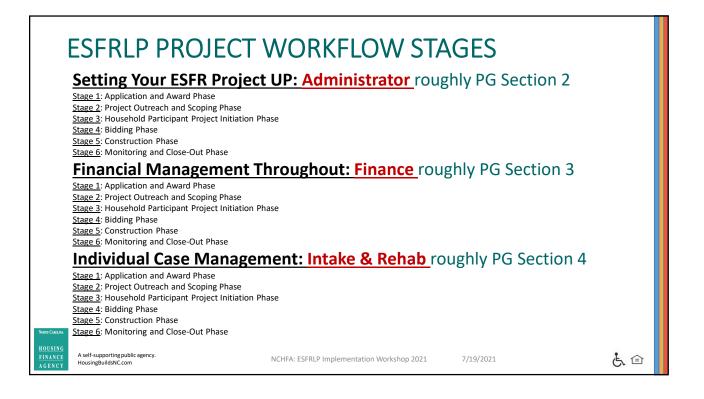


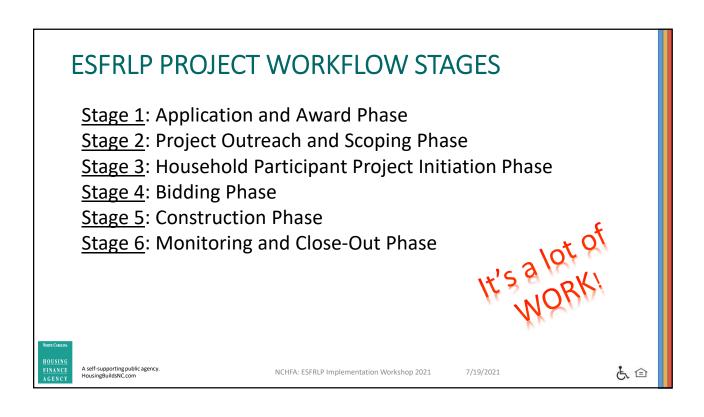


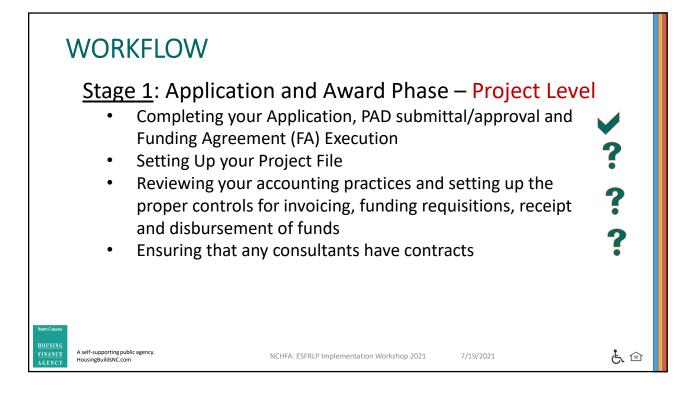


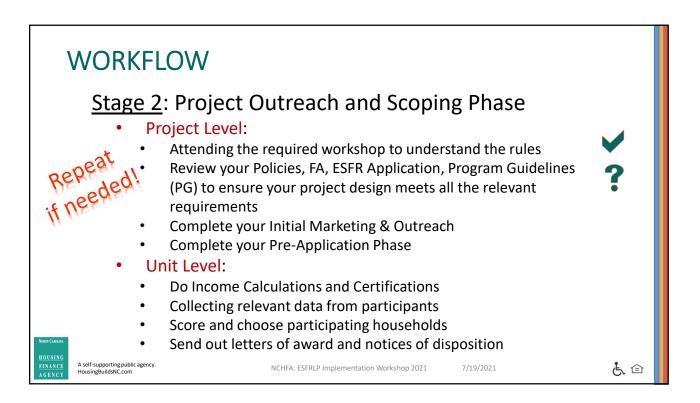


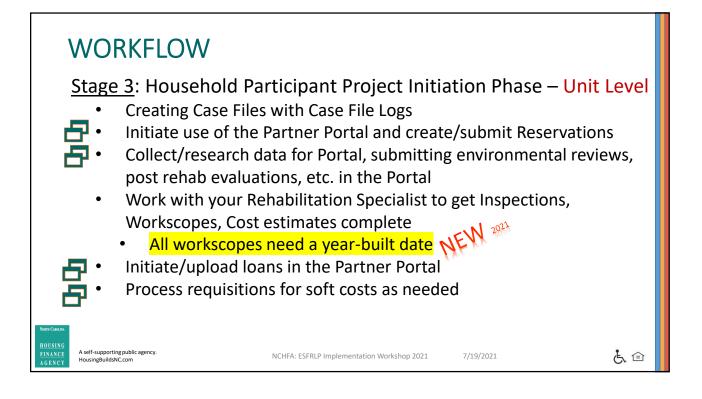




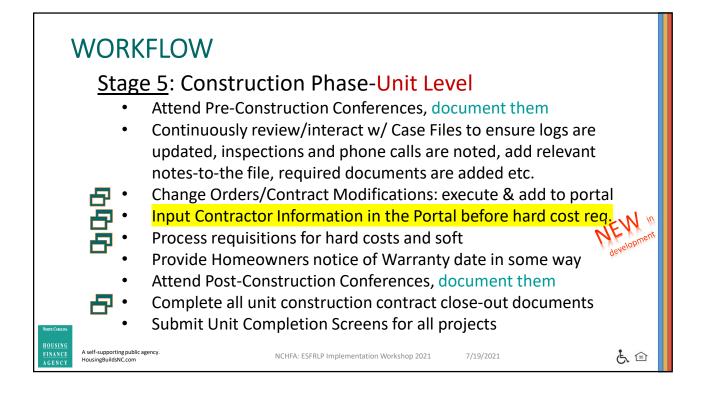


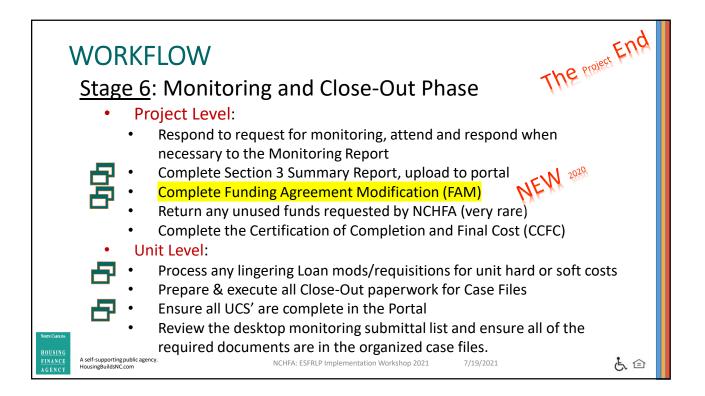




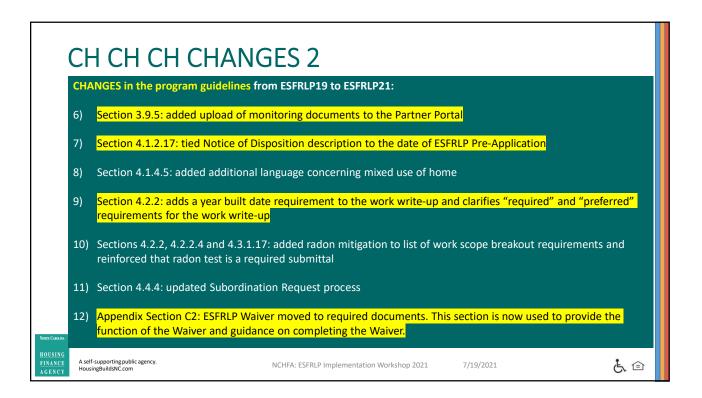


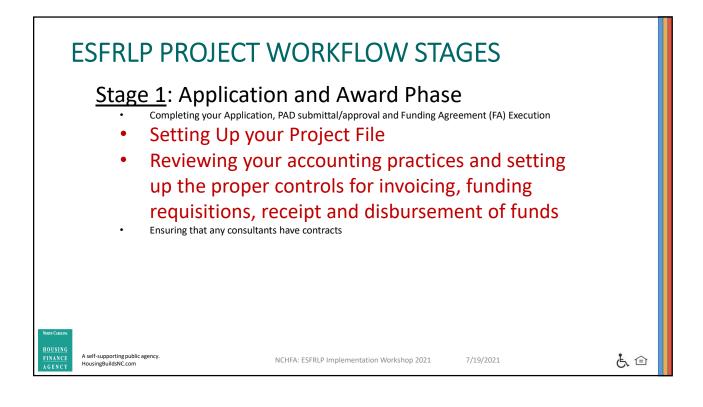


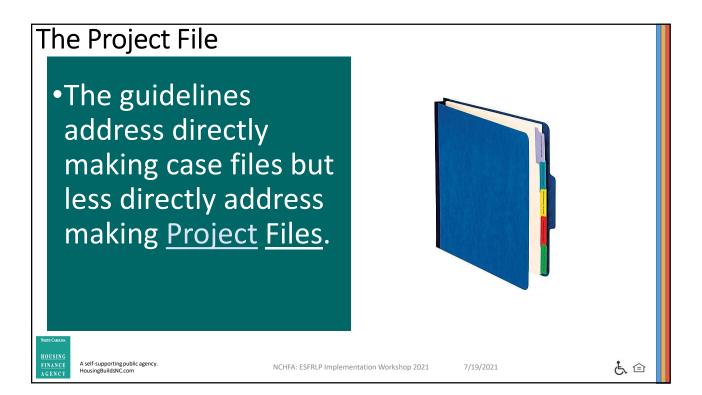


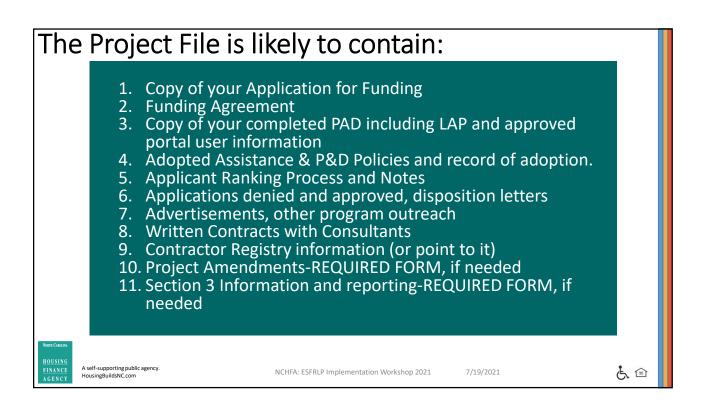


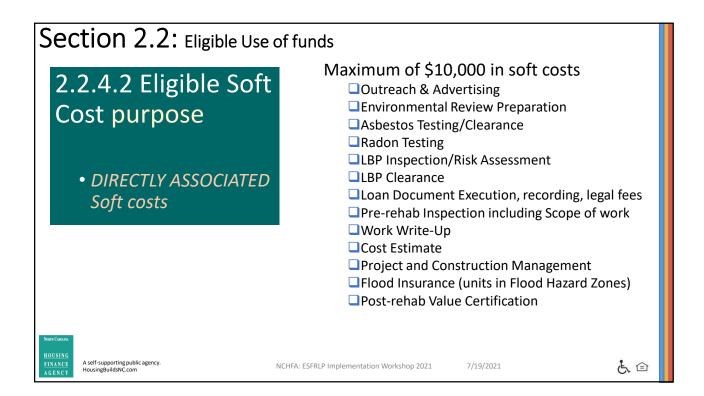
CH CH CH CH CH 27 years of SFR (SFR, SFRLP, & now I	SFRLP)		
	oproximately 4,602 homes rehabilitated to date uidelines from ESFRLP19 to ESFRLP21:		
1)Updated several website	references (especially in the Rehabilitation is the result of the re	on Standards) including the income	9
,	age reinforcing the requirement to call yc oudget due to unexpected issues.	ur case manager for prior approva	al
3)Section 2.4.1: clarified da	te of unit fund commitment		
4)Section 3.2.2: added requ	uirement to complete FA modification pro	ocess	
	quirement for one overall unit photo		
G E A self-supporting public agency. HousingBuildsNC.com	NCHFA: ESFRLP Implementation Workshop 2021	7/19/2021	Ê

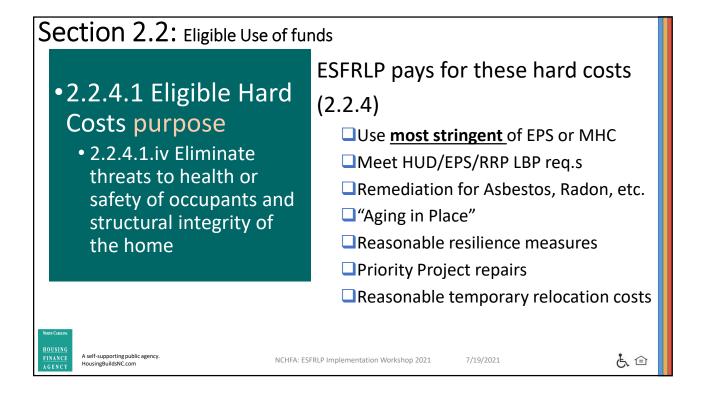


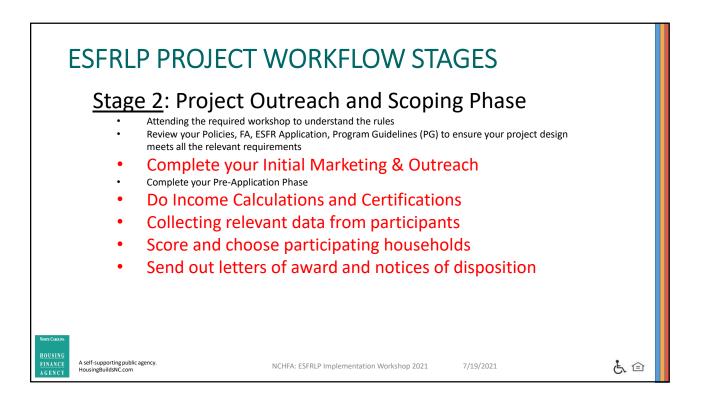




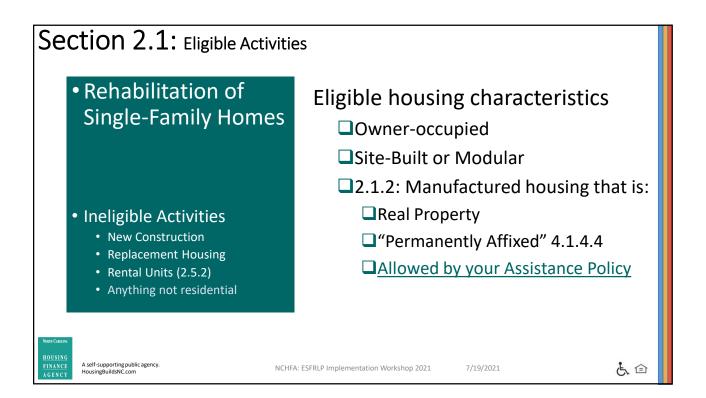


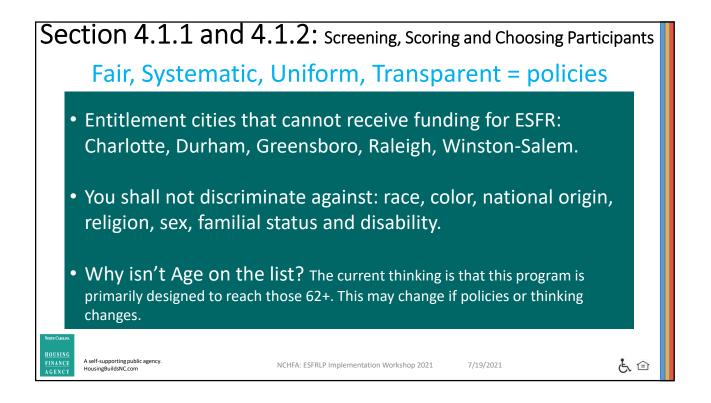


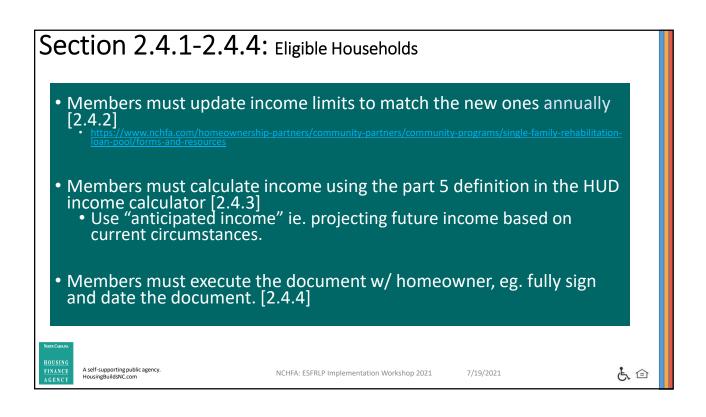




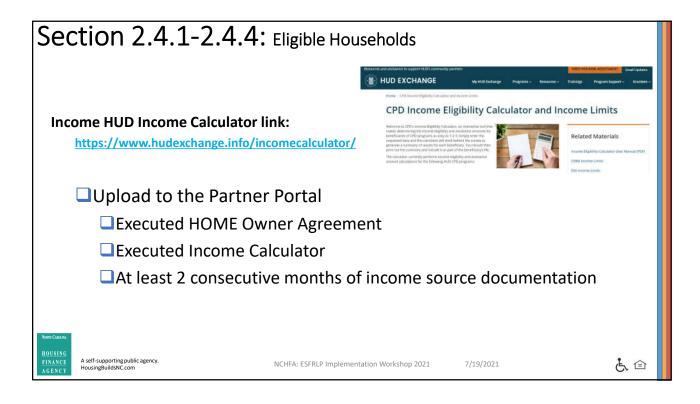


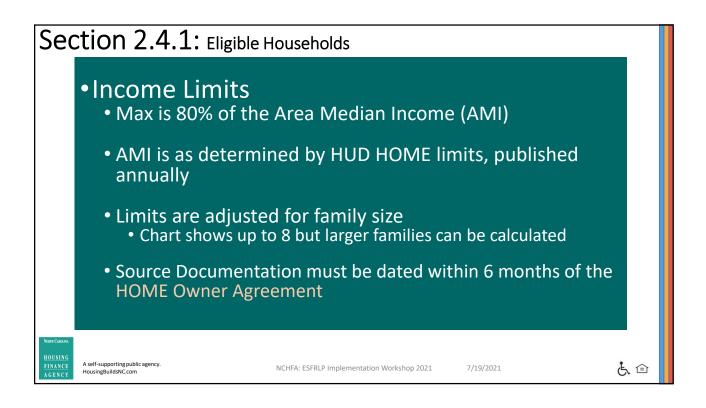




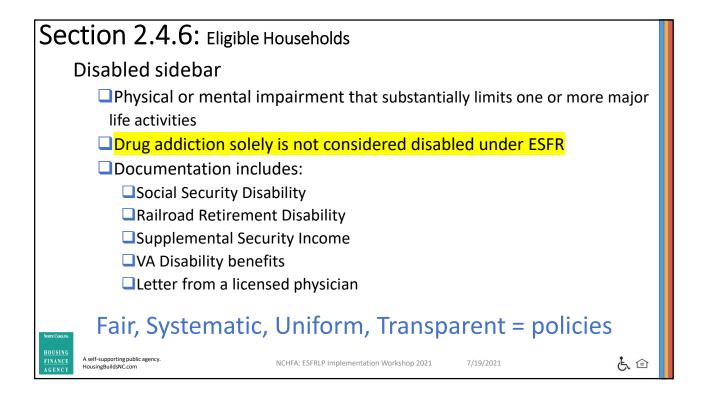


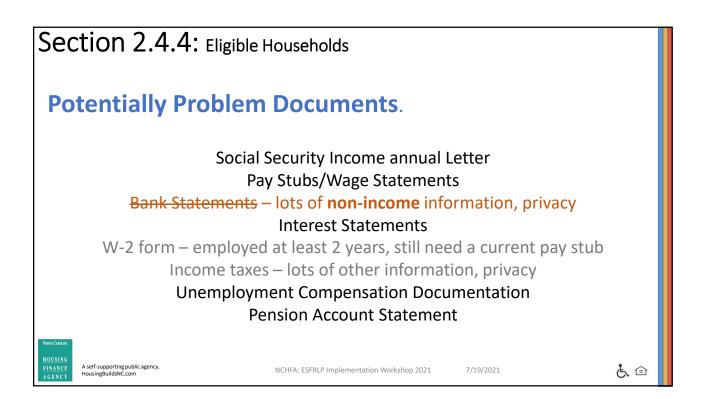
	nfa.com/sites/default/files/page_atta									
ver Financing	🔀 NCHFA Portal 🛛 🏚 Home Page - NCH	HF 🕋	Creating Affo	ana 10						
			2-25-4 2-200 0 21-2 01 204 20 a	rdabie	Five weeee	eeeeird t	North Car	olina Hou	🛗 Welcom	e! LinkedIn
	10 ⁻¹									
\searrow		2018 H	IOME In	come Lir	nits by C	ounty &	by Hous	ehold Si	ze	
			Base	ed on Area M	edian Income	& Effective Ju	ne 1. 2018			
		1		Based on Area Median Income & Effective June 1, 2018 Income Limit by Household Size (Number of Household Members)						
	County	AMI		Income La	mit by Hou	sehold Size	Number of	Household	Members)	
	County	and the second se	One	Two	mit by Hou Three	sehold Size Four	Number of Five	Household Six	Members) Seven	Eight
	County	%	One Person			and the second se		and the second second		Eight Person
	County	and the second se		Two	Three	Four	Five	Six	Seven	
		%	Person	Two Person	Three Person	Four Person	Five Person	Six Person	Seven Person	Person
	Alamance	% 30%	Person 11600	Two Person 13250	Three Person 14900	Four Person 16550	Five Person 17900	Six Person 19200	Seven Person 20550	Person 21850
		% 30% 50%	Person 11600 19300	Two Person 13250 22050	Three Person 14900 24800	Four Person 16550 27550	Five Person 17900 29800	Six Person 19200 32000	Seven Person 20550 34200	Person 21850 36400
		% 30% 50% 60%	Person 11600 19300 23160	Two Person 13250 22050 26460	Three Person 14900 24800 29760 29760	Four Person 16550 27550 33060	Five Person 17900 29800 35760	Six Person 19200 32000 38400	Seven Person 20550 34200 41040	Person 21850 36400 43680
	Alamance	% 30% 50% 60% 80%	Person 11600 19300 23160 30900	Two Person 13250 22050 26460 35300	Three Person 14900 24800 29760 39700	Four Person 16550 27550 33060 44100	Five Person 17900 29800 35760 47650	Six Person 19200 32000 38400 51200	Seven Person 20550 34200 41040 54700	Person 21850 36400 43680 58250
		% 30% 50% 60% 80% 30%	Person 11600 19300 23160 30900 11550	Two Person 13250 22050 26460 35300 13200	Three Person 14900 24800 29760 39700 14850	Four Person 16550 27550 33060 44100 16500	Five Person 17900 29800 35760 47650 17850	Six Person 19200 32000 38400 51200 19150	Seven Person 20550 34200 41040 54700 20500	Person 21850 36400 43680 58250 21800
	Alamance	% 30% 50% 60% 80% 30% 50%	Person 11600 19300 23160 30900 11550 19250	Two Person 13250 22050 26460 35300 13200 22000	Three Person 14900 24800 29760 39700 14850 24750	Four Person 16550 27550 33060 44100 16500 27500	Five Person 17900 29800 35760 47650 17850 29700	Six Person 19200 32000 38400 51200 19150 31900	Seven Person 20550 34200 41040 54700 20500 34100	Person 21850 36400 43680 58250 21800 36300
	Alamance	*/ 30% 50% 60% 80% 30% 50% 60%	Person 11600 19300 23160 30900 11550 19250 23100	Two Person 13250 22050 26460 35300 13200 22000 26400	Three Person 14900 24800 29760 39700 14850 24750 29700	Four Person 16550 27550 33060 44100 16500 27500 33000	Five Person 17900 29800 35760 47650 17850 29700 35640	Six Person 19200 32000 38400 51200 19150 31900 38280	Seven Person 20550 34200 41040 54700 20500 34100 40920	Person 21850 36400 43680 58250 21800 36300 43560
	Alamance	% 30% 50% 60% 80% 30% 60% 80% 80% 80%	Person 11600 23160 30900 11550 19250 23100 30800	Two Person 13250 22050 26460 35300 13200 22000 26400 35200	Three Person 14900 24800 29760 39700 14850 24750 29700 39600	Four Person 16550 27550 33060 44100 16500 27500 33000 44000	Five Person 17900 29800 35760 47650 17850 29700 35640 47550	Six Person 19200 32000 38400 51200 19150 31900 38280 51050	Seven Person 20550 34200 41040 54700 20500 34100 40920 54600	Person 21850 36400 43680 58250 21800 36300 43560 58100

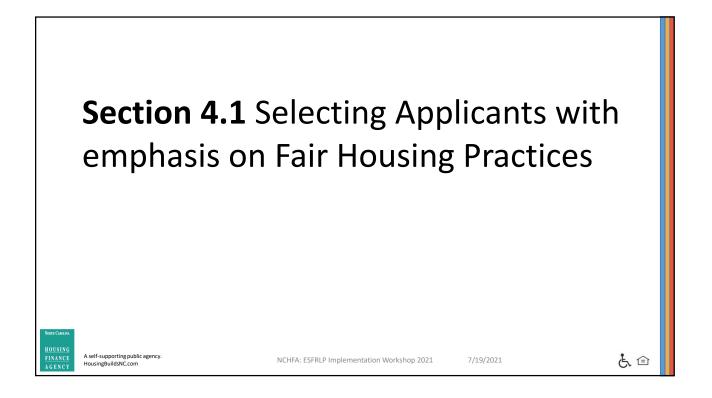


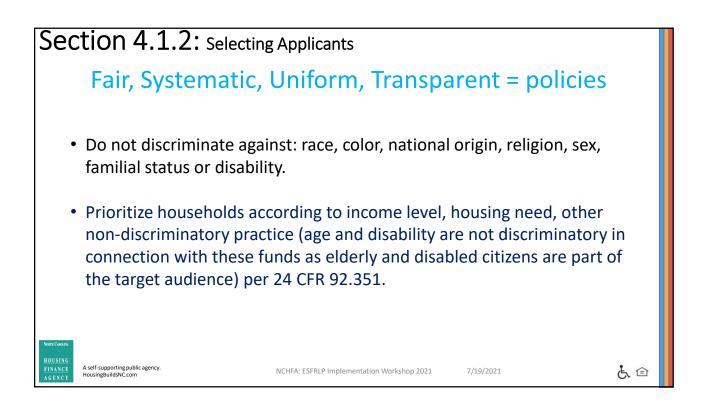




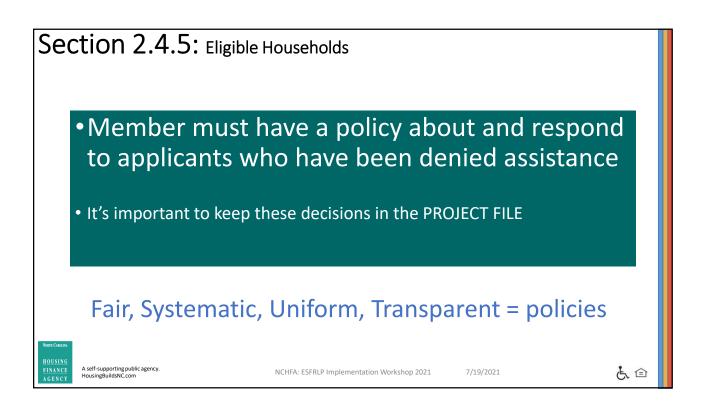


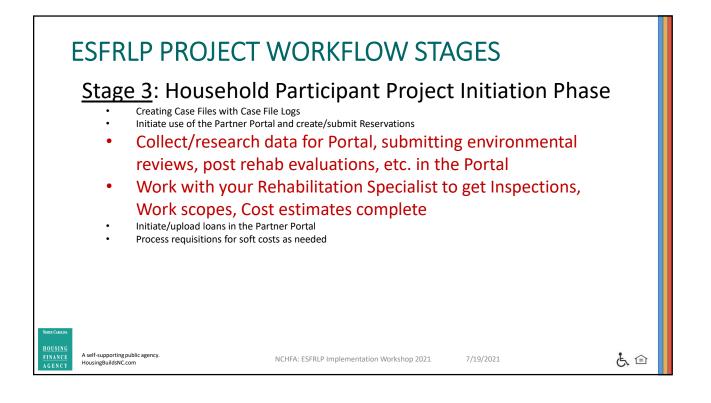


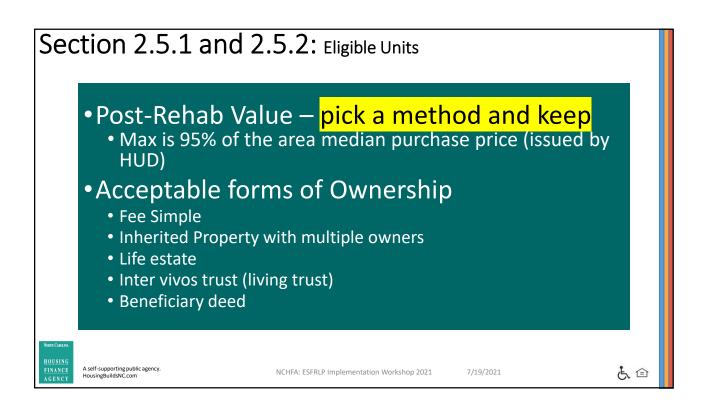




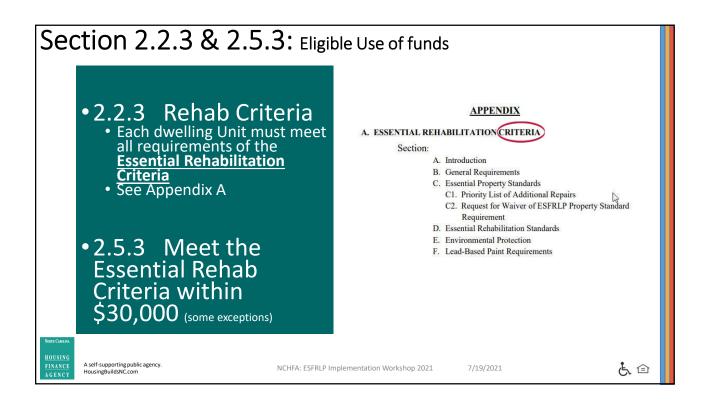


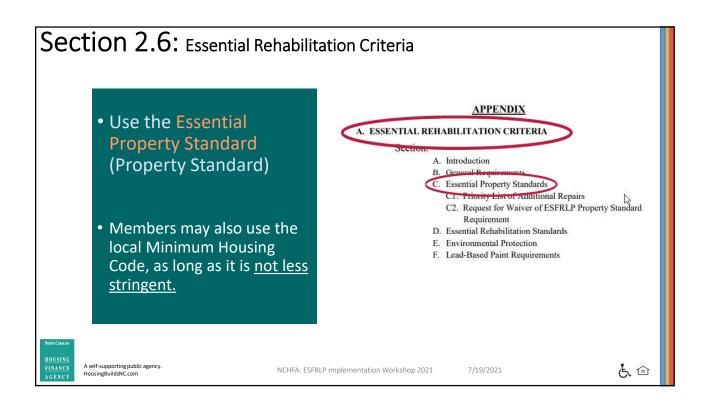


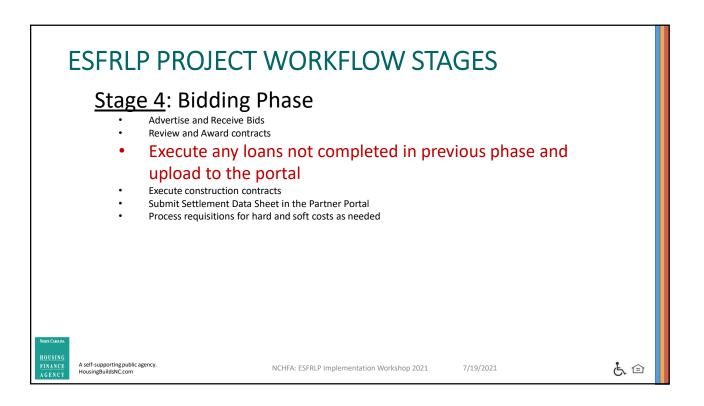


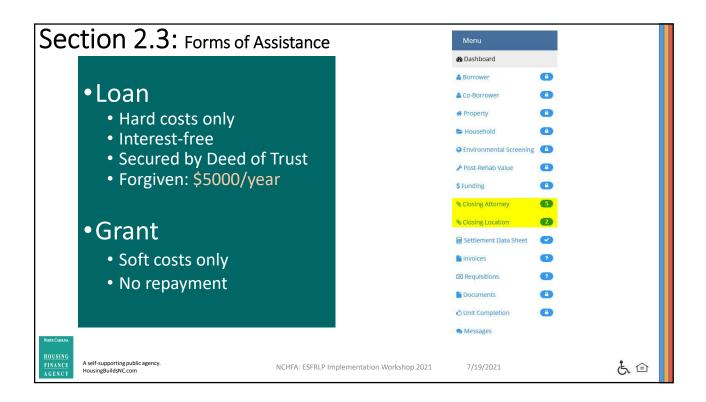


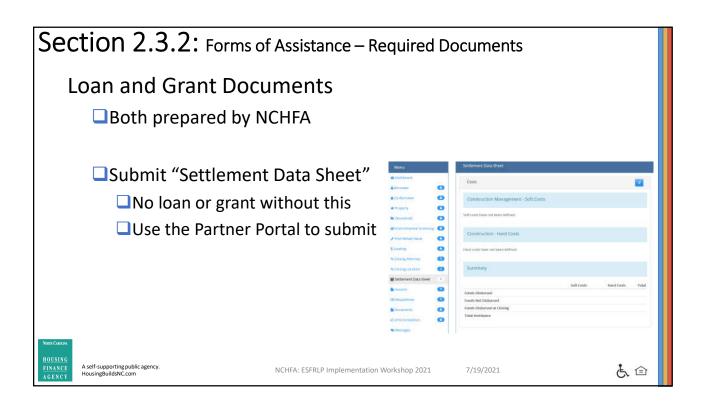


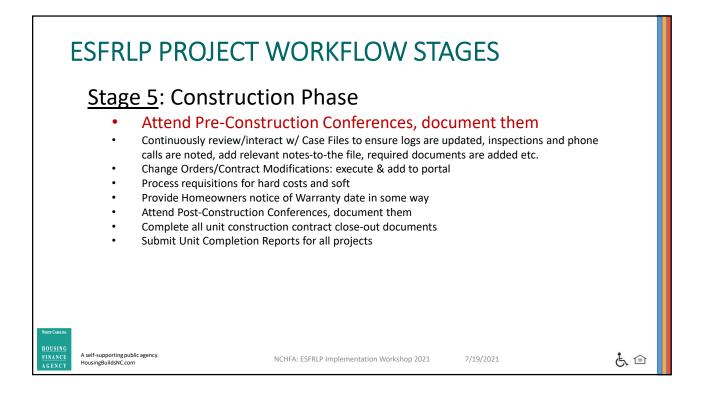


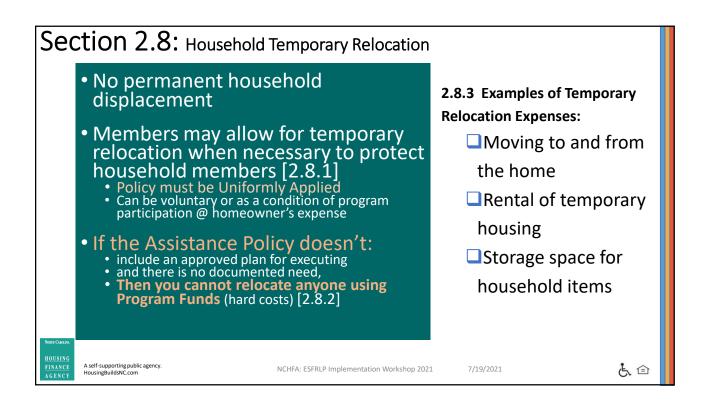


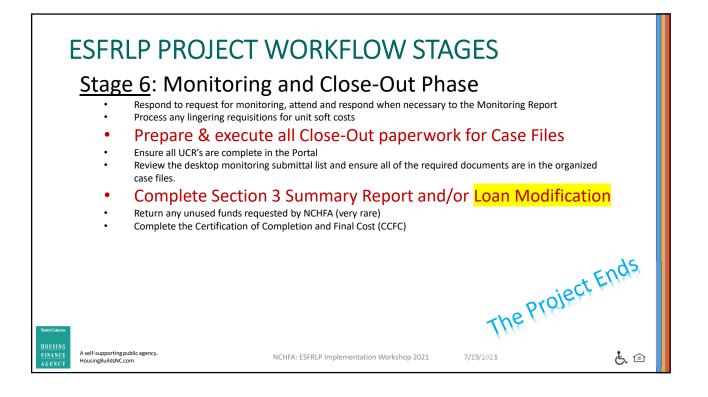












Sections 3.12.6, 312.17, 3.2.2, 3.12.3: Project Close-out

<u>3.12.6</u>

Submit a human interest story.

<u>3.12.7</u>

Members are required to submit 5 before and after photos... At least one before and after photo should provide an overall picture of the unit's front entry side.

<u>3.2.2</u>

Added requirement to complete the FA modification process to final funding amount

<u>3.12.3</u>

Members are required to submit the CCFC

CCFC due June 31, 2023

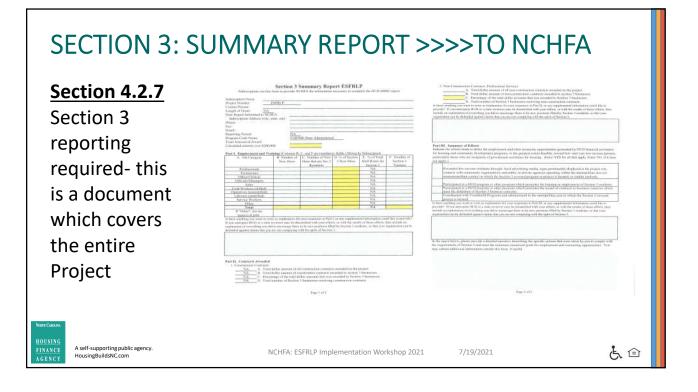
7/19/2021

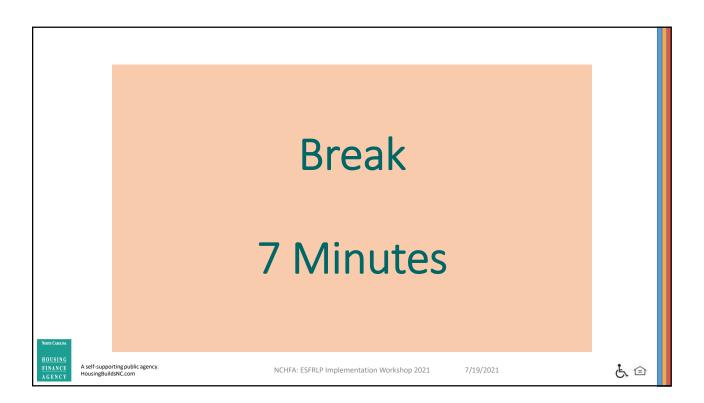


A self-supporting public agency. HousingBuildsNC.com

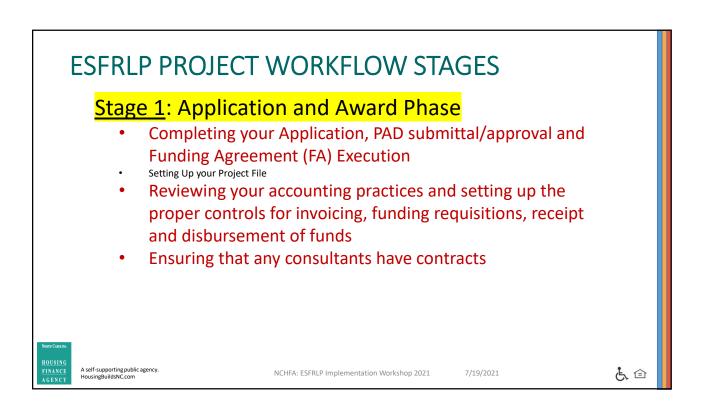
NCHFA: ESFRLP Implementation Workshop 2021

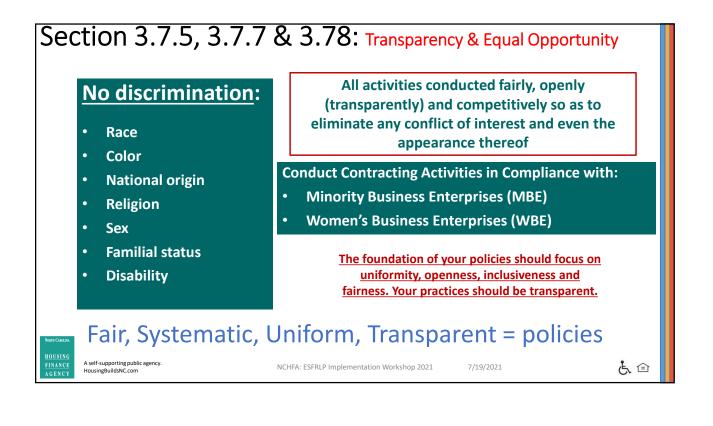
占企

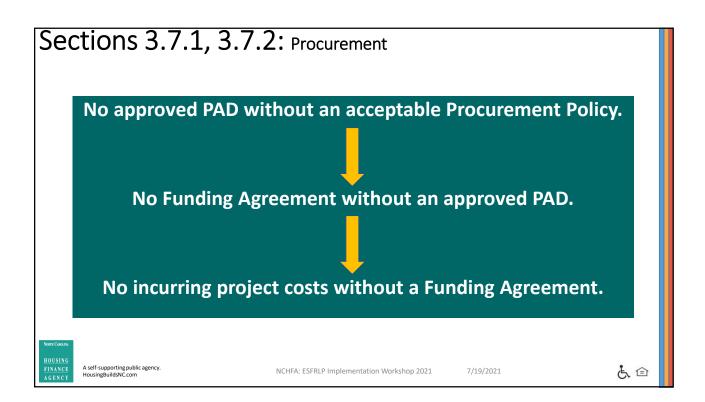


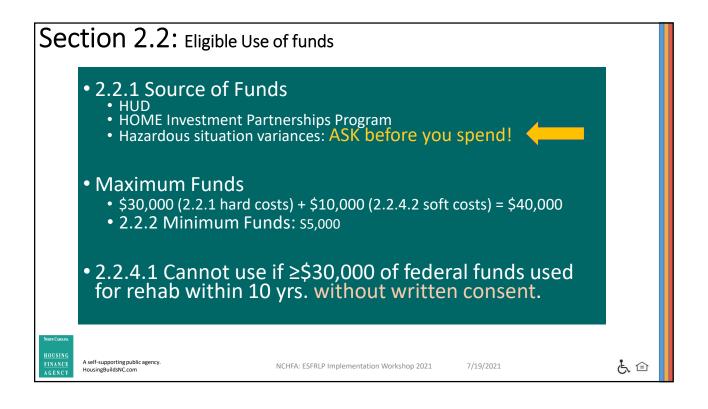


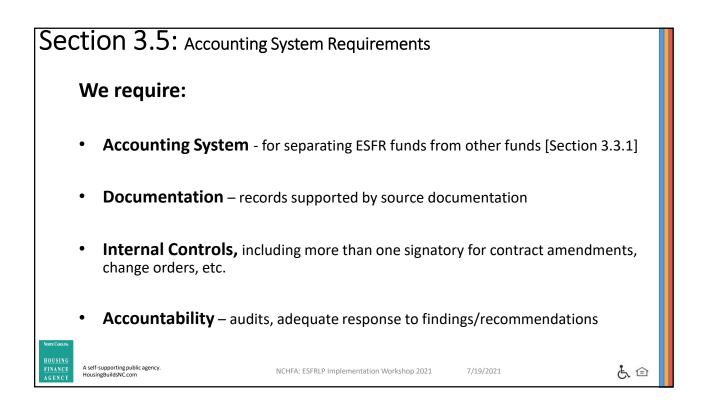


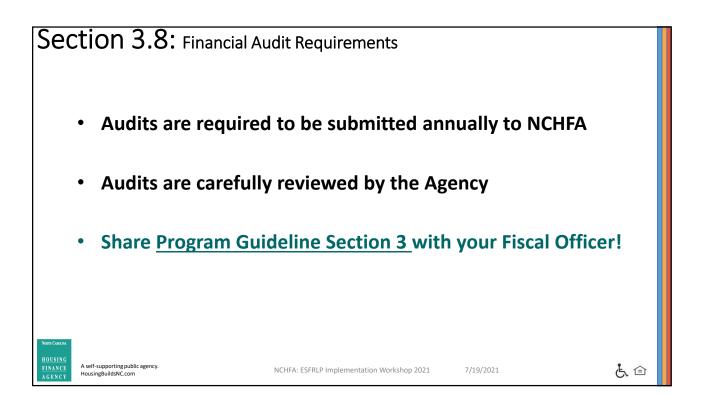


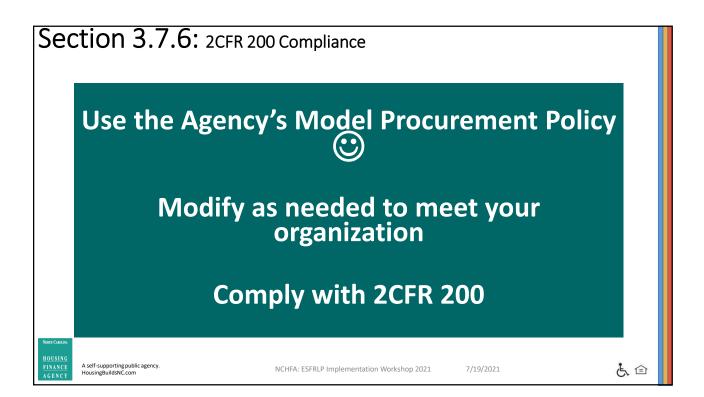


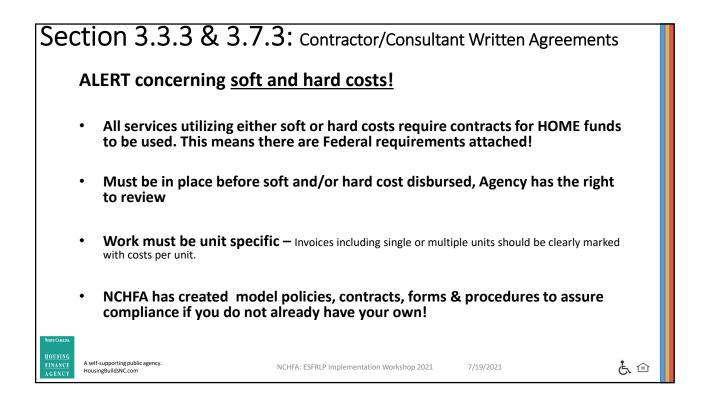


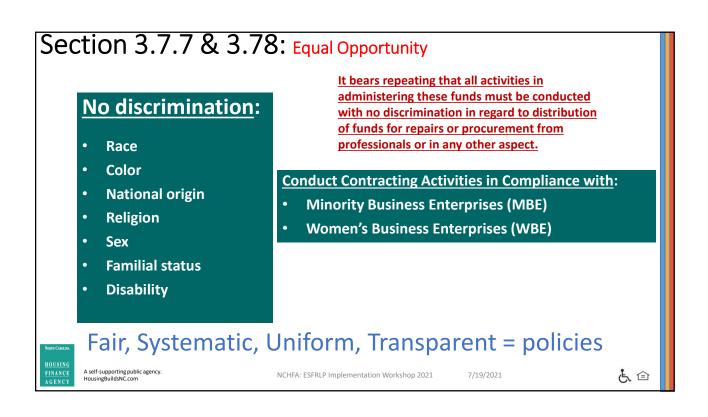


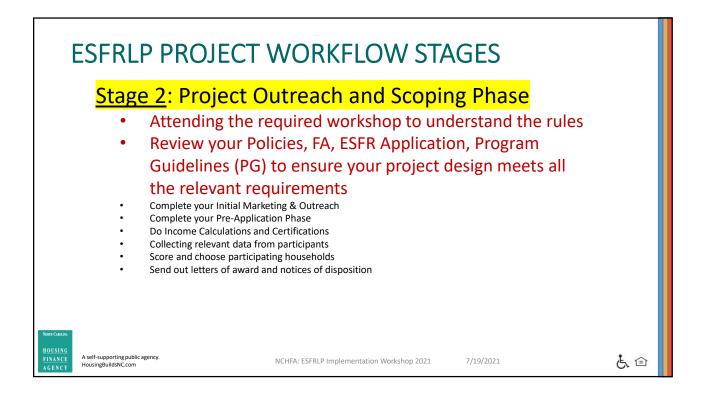


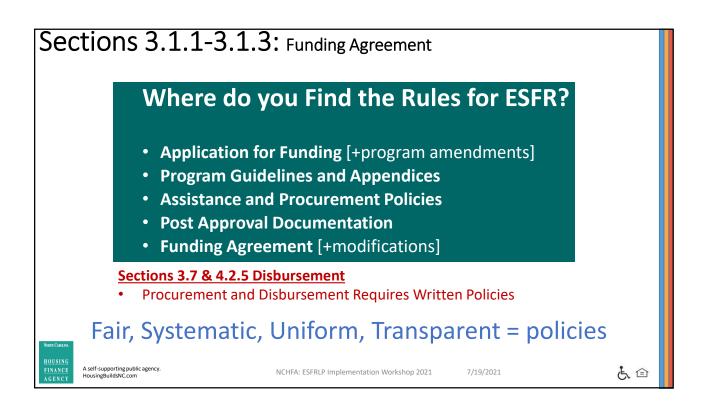


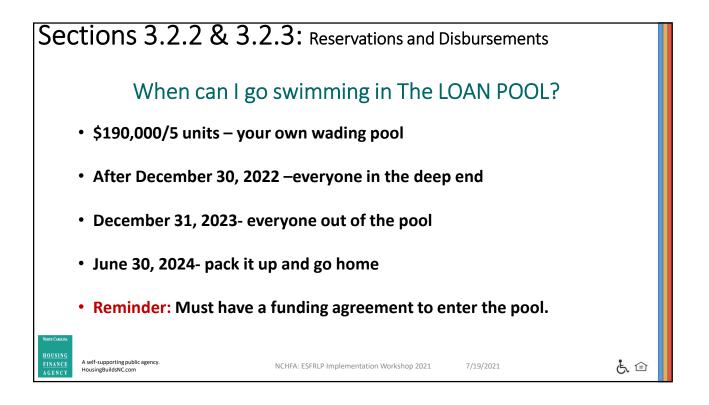


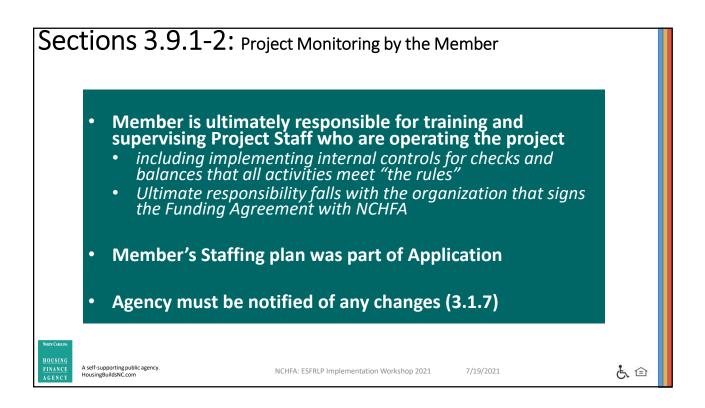




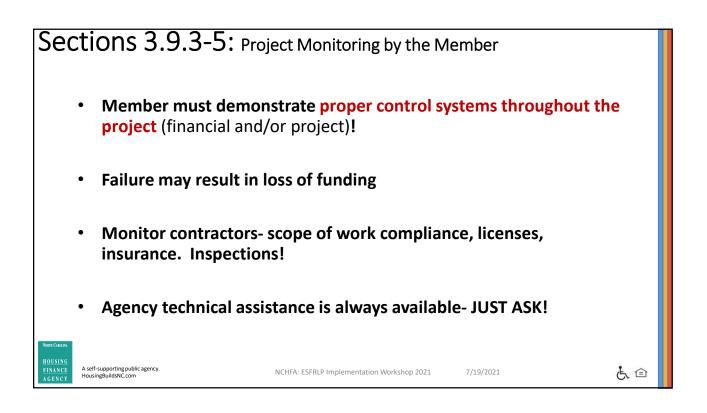


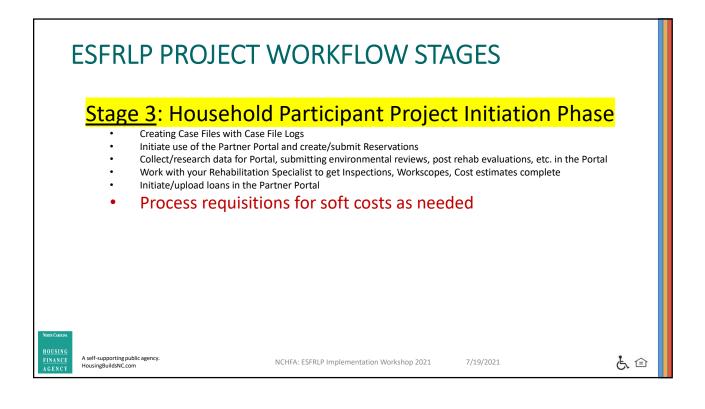


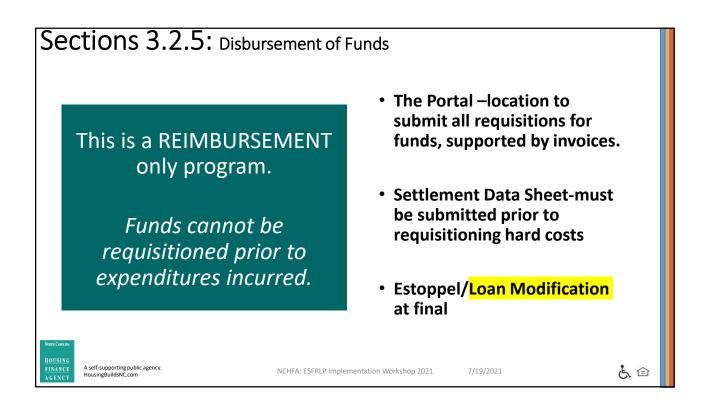




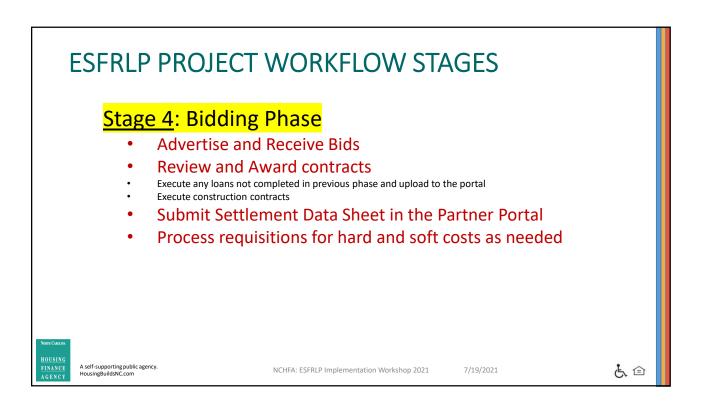
Sections 3.1.7: Project Am	nendment
North Carolina Housing France Agency Exound as Staple-Faulty Exolutionation Lane Pool Request for Project Amendment Member Organization Amenant gESPRIP Avand, per Panding Agreement	Proposed changes must be submitted via the ESFRLP form "Request for
I.Derling units served. // Please dock of diof of ar 0.k) // A solution is marked or docking units to be served is regressed. B. The Meeber requests that the number of dwelling units to be served be amended in accordance with the following market. Number of Dwelling Develling Develling Tables: Develling Tables: Develling Tables:	Project Amendment"
Reason for requested change:	Common Changes
	1. Changes in staffing must be accompanied by resumes of any staff members or consultants.
(times datamati page f resolut) (difference data data data dage f resolut) (difference data data data (difference data data data (difference data data data data data data data dat	2. Soft Cost allocation request important if this will be consistently applied throughout the project.
Source 2 Total amount of other funds Other funds Other funds Total amount of the funds T	Other less common changes:
Action of Represent simple	-unit goals (rarely used in ESFR)
	-additional funding source change (example: loss of match money for your program)
North CARDINA (Anach additional page ("seeled)	
BOUSING FINANCE A self-supporting public agency. AGENCY HousingBuildsNC.com	A: ESFRLP Implementation Workshop 2021 7/19/2021 占 🖆



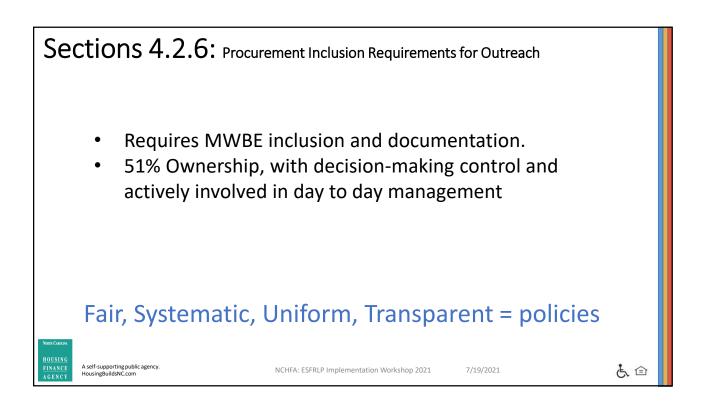


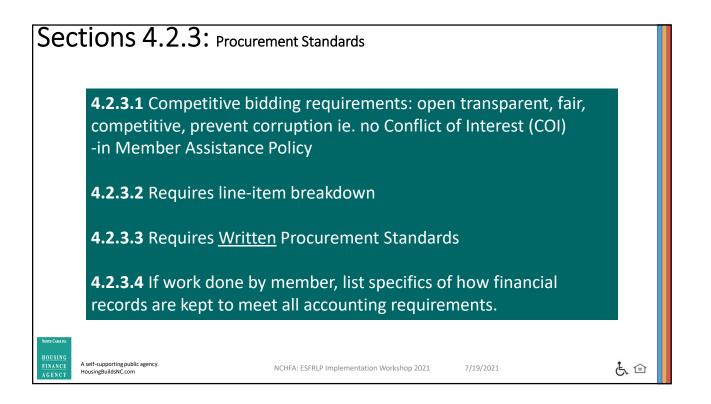


Sections 2.2.4.2 & 3.11.6:	Eligible Use of funds & Non-compliance w/ESFR
2.2.4.2 Eligible Soft Costs	Maximum of \$10,000 in soft costs Outreach & Advertising
• 2.2.4.2 DIRECTLY ASSOCIATED Soft costs	Environmental Review Preparation Asbestos Testing/Clearance
 2.2.4.3 Cannot use for Administrative expenses 	Radon Testing LBP Inspection/Risk Assessment
• 2.2.4.5 Limited resources for no-fault units	LBP Clearance Loan Document Execution, recording, legal fees
3.11.6 Only COMPLETE units will be reimbursed; improperly expended funds or incomplete units not meeting HUD/NCHFA requirements, for any reason, will likely require reimbursement and potentially interest.	 Pre-rehab Inspection including Scope of work Work Write-Up Cost Estimate Project and Construction Management Flood Insurance (units in Flood Hazard Zones) Post-rehab Value Certification
HOUSING FINANCE A GENCY A self-supporting public agency. HousingBuildsNC.com NCHFA: ESFRLP Impl	ementation Workshop 2020 7/19/2021 よう 合

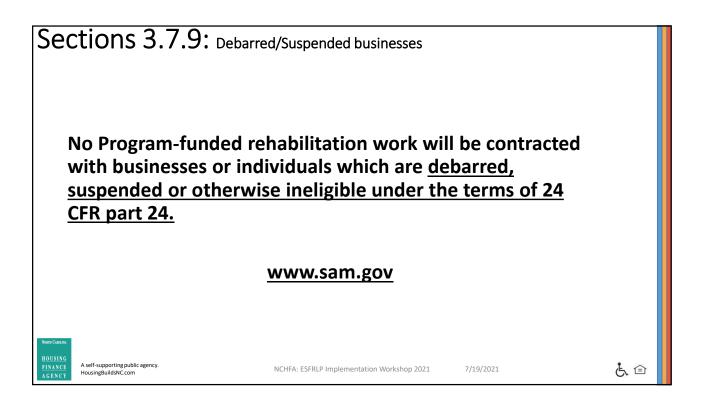


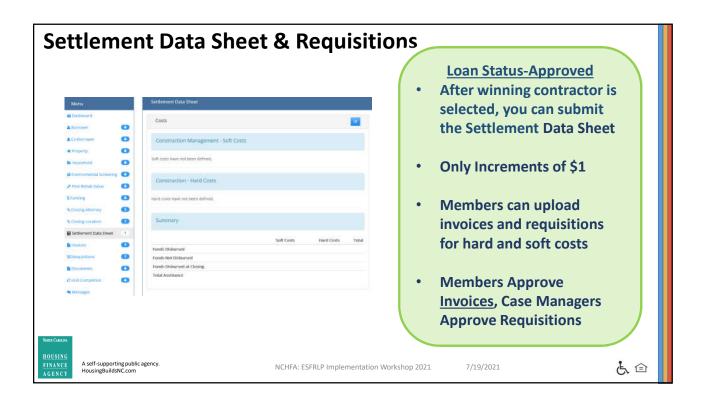


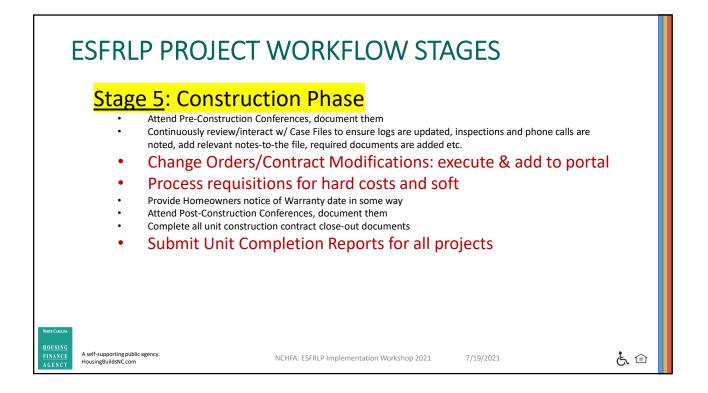


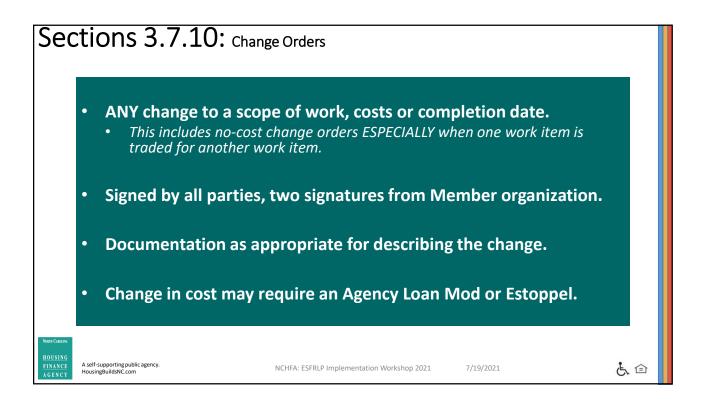


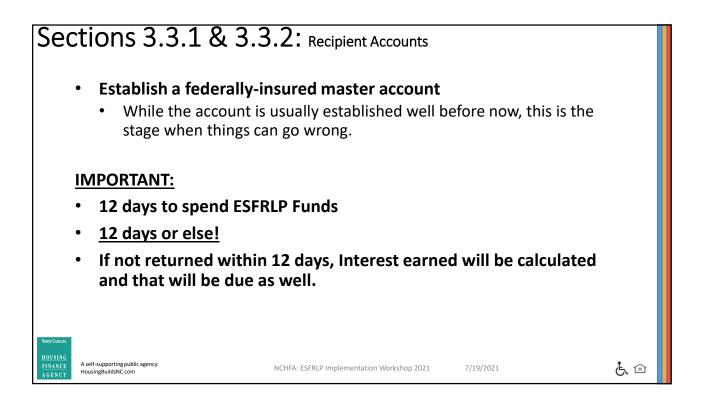
Bid Tabulation She Organization Name: Organization Address:					TRUTT TO LAR YOU FIRE	KOUBING FINANCE AGENCY	Main Main Resident				
Oceanization Address:	1. C	1		Funde	ng Source: HUDHOMEInve verital Single-Family Rehab	ement Parmerships Program. Akation Loan Pool (ESPFLP)	Project 1 Bid	Contractory Responding to the Invitation	1	Pro-Big Cast	Plantet
							Prints Date Mail	- Marine States (1) and	Bitheourt	Artimute	Aspects
Date Bids Advertised	1			Date of Expected Avant	-		Annual Annual			Low No Min	-
Date Bids Received				Lov Bid Mnimum Range	1		Auge Server				-
Rebid Dare (# applicable)	Engineering and	and the second sec	And the second sec	High Bid Maximum Range:			the part of the Ware and Say	1		Cost Inimite	
filded - Rid Allainen Range	Shint's Bir Meanum Roop			a source of the source of		11 C	Corolyantia	8			-
Contractor Responding to Bid Invitation Ondercontactoryation	Project 1 Bid	Project 2 BM	Project 3 Bid	Project 4 Bid	Project 5 Bid				_	High Bar Mee	
Address, phone, email				-			Project 2 Rid	Contraction Respecting to Bid Invitation	-	For Bid Last	Ergerts
	Continue	CostEntrate	CostEstmate	CostErmes	Cost Estimate	and an	Pranty Deve Street	Contraction Responding to list Instaction There, Anter, Col.	Bit Amount	Relievale	Assurts
Pre-Bid Cost Estimate	Low BMMR High DMacR	Low EMINE: High DRAwPL	Lov EMAP	Low EtVin Pr High DN ted Fi	Lov BMNPi High DMarR	Difter Note?				New Stid Mile	1
1	9				-		(Proper Gran)				
							(France 10), Report 101	·		Cost Istinute	-
8.							Xeeneedee	1		-	-
6		_			-			·		High Eal Mea	
10 C	1										
4		-					Project 3 Ref	Contraction Responding to the Invitation	and downed	Pre-Bid Cast	Dente
	J.						Physicity Dense Income	Phone Indiana 2022		2ecimular	Autoree
5	1						Provident.			tow the Max	_
					1						
e.:							man to America has	•		Cost Extenses	
+	-		-	_			Conservate:	*)			
										High Ball Mee	
*		-						1			-
							Project ± Sid	Contractors Responding to like invitation	Ral Areast	Pre-Bid East	Experten
Signature of Person Opening	Bide		Signature of Person Observ	ing Rid Opening			(Pranty) Start Roma	-		Low Bel Met	*KOE1004
			Signature of Evision Observ				Proc. Stud.		-	and a second sec	-
			Signature of Person Observ	ing Rid Opining			PLATTA TALATTA		-	Cost Britesite	-
							Commerts:			1000000	-
								-	-	Hatt Bal Mire	+
the horizo	ntal hid t	tah choot is	availahle a	s an excel o	nline and	includes a		*		1000000	-
									-		
single proj	iect as w	ell as the n	nultiple pro	jects shown	here If v	ou are	Newsweet at Person Dawring Bate			Onte	
							Signature of Person Observing Bid Oy Signature of Person Observing Bid Oy			Gate	
interested	in the ve	ertical lavo	ut, we can s	hare that E	cel with	VOU.	Information in Location Operation Page (1			Oelc	
						, e al					
ING											

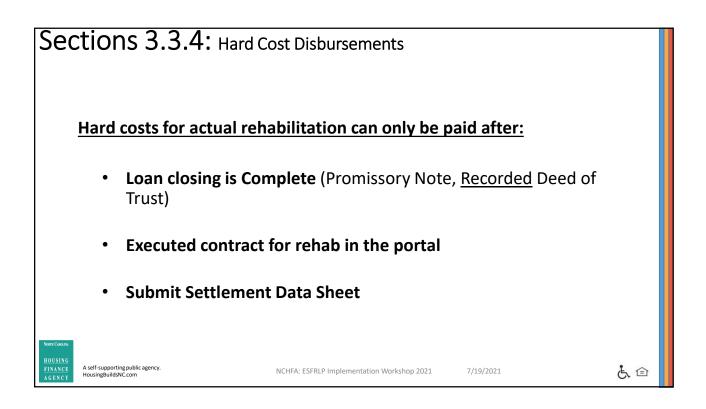


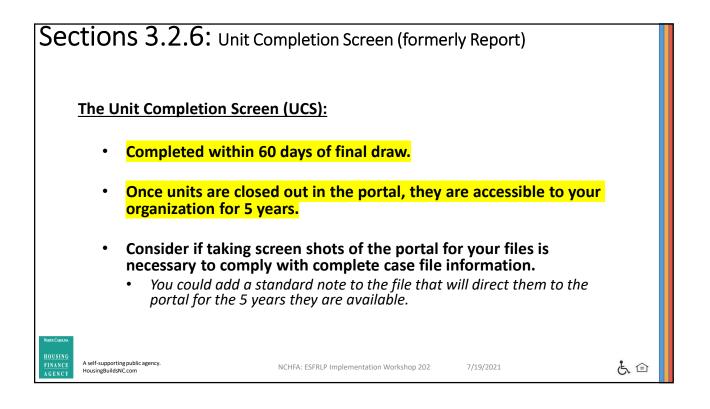


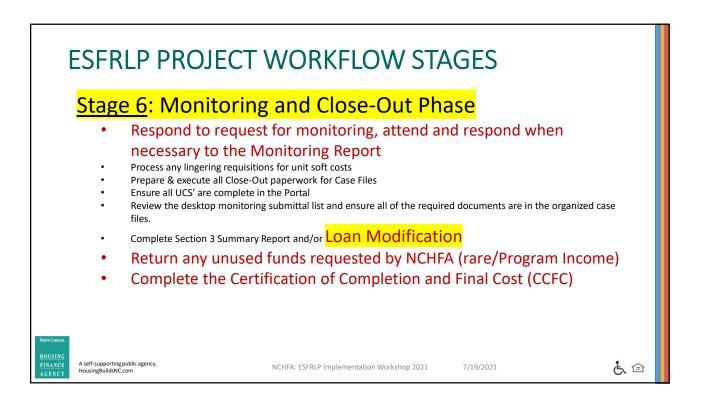


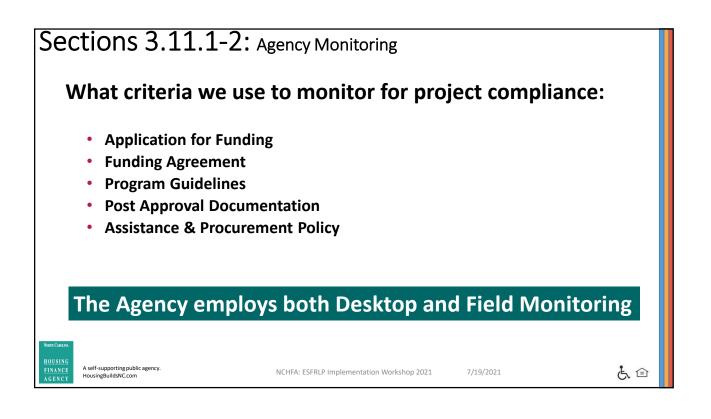


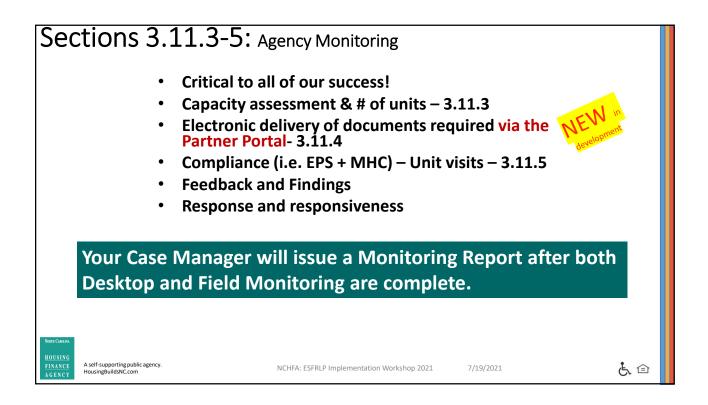


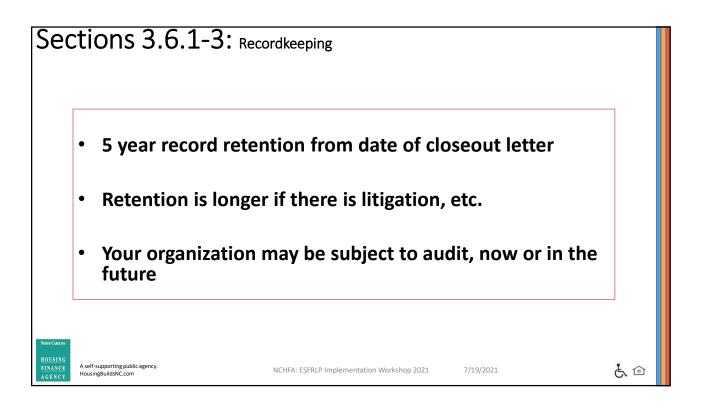


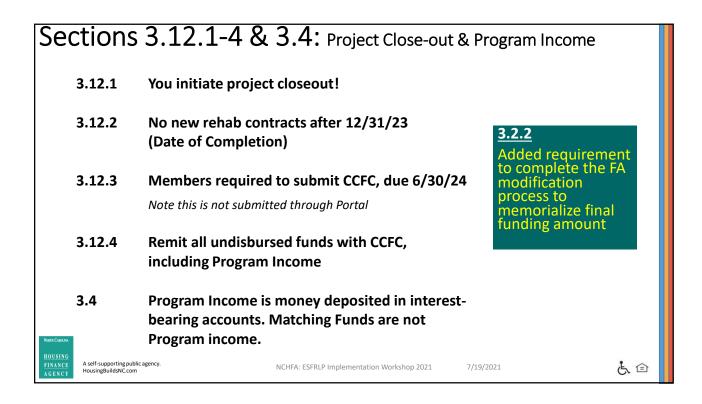


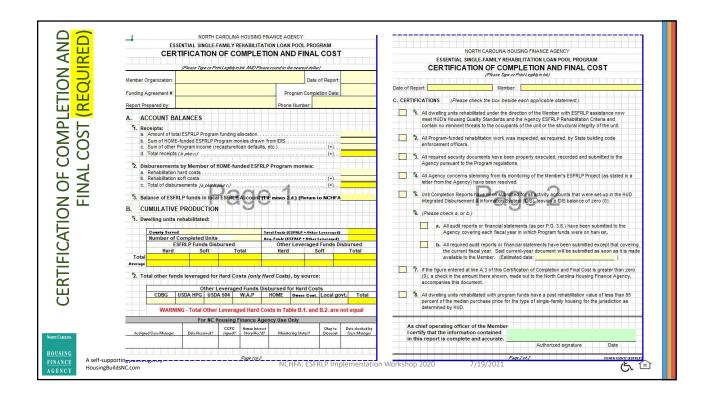




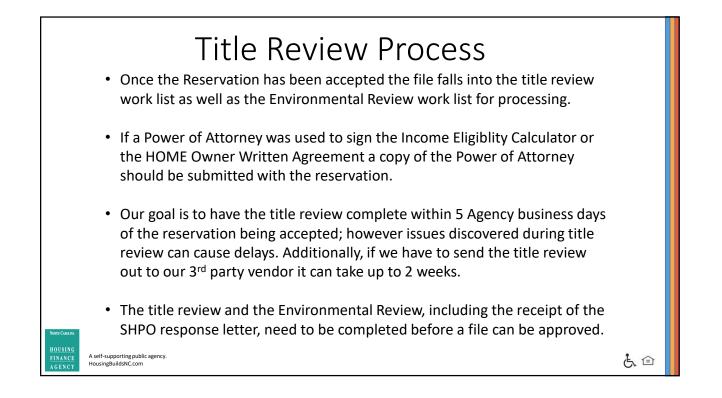








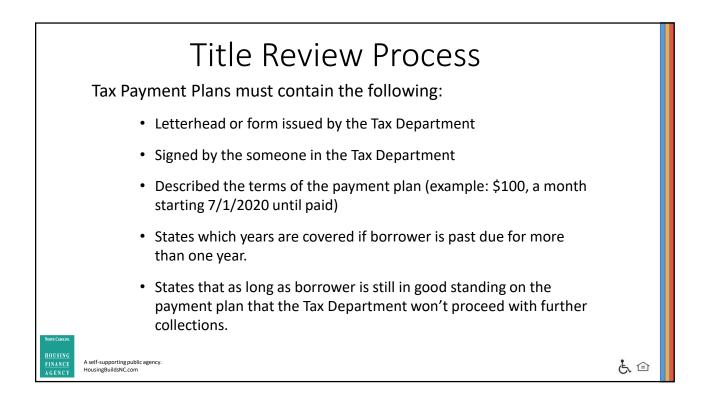


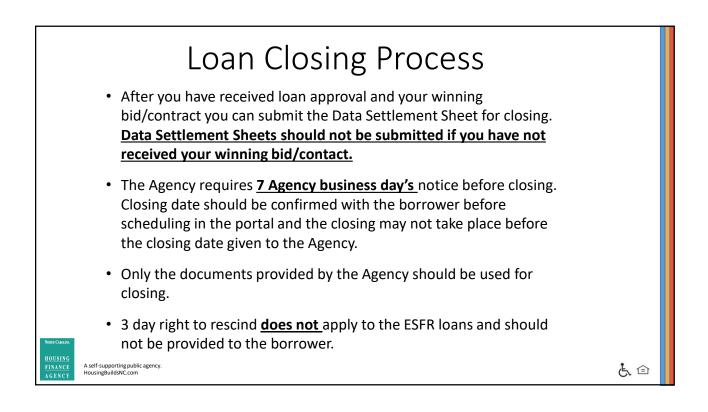


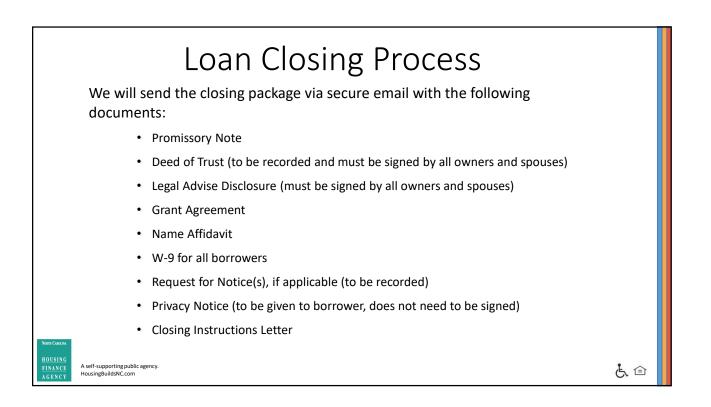


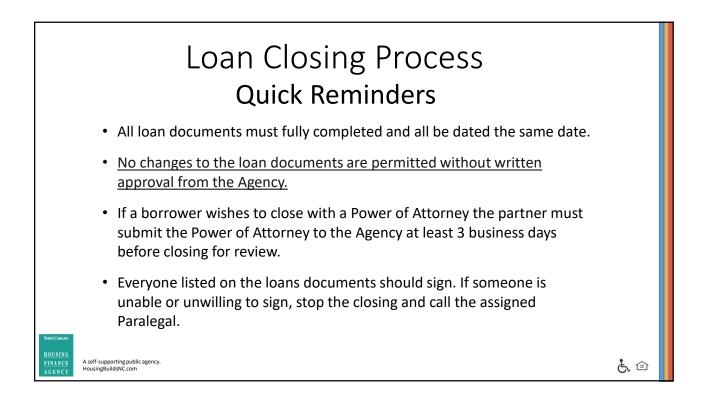
On average close to 60% of title issue. How can you he	f the files we receive have some sort of elp?
Challenge	How you can help
Foreclosure	We will find in title review. We may ask for additional information and/or documentation.
Ownership of Multiple Properties	We will find in title review. We may ask for additional information and/or documentation, including an updated HUD income calculation.
Bankruptcy	We will (usually) find in title review. We may ask for additional information and/or documentation, including permission of the Bankruptcy Judge for us to close our loan. If an applicant is in an active bankruptcy, we can not proceed without Court permission.

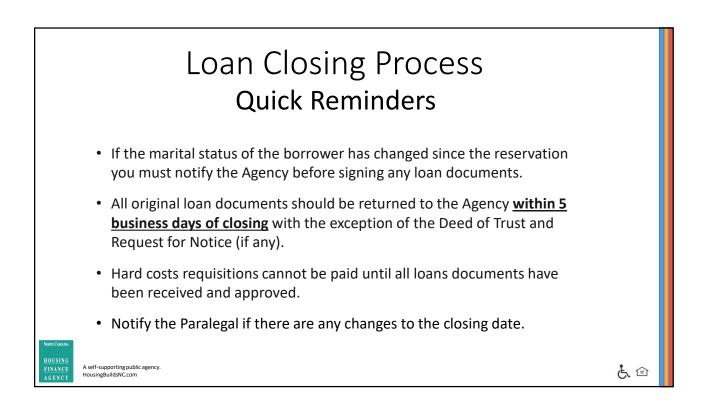
Title Revie	w Process
Challenge	How you can help
Unpaid Property Taxes	When the borrower comes in, ask them if his/her property taxes are current. If not, have the borrower pay the taxes in full or start working with the county tax office now to set up a repayment plan.
Death of Spouse or Co-Owner/Estate/Heirs	Get a copy of the Death Certificate of the deceased spouse or co-owner. ***We may be contacting you to assist us in obtaining copies of estate documents, and additional people may need to sign the deed of trust.***
Divorce and/or Separated	Verify the borrower's marital status. Please provide us a copy of the divorce or separation agreement.
These are example of what we commonly on the details for that file and what is four	see; however, our requirements for each file will depend nd during a title search.
A self-supporting public agency. HousingBuildsNC.com	

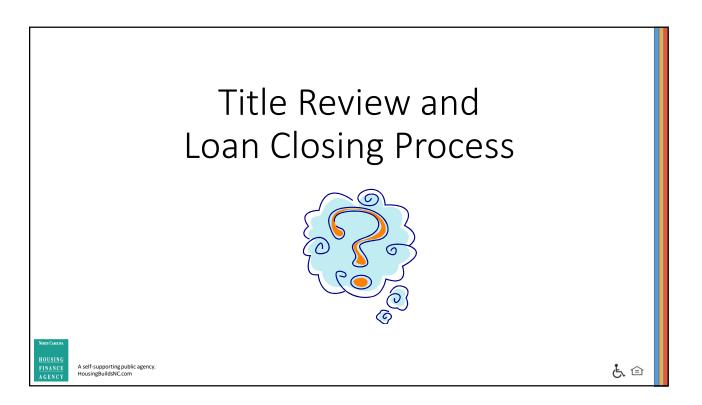


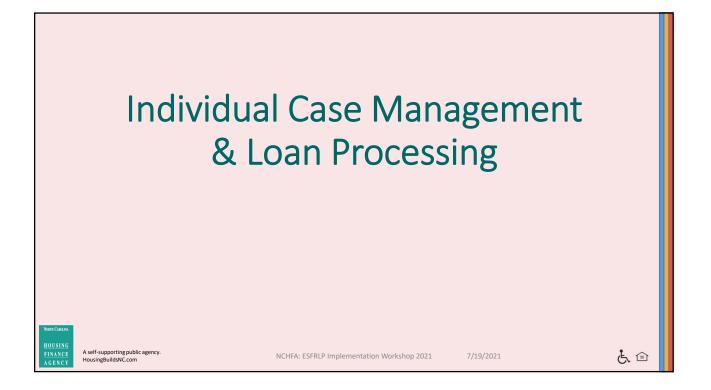


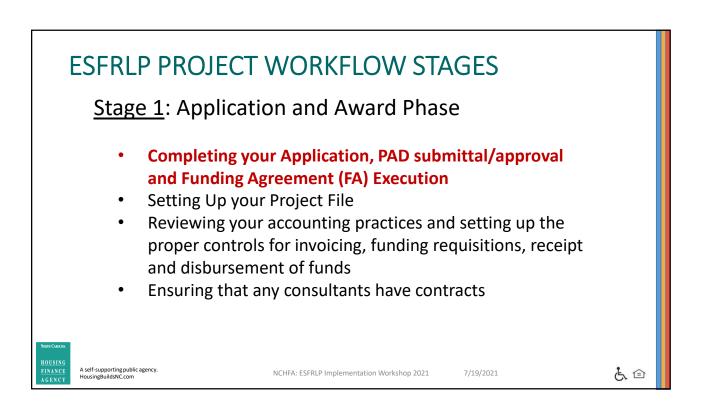


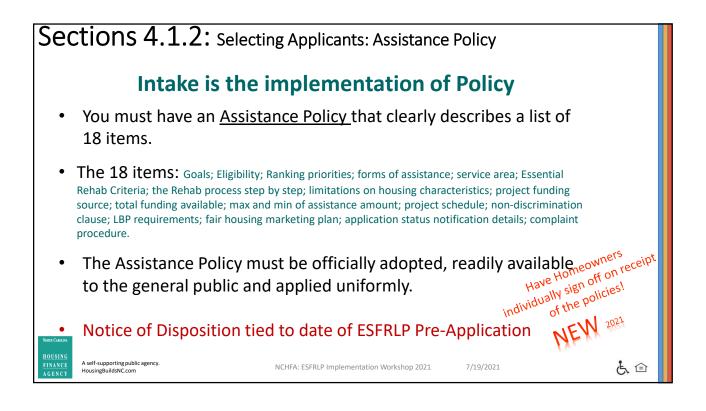


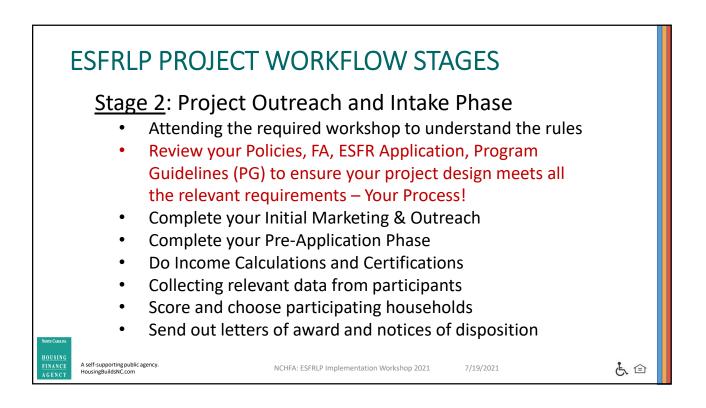


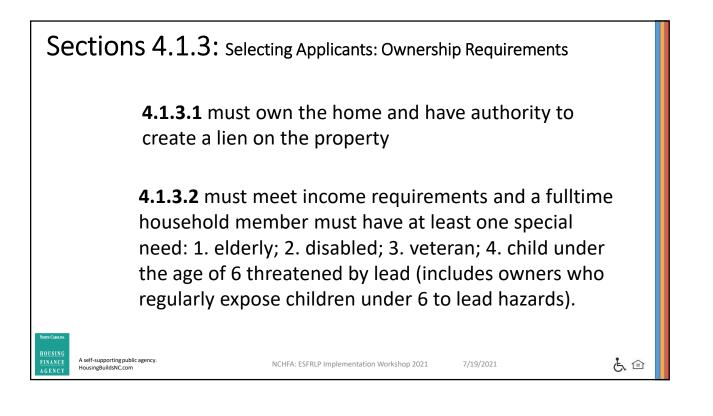


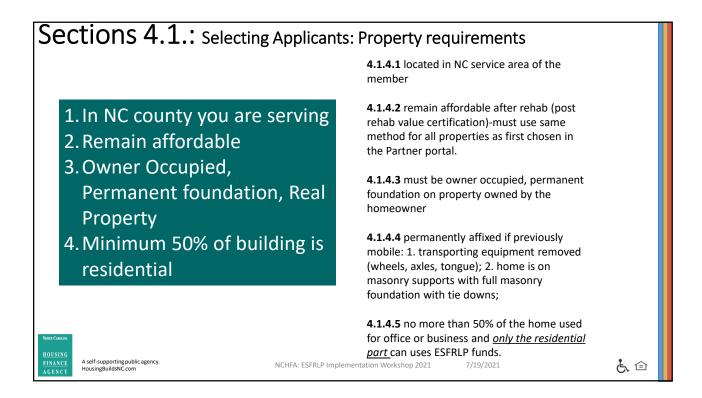


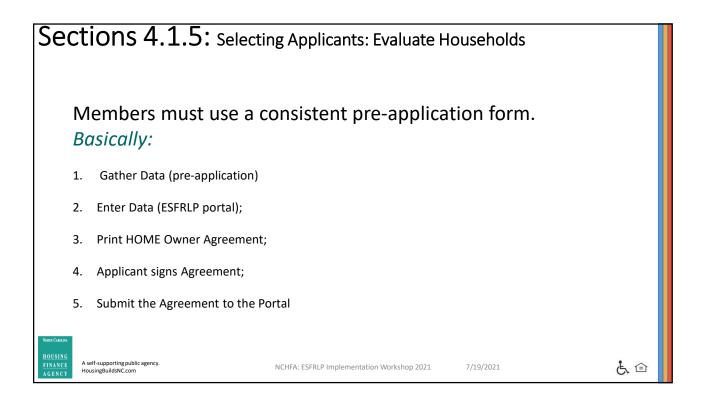




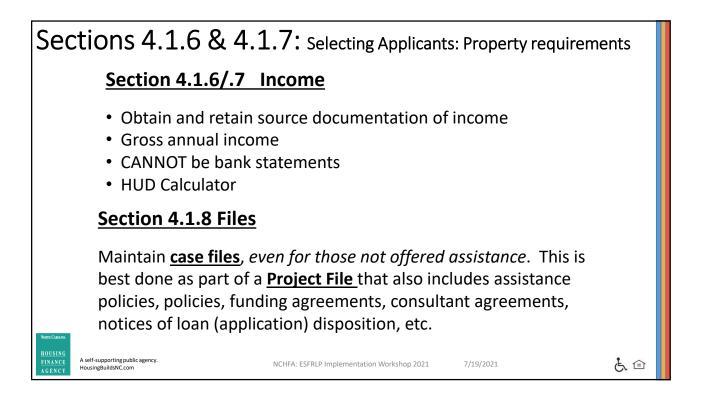


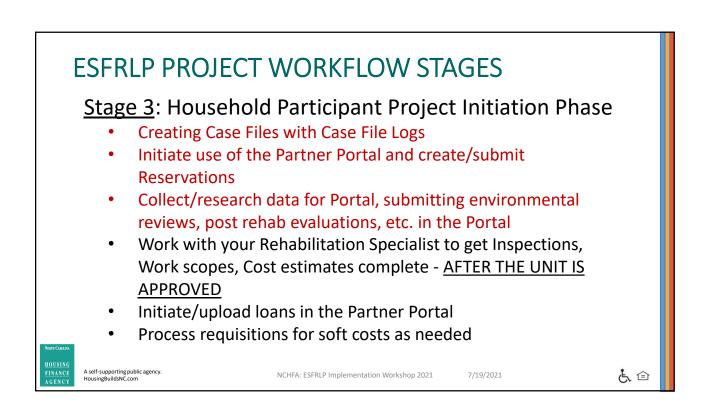


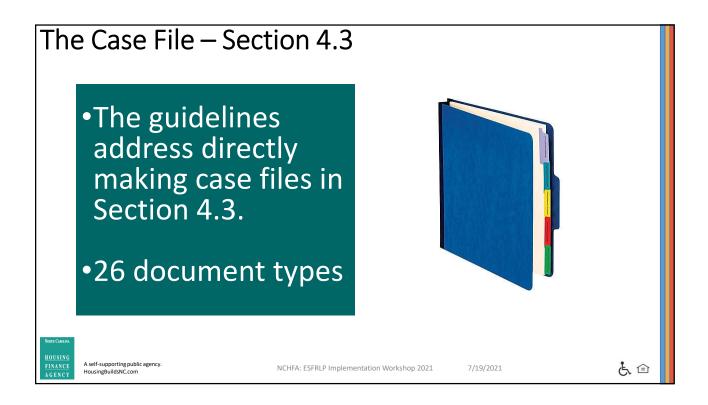


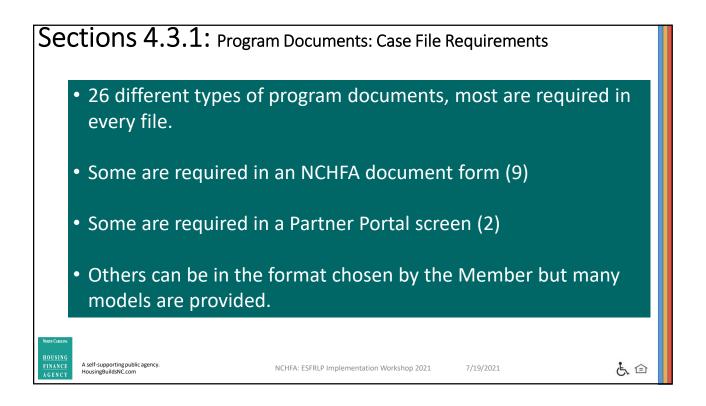


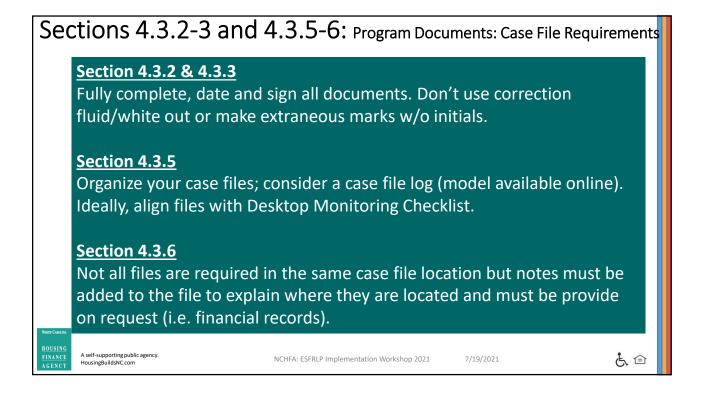
	al Single-Family Reh Application & Eligibi	DIFY abilitation L	oan Pool			1.475	ESFRLP PROGRAM Pre-Application & Eligibility Cortification (page 2 of 2
Applicant Data	Aborentine er mogen	al contra			(Jelle	1 of 2)	Applicant Data
Name of Homeowner(s) (First, MI, Last):						-	Name of Homeowner(s) (First, MI, Last):
Street Address					_		Street Address:
City:	County:			Zip Code	p		Qualifying Income Table (for reference) Maximum Gross Household Income
Home Phone	Wark Phone:				_		Bauschold Size 1 2 3 4 5 6 7 1
If the Applicant was referred by semeene	other than self, complete	the following:					a) County: 30%
	Pazoe						b) Cousty: 50%
Relationship to Owner	28 - S-8068						c) County: 80%
Notes				_	_		Nata;
Reussheld Membership	A DEC A DEC AND	1		1		-	Qualifying Questions
Name (First, MI, Last) Sen. Birth 1	Data 33# (9 digits required	Hace Code	Holbaux	Kesatio	05 TO HORD	elociel	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:
	-	-		-		-	Owner 62+ Member Disabled Veteran*** EBLL threat to child upder 6
	-		-	-			Eligibility Certifications
	-		-	<u> </u>			I becely certify that
				-			1) All of the above information has been reviewed or documented in accordance
Gross Income Work Table		Beusehold 34		н		110000	with the ESFRLP Program. Guidelines and the ESFRLP Assistance Policy.
Source	4 5	6	1 e	1	1	Total	2) The Applicant is slightly for annistance under the ESFRLF Program;
Wages				-			3) There is no other state or federal source of funds available now, or likely to be
Retirement Pension Social Security			-	-			available within the next six months, which could pay for the proposed repairs.
Supplemental Security Income	+ + +		-	-		+ +	and the second sec
Pablic Assistance			_	-	-	1 2	Authorized Officer Organization Date
Child Support				-			Eligible ESFRLP Rehabilitation Needs:
Interest		-		1	-		
		-			-		
9							
outhly Sub-Total (sum rows 1-10) mmai Sub-Total (12 x rost above)			_	-			
nmul Sub-Total (12 x rosr above) muul Gooss Household Income (vum Annual S	1 7 10 10 10 10 10 10 10					-	Case Notes (for office use only) Name of interviewer:
Applicant Certification:	re-1948 for contracts a-2)						Non-housing problems:
Applicant Certifications I hereby certify that:				_	_		
 I own and occupy the home described above a 	any primary residence.						
1) The household and income information listed		the best of my km	mieige.				
3) This information is provided to qualify me for							Action taken for referrals? YES NO If yes, specify:
ausist low- and very low-income homeewners							
health or safety or in performing accessibility							
4) I give permission for		and NC House					Other:
concern of this pre-application and to facilitat 3) I understand that the secured, 0% interest, fory							
 1) I understand that the secured, US indered, they () I have been advised that my gender, vars and s 							
 f) Three been advised that my pender, varie and e the information. 	enterity was to determined by	ava upas storma	THE R. P. LEWIS	BH (2 1 GO DOT	HD-GALLON	•	and the second
DE EXAMPLEMENT.							*Race Code, White (11), Black African American (12); Asian (13); American Indian Alaska Native (14); Native Envasian Other Pacifician American Indian Alaskan Native & White (16); Asian & White (17); Black African American & White (18); American & White (16); Asian (16); Asian & White (17); Black African American & White (18); American (16); Asian (18); Asian (1
pplicant Signature	Deta Co-	Applicant Signa	ture		D	iate -	Islander (15); American Indian Alaskan Native & Witte (10); Aslan & Witte (17); Esick African American & Witte (18); American Indian Alaska Native & Elack African American (19); Other Multi-Racial (20); and, Aslan Pacific Islander (21).
							**Hispanic Yes or No.
							***Vetarian: A person who served in the active military as evidenced by a DD-214 form.

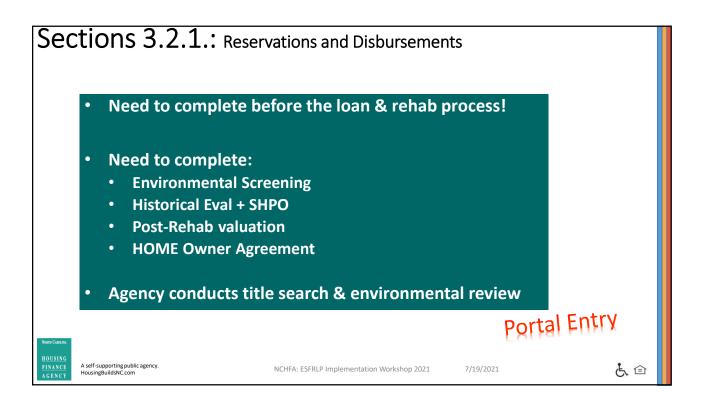




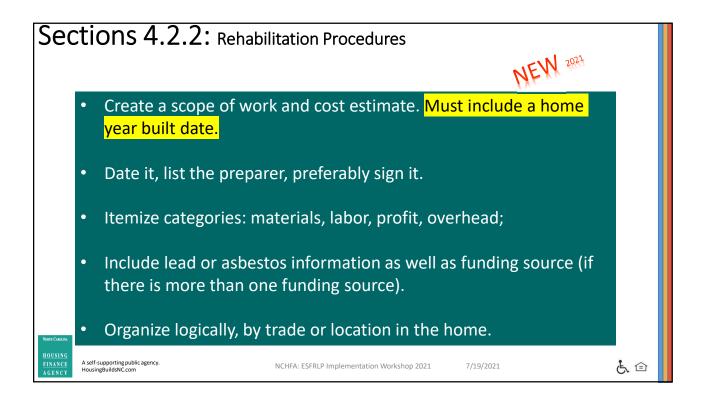


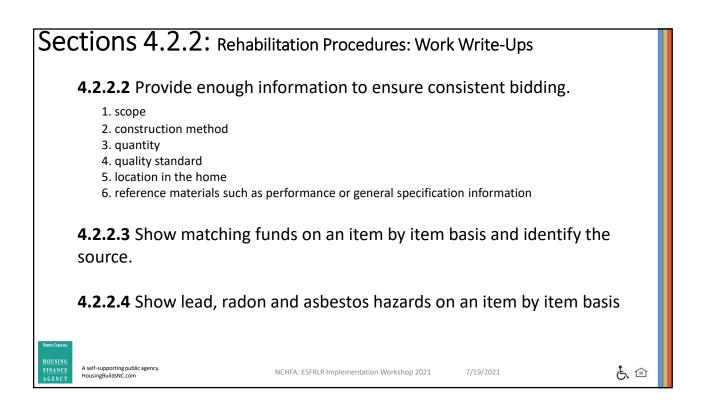


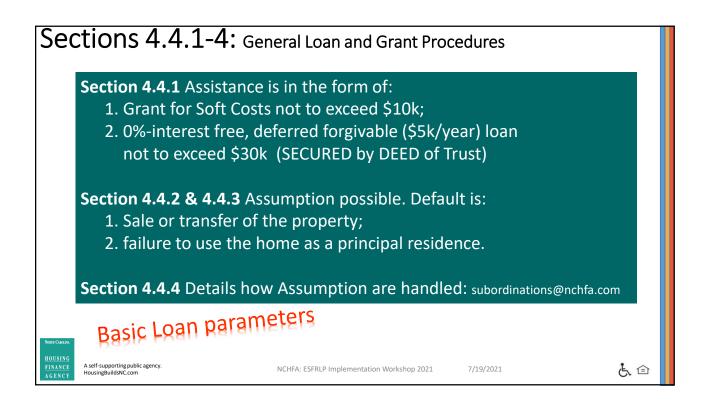


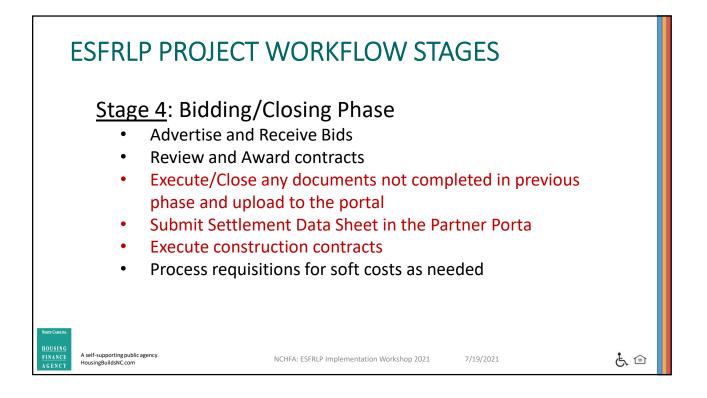


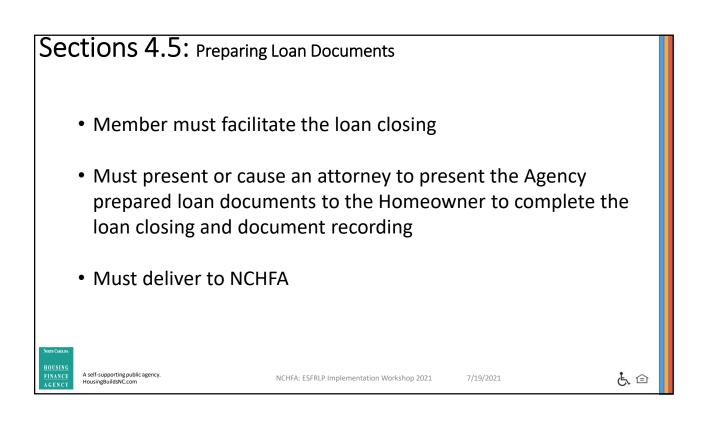




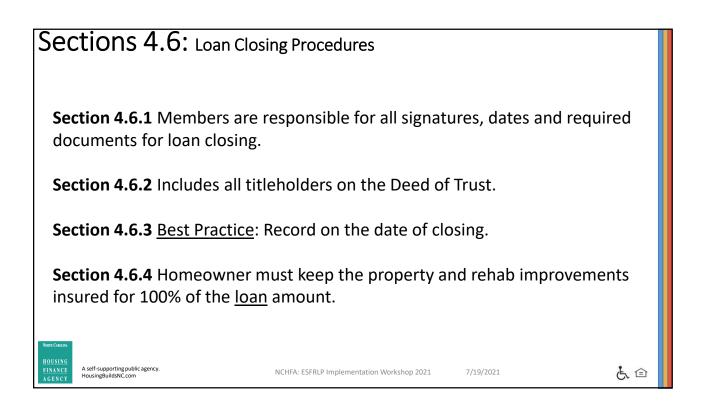


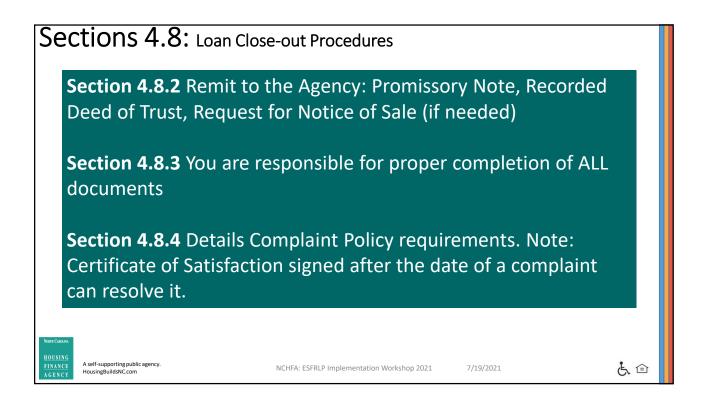


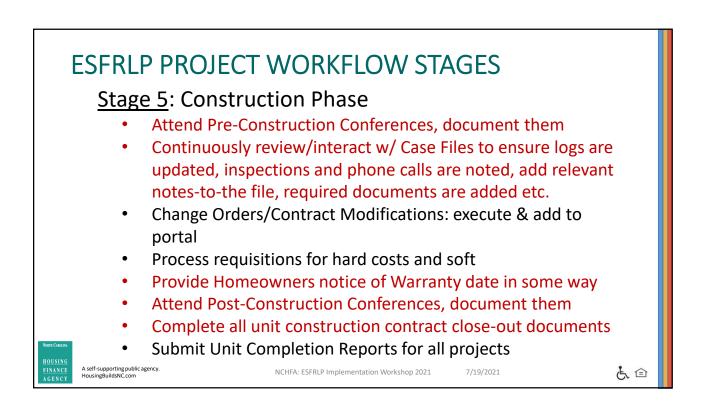


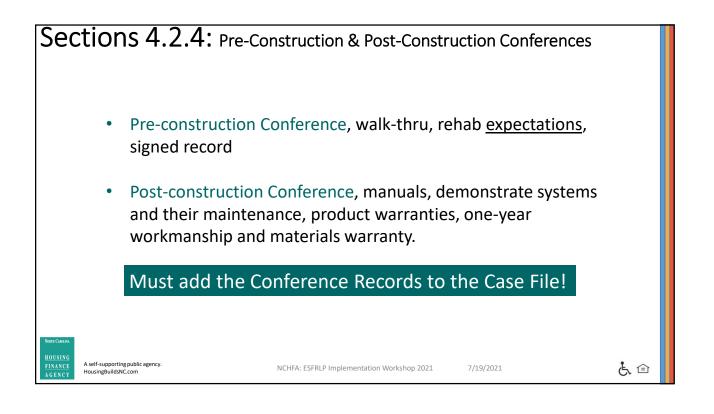


Sect	ions 4.5: Preparing Loan Documents
Do	ocuments that encompass a complete loan closing:
1.	Pre-Application + Application in the Portal;
2.	Work Write-Up and Cost Estimate;
3.	Contract for Rehabilitation;
4.	HOME Owner Agreement;
5.	Promissory Note;
6.	Deed of Trust (<u>recorded</u>);
7.	Grant Agreement;
8.	Request for Notice of Sale (<u>recorded</u>);
9.	Unrepresented Borrower Affidavit.
North Cabolina	Request for Notice of Sale (<u>recorded</u>); Unrepresented Borrower Affidavit. <u>Member responsibility</u> : All recording must occur PRIOR to construction startup!
	self-supporting public agency. NCHFA: ESFRLP Implementation Workshop 2021 7/19/2021

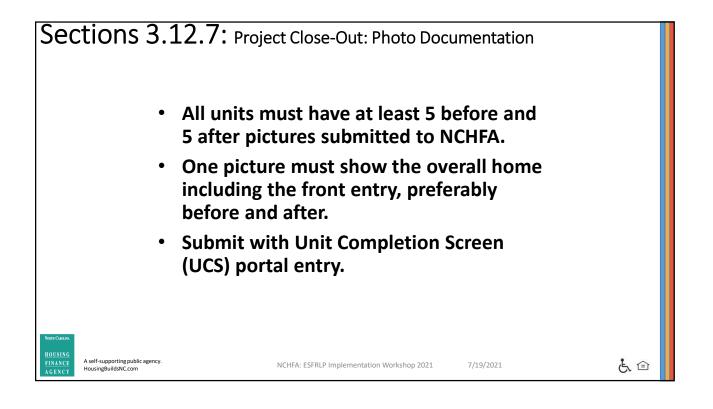




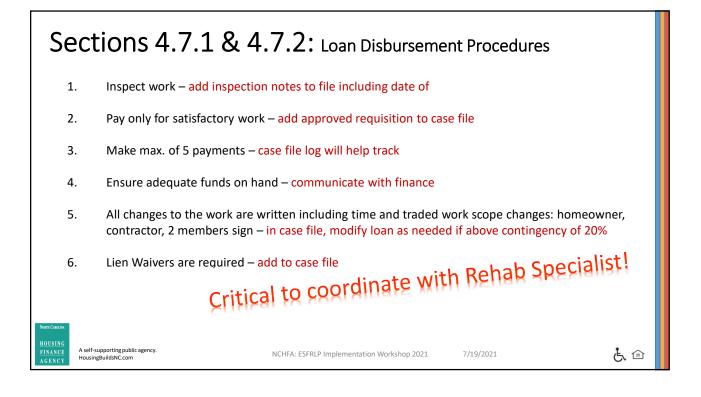


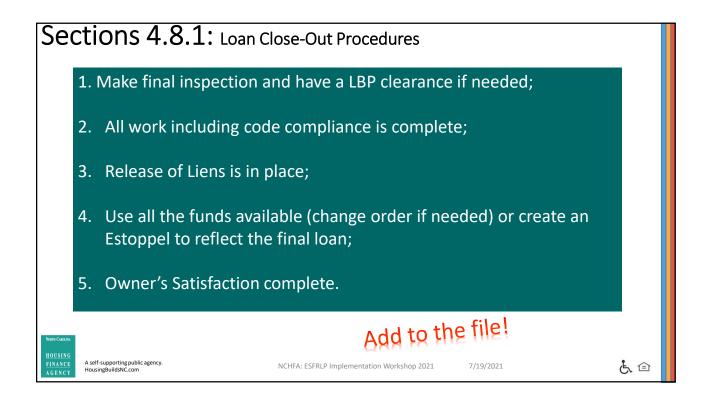


CONSTRUCTION (MODEL)	Description Organizations Conclusting Agency:	DESTIFICATIONATIONATIONATIONATIONATIONATIONATION
NUTE CAULEA. HOUSING FINANCE AGENCY	Recorded by: Insuccence: Ackaonskdgement Insure received a written copy of the ESFRLP "Ansistance Policy", and a representative has described the terms, conditions, and provisions of the ESFRLP. In addition, a representative has described the terms than described the termspir process and reviewed with me the repair Contract, the work write-up, and related documents. Therefore, with full understanding of the assistance being offered, 1 acknowledge execution of the ESFRLP Honeowner Written Agreement and Construction Contract, and agree that the work will begins on or about 20 Homeowner's Signature: Date: Actor >upport upp utons, agreency. NCHFA: ESFRLP Implemented	Inseconded by: Inseconder Achaevishersment Insec



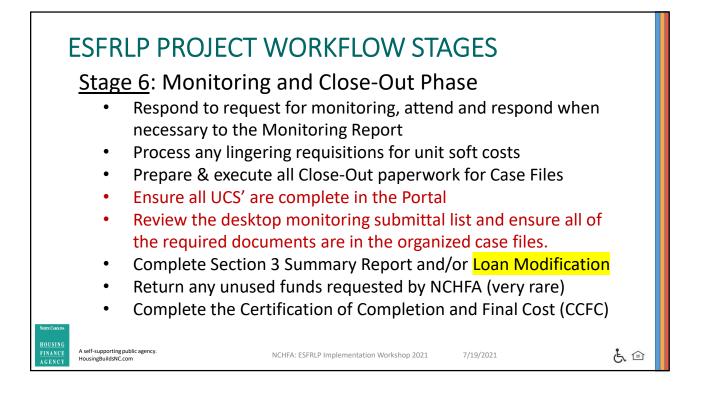
	ESFRLP Essential Property Standard Certification of Compliance*	
	This certifies that [project address]	
	in[city] was inspected on the dates named below and found to be in	
	compliance with at least one of the following during the Post-Rehabilitation Inspection:	
	Local Minimum Housing Code for[local jurisdiction]	
	Essential Property Standard [ESFRIP Program Guidelines Appendix A, Section C.]	
	Pre-Rehabilitation Inspection by [print name of inspector]:	
	Inspected by [Signature of Rehabilitation specialist]	
	on[month/day/year] to create a scope of work to meet the selected standard.	
	Post-Rehabilitation Inspection by [print name of inspector]	
	Inspected by [Signature of Rehabilitation specialist]	
	on [month/day/year] to confirm completion of a scope of work	
	to meet the selected standard. On this date, all work is complete and there are no 'punch-list' items.	
	A one-year warranty begins on the Post-Rehabilitation inspection date above; the homeowner must notify in writing the contractor and/or partner of any defects within one-year of this date. At corrective	
	work performed extends the warranty on the corrected work to one-year from the date corrected. Contractor:	
	[name of organization and contact with address]	
	Partner	
	[name of organization and contact with address]	
	The following corrective work was performed (include item and date of the correction):	
	Homeowner Receipt of completed document:	
	Homeowner signature:	
	Homeowner Printed Name:Date:	
Nette Canton	¹ The project user the Analytic motion to include a consistent printed in trapecter last Complete Include: CMRP Ford Exc. Society motions to surge sub-set will additional regional CMRP Ford Exc. Society motions to surge sub-set and an exc. Society in the Analytic Complete Include: The Analytic Complete I	
HOUSING		
FINANCE A self-supporting public agency. A G EN C Y HousingBuildsNC.com	NCHFA: ESFRLP Implementation Workshop 2021 7/19/2021	E 🖻

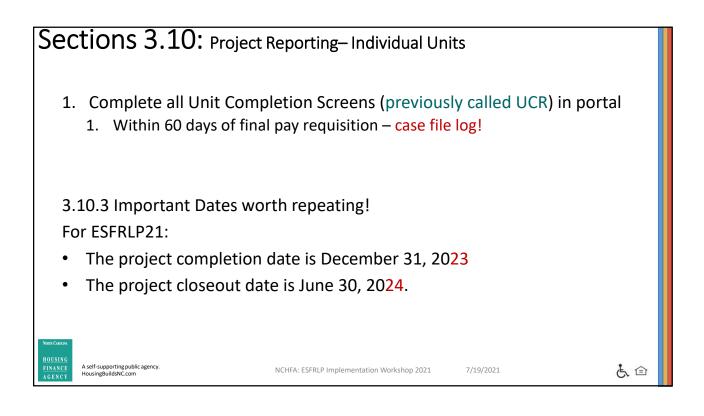


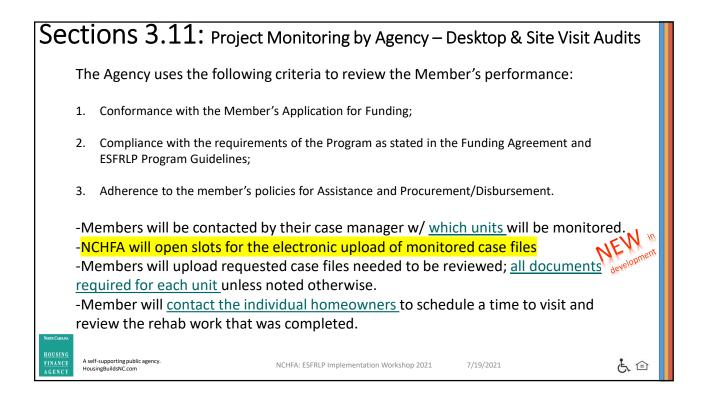


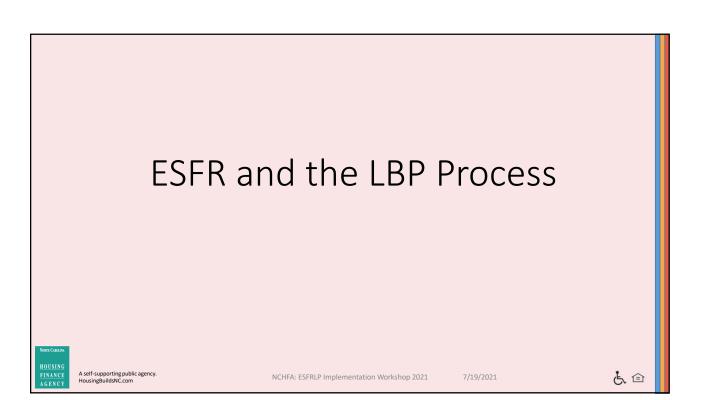
ESSENTIAL SINGLE	CAROLINA HOUSING FINANCE AGENCY FAMILY REHABILITATION LOAN POOL PROGRAM Certificate of Final Inspection	 NORTH CAROLINA HOUSING FINANCE AGENCY ESSENTIAL SINGLE FAMILY REHABILITATION LOAN POOL PROGRAM Owner Certificate of Satisfaction
Owner:		Owner(s):
Address:		
1010388-044-04024		Address:
Prime/General Contractor:		2
Date of Contract:		
		Prime General Contractor:
CERTIFICATIONS:		Date of Contract:
On behalf of the Recipient Orga	mization/Coordinating Agency, I have inspected the work performed	CERTIFICATIONS:
on the above-listed property thre	ough financial assistance from the North Carolina Housing Finance	I hereby certify that I have inspected the repairs or modifications made to my home and that the
Agency's Essential Single-Fami	ly Rehabilitation Loan Pool. The construction work has been	construction work has been satisfactorily completed in accordance with the construction contract.
satisfactorily completed in accor	rdance with the contract, including any required Lead Clearance	
Testing. The contractor named	above is eligible for payment of any balance due under the contract.	I understand that the assistance that I have received under the Essential Single-Family Rehabilitation
		Loan Pool was intended only to achieve the following goals:
		1) to alleviate housing conditions which pose an imminent threat to the life or safety of qualifying
Lead Hazard Clearance Testing	Required:YesNo	homeowners; and/or
If Yes above, date of Lead Clear	rance Report:	 to provide accessibility modifications and other repairs necessary to prevent displacement of qualifying homeowners with special housing needs, such as frail elderly and persons with
an a		disabilities. 3) to rehab the home to meet one or both of the following standards (circle/fill-in blank as
Signature	Date of Inspection	3) to renate the nome to meet one of obit of the following standards (circle mi-in blank as appropriate) not including any waivers granted and approved by all parties:
		a. The ESFRLP Essential Property Standard
-		b. the local Minimum Housing Code in (local jurisdiction).
Title		
<u>10</u>		CERTIFICATE OF SATISFACTION (MODE
Recipient Organization/Coordin	ating Agency	
CERTIFICATE	E OF FINAL INSPECTION (MODEL	Owner's Signature Date Co-owner's Signature Date
A self-supporting public agen		

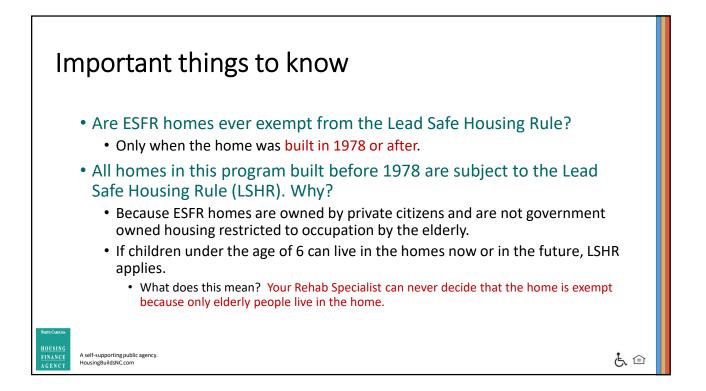
	NORTH CAROLINA HOUSING FINANCE AGENCY Single-Family Rehabilitation Program Loan Pool	(4) Date	Sub-contractor/Suppliar
	Contractor's Release of Liens	lə	Bv:
1 Est material		Witness	Authorized Signature
	nd Supplier's Certification	(5)	
	dersigned sub-contractor(s) and/or supplier(s), have famished the inaterials and work for ig unit described below;	Date	Sub-contractor/Supplier
HOME OWNER		Witness	By Authorized Signature
ADDRESS	17	** *******##	
		B. Prime/General Con	stractor's Certification and Request for Payment:
PRIME/GENERAL CO	ONTRACTOR:	I do hereby certify to th	e Owner of the above property that the signatures signed to this Release of Leins comprise
CONTRACT DATE:			of all corporations and persons who have contracted for or furnished any and all repairs or id building(s) or premises, or who are, or have been, sub-contractors upon said building(s)
WHEREAS we the up	dersigned sub-contractors and suppliers, have agreed to release all liens which we, or any	or any part thereof or fo	or any furnishing and any and all fixtures or improvements to said real estate under any
of us, have, or might ha	ave on the said buildings for work or materials contracted for or furnished in, for, or about	contract or agreement w	
	cation of the said building.		it of the balance due under the contract this document shall become effective to release all signed, have or might have on the said buildings for work or materials contracted for or
	e, the undersigned sub-contractors and suppliers, do hereby certify that all work required to ation with the above-referenced contract has been done in good and workmanlike manner	furnished in, for, or abo	or the repairing or modification of the said building. Payment shall be considered
in accordance with the	terms thereof, and that we have been paid or definite arrangements have been made for as	received when the relate is drawn.	ed payment check has been properly endorsed and has been paid by the bank upon which it
to be paid by the prime.	general contractor;		
		Thomselver a second second second	at of the balance due under the contract
	e, the undersigned sub-contractors and suppliers, do hereby release any and all claims for the naved or claimed to be evend by either the Contractor or Remember as a result of the	Thereby request payment	nt of the balance due under the contract.
	nts owed or claimed to be owed by either the Contractor or Homeowner as a result of the	Thereby request payment	at of the balance due under the contract.
damages, loss or amout above contract and wor IN WITNESS WHERE	nts owed or claimed to be owed by either the Contractor or Homeowner as a result of the	Thereby request payment	nt of the balance due under the contract.
damages, loss or amour above contract and wor	tts owed or claimed to be owed by either the Contractor or Homeowner as a result of the k done thereunder.	11.000 (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990)	20. 21. 21.
damages, loss or amout above contract and wor IN WITNESS WHERE signatures:	tts owed or claimed to be owed by either the Contractor or Homeowner as a result of the k done thereunder.	11.000 (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990)	20. 21. 21.
damages, loss or amout above contract and wor IN WITNESS WHERE	tts owed or claimed to be owed by either the Contractor or Homeowner as a result of the k done thereunder.	Contractor	2. 2
damages, loss or amour above contract and wor IN WITNESS WHERE signatures: (1)	its owed or claimed to be owed by either the Contractor or Homeoveer as a neult of the k done thereunder. (OF, we hereoute set our hands and seals, on the date written opposite our respective	Contractor Authorized Signature	2. 2
damages, loss or amout above contract and wor IN WITNESS WHERE signatures: (1)	its owed or claimed to be owed by either the Contractor or Homeoveer as a neult of the k done thereunder. (OF, we hereoute set our hands and seals, on the date written opposite our respective	Contractor	2. 2
damages, loss or arnos above contract and wor IN WITNESS WHERE signatures: (1) Date Witness	nts owed or claimed to be overal by either the Contractor or Homorower as a result of the & doon threaden. :00°, we hereauto set our hands and seals, on the date written apposite our respective 	Contractor Authorized Signature Title	2. 2
damages, loss or amout above contract and wor IN WITNESS WHERE signature: (1) Date	nts owed or claimed to be overal by either the Contractor or Homorower as a result of the & doon threaden. :00°, we hereauto set our hands and seals, on the date written apposite our respective 	Contractor Authorized Signature	20. 21. 21.
damages, loss or amos above contract and wor IN WITNESS WHERE signatures: (1) Date Witness (2) Date	nts owed or claimed to be overal by either the Contractor or Homorower as a result of the 4 does thereander. OP, we hereanto set our hands and seals, on the date written apposite our respective 	Contractor Authorized Signature Title Watness	Date
damages, loss or amos above contract and wor IN WITNESS WHERE signatures: (1) Date Witness (2)	its owed or claimed to be overal by either the Contractor or Homorower as a neult of the k doon threeword. OUT, we hereouto set our hands and seals, on the date written opposite our respective 	Contractor Authorized Signature Title Watness	Date
damage, los or amou abore contract and wor IN WITNESS WHERE signature: (1) Date Witness (2) Date Witness (3) (3)	its owd or claimed to be overal by either the Contractor of Homosoner as a result of the K done threemotion. GP, we hereanto set our hands and seals, on the date written opposite our respective Sub-contractor/Supplier By: Sub-contractor/Supplier Sub-contractor/Supplier By: Authorized Signature By:	Contractor Authorized Signature Title Watness	2. 2
damages, loss or amos above contract and wor IN WITNESS WHERE signatures: (1) Date Witness (2) Date Witness Witness	nts owed or claimed to be overal by either the Contractor or Homorower as a result of the 4 does thereander. OP, we hereanto set our hands and seals, on the date written apposite our respective 	Contractor Authorized Signature Title Watness	Date
damages, loss or amos above entrat and wor IN WITNESS WHERE signatures: (1) Date (2) Date (2) Date (3) (3)	its owd or claimed to be overal by either the Contractor of Homosoner as a result of the K done threemotion. GP, we hereanto set our hands and seals, on the date written opposite our respective Sub-contractor/Supplier By: Sub-contractor/Supplier Sub-contractor/Supplier By: Authorized Signature By:	Contractor Authorized Signature Title Watness	Date
damges, los of amos hore contrat and wor IN WITTRESS WHERE signature: (1) Date (2) Date (3) Date (3) Date (3) Date	nts owed or claimed to be owed by either the Contractor or Homorener as a result of the Kone threement. SGF, we hereauto set our hands and seals, on the date written opposite our respective Sub-contractor/Supplier By: Authorized Signature By: Authorized Signature Sub-contractor/Supplier By: Sub-contractor/Supplier By:	Contractor Authorized Signature Title Watness	Date

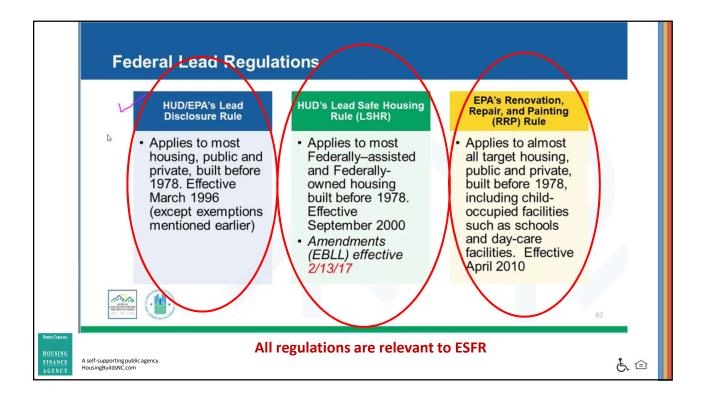


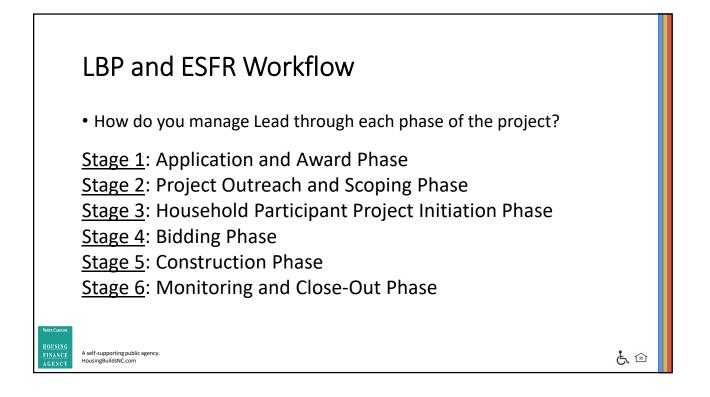


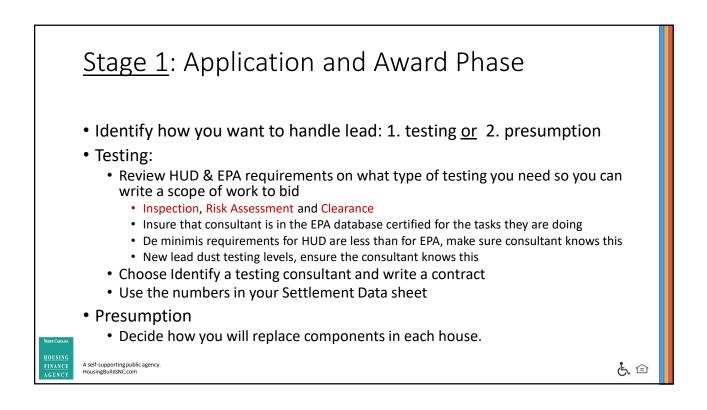


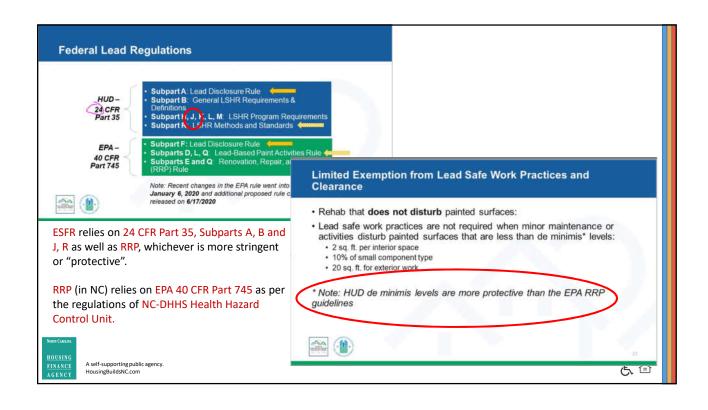


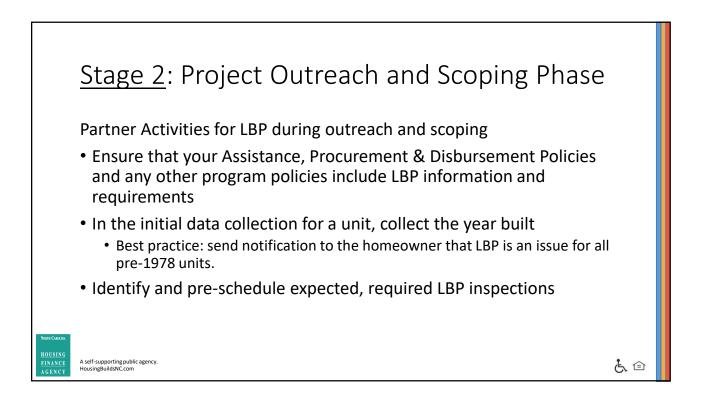




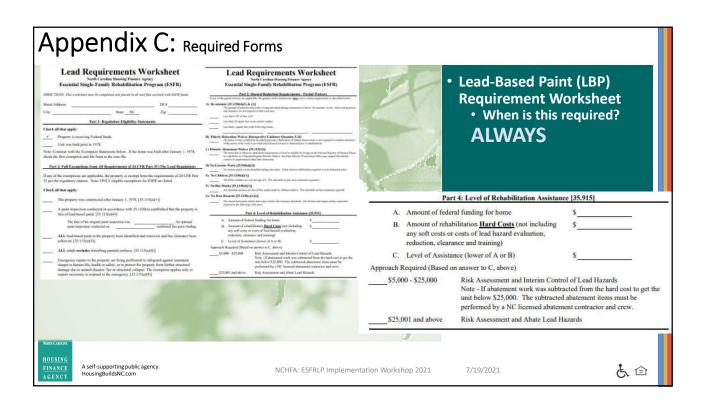


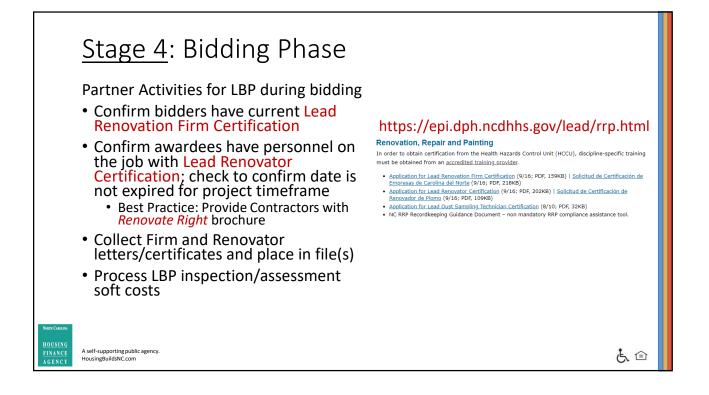


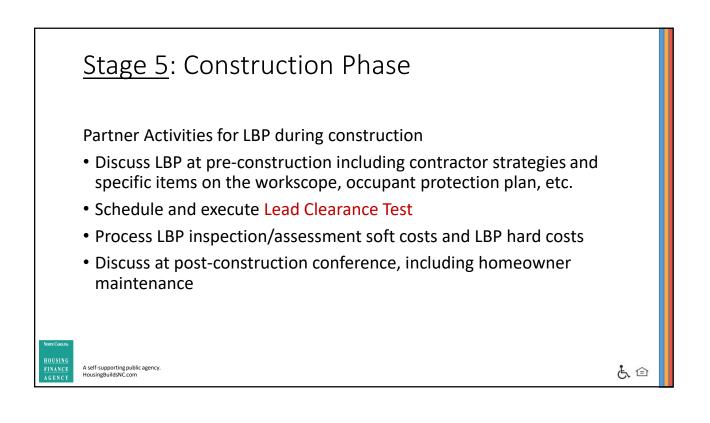


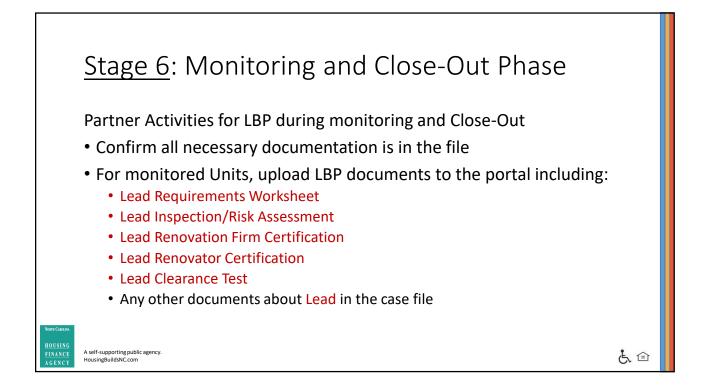


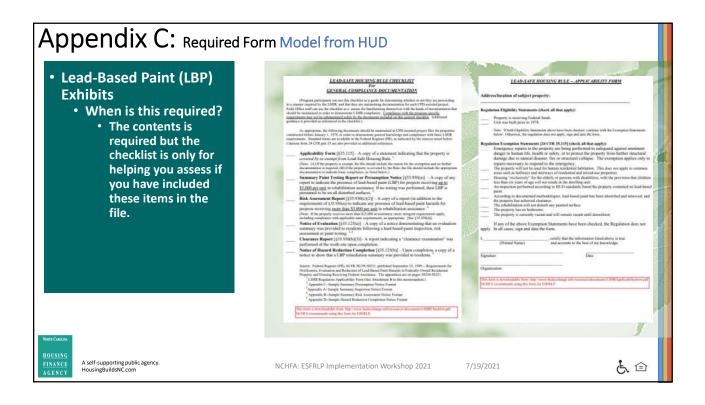
Stage 3: Household Participant Project Initiation Phase Partner Activities for LBP during project initiation Execute Lead Inspection/Risk Assessment and provide pamphlet to homeowner, *Renovate Right*, required for all pre-1978 units Fill out Lead Requirements Worksheet, required for all units Add Year Built to the project description, required for all units Add Year Built to the project description, required for all units Incorporated any needed remediation/abatement into the work scope based on the Lead Risk Assessment Place all completed, required documents into the Case File Process LBP inspection/assessment soft costs

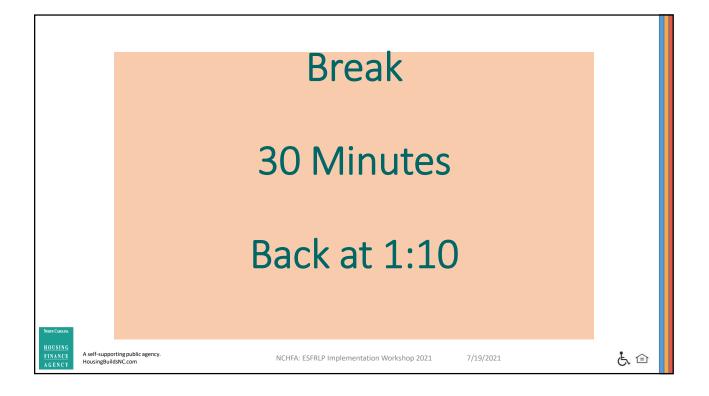




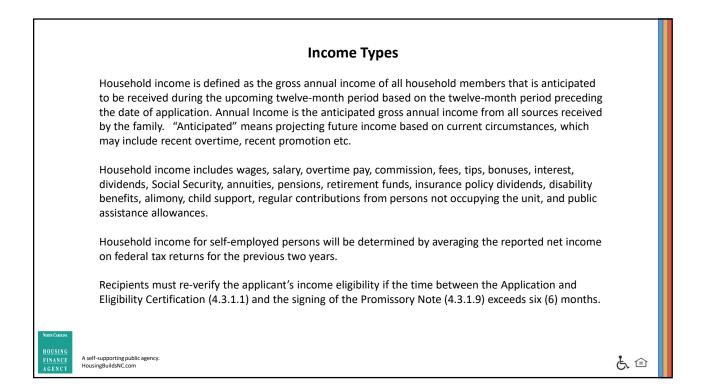


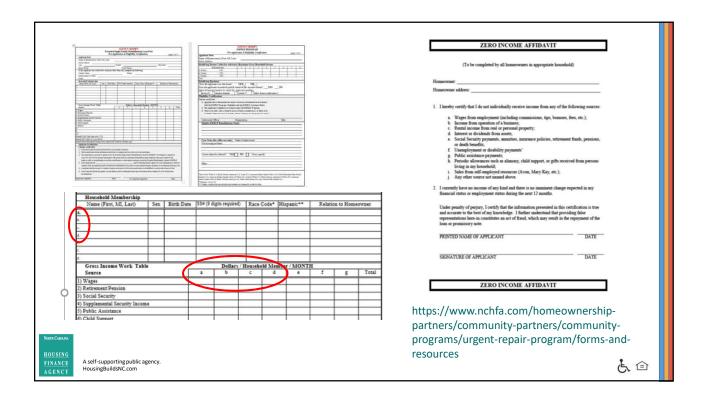


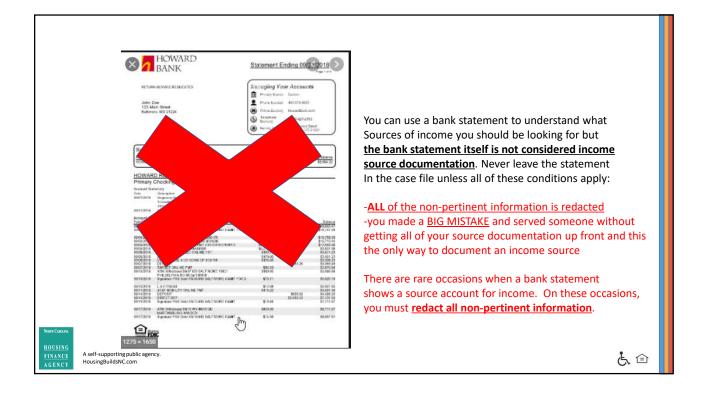


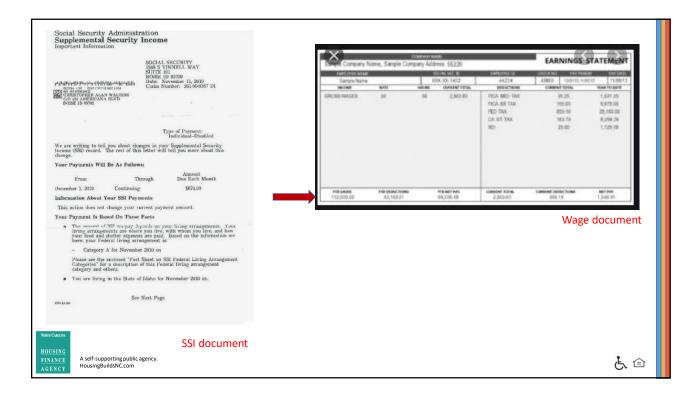


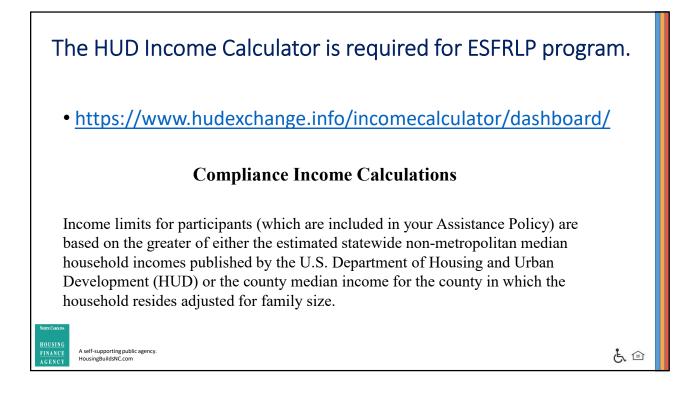


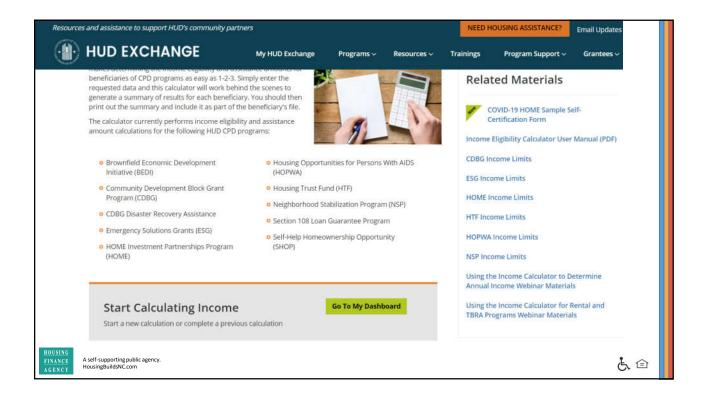


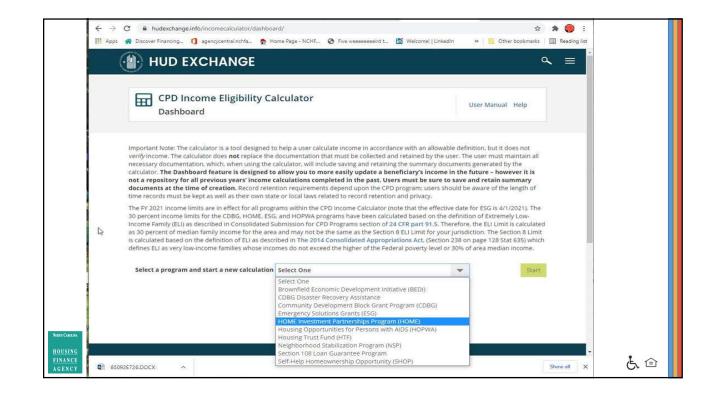








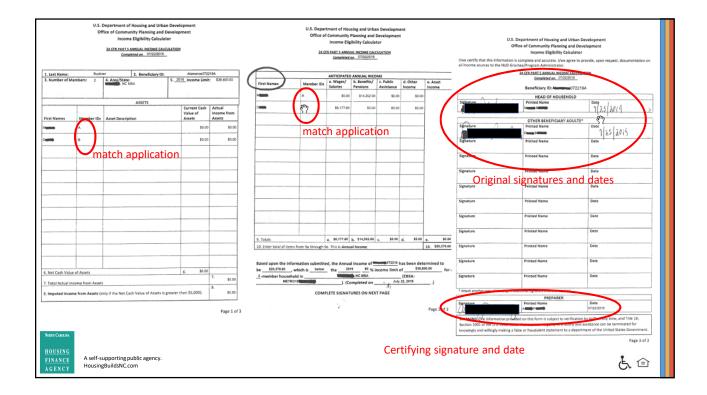


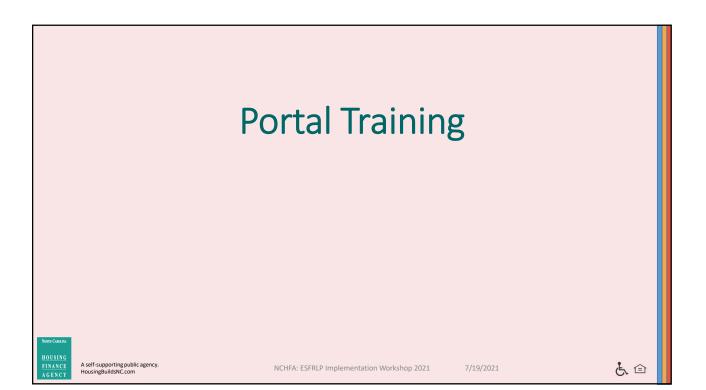


	sistance to support HUD's community pa	
i) HU	DEACHANGE	My HUD Exchange Programs v Resources v Trainings Program Support v Grantees v
	CPD Income Elig HOME Annual Inco	User Manual Help
	 Dashboard 	Skip to side navigation
	ANNUAL INCOME	What type of HOME assistance is being provided to this household?
	Type of Assistance	Homeowner Rehabilitation Homebuver
	Beneficiary ID	O Rental*
	Beneficiary Location	O Tenant-based Rental Assistance*
	Income Determination Method	* IMPORTANT REMINDER: During an annual income RECERTIFICATION of a family residing in HOME-assisted rental housing, or receiving HOME tenant-based rental assistance, it is necessary to manually exclude from annual income
	Beneficiary Income	certain increases in the income of a disabled family member . These exclusions apply to annual income increases resulting from the following:
	Summary	 Employment of a family member who is a person with disabilities and who was previously unemployed for one or more years prior to employment;
	ADJUSTED INCOME	 years prior to employment; Increased earnings by a family member who is a person with disabilities during participation in any economic self- sufficiency or other job training program; or
	Dependents	 New employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any state program for families funded under Part A of Title Viet the families and descended to the present of the period of the period of the period.
	pporting public agency.	
Y Housing	BuildsNC.com	the second se

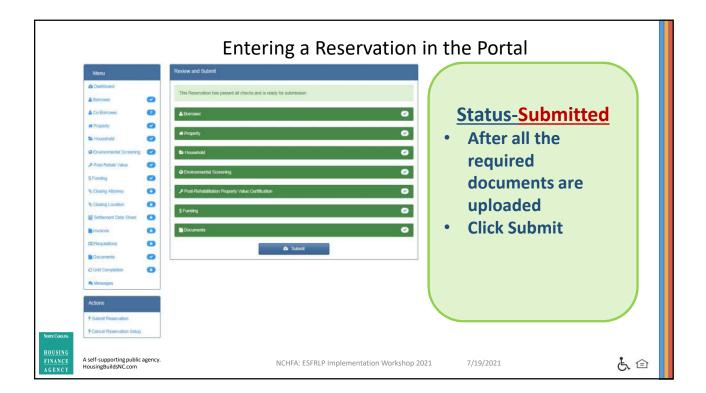
Resources and assistance to support HUD's community parti	ers.		NEED HOUSING	GASSISTANCE?	Email Updates	н
HUD EXCHANGE	My HUD Exchange Program	✓ Resources ✓	Trainings Prog	gram Support 🗸	Grantees ~	Ne
CPD Income Eligib HOME Annual Incom				User Manual He	elp	
 Dashboard 	Skip to side navigation					
ANNUAL INCOME	The CPD Income Eligibility Calculator asks for a "Bene applicants to CPD programs. The Beneficiary ID you e				nd	
Type of Assistance	printouts, and will be the key data element necessary for that beneficiary within the Calculator. DO NOT us	o later find, complete.	and/or edit the income of	determination perfi	ormed	
Beneficiary ID	not limited to names, social security numbers, or			includy in p, including	P nut	
Beneficiary Location Income Determination Method	Each user is responsible for designing their own meth protecting their own auditable records which associat income was determined (as appropriate and/or requi for all programs except HOPWA will include both the associated individual, family, or household can be wr	e each Beneficiary ID w ed under the rules of e eneficiary ID and a bla	ith the individual, family, each CPD program.) Print nk space in which the La	or household who touts from the Calci	ise	
Beneficiary Income	* Required					
Summary	Enter a Beneficiary ID for this household. *		How many members ar	re in this househo	ld?	
ADJUSTED INCOME			Select One		*	
Dependents					_	
Phildren Evenner	Previous			Continue	4	_
Nutr Caston HOUSING FINANCE A self-supporting public agency. HousingBuildsNCcom					15	ද 🗈

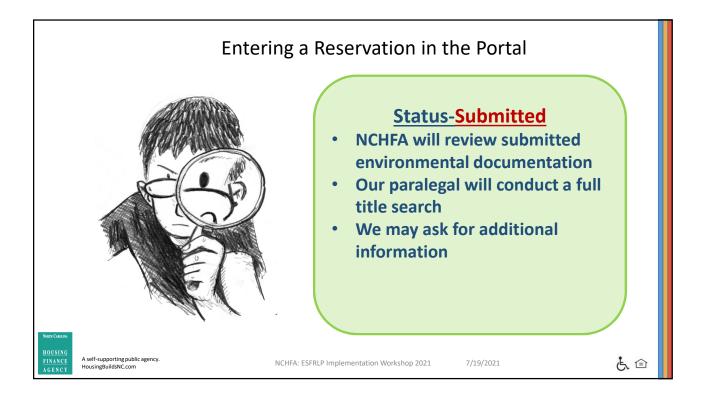
Ø Dashboard	Skip.to.side.navi	gation			Devetic	clary ID: 0527		
	-					and the second second		
Type of Assistance	24 CFR Par	t 5 Annual In	come Summ					
Beneficiary ID	Please print or sav	e this Annual Income St	ummary by clicking or					
Beneficiary Location	Users must mainte	in all necessary docum nts generated by the ca	entation, which, when	sining the				
Income Determination	a beneficiary's in	come in the future - h	owever it is not a re	pository for all previous year ain summary documents at th	's' income calculat	ations		
Beneficiary Income	veli as their own s	sents depend upon the	CPD program; users :	should be aware of the length of and privacy.	of time records mu	ust be kept as		
Summary				in the participant.		Export to PDF		
	-				Appendix Section 1			
Dependents	Beneficiary ID:			Area, State: Raleigh, NC MS	^			
Childcare Expenses	Number of Mer	nbers: 4		Income Limit: \$76,550.00				
Disability Expenses	Assets							
Medical Expenses	Member ID	Asset Ty	(pen(m)	Current Cash Value	Actual Income Assets	from		
P					Achieves			
	0527	Cash		\$200.00		\$0.00		
TBRA	0527	cash		\$200.00		\$0.00		
L	0528			\$0.00		\$0.00		
Approved Rent/ Utility	0529			\$0.00		\$0.00		
Rental Model	0530			\$0.00		\$0.00		
Rent Standard	NET CASH VALUE	E OF ASSETS		\$200.00				
Welfare Rent								
Summary	TOTAL ACTUAL	INCOME FROM ASSETS	s \$0.00					
	(only if the Mat	ME FROM ASSETS Carb Value of Assets d Annual Inco		101-		\$0.00		
	Member ID V	Vages/Salaries Be	mefits/Pensions	Public Assistance Othe	er Income Ass	set Income		
	0527	\$33,650.00	\$6,000.00	\$0.00	\$0.00			
	0528	\$0.00	\$0.00	\$0.00	\$0.00			
	0529	\$0.00	\$0.00	\$0.00	\$0.00			
	0530	\$0.00	\$0.00	\$0.00	\$0.00			
		\$33,650.00	\$6,000.00	\$0.00	\$0.00	\$0.00		
	TOTALS							
		NCOME \$39,650.00						
;								
	TOTAL ANNUAL II Income Eligibility Based upon the int	Result formation submitted, tl		0527 has been determined to old in Raleigh, NC MSA (CBSA: !				
;	TOTAL ANNUAL II Income Eligibility Based upon the int 2021 80% income I	Result formation submitted, tl limit of \$76,550.00 for a		old in Raleigh, NC MSA (CBSA: 1		580). (Completed		

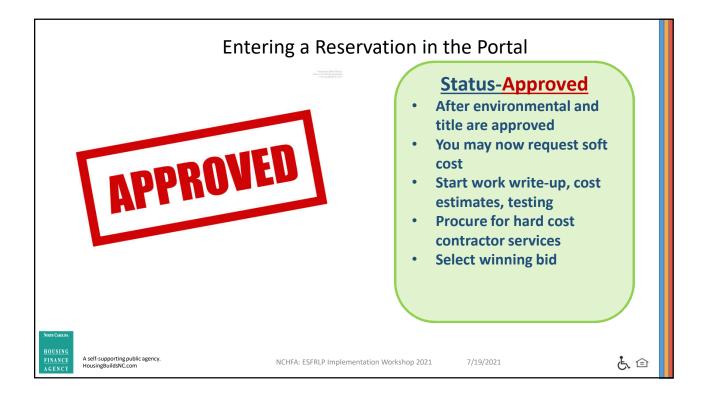




			Entering a	Reserv	ation in the Portal	
New R	eservation					
NEED CAREAN	Program * Program Cycle * Project * Borrower First Name * Borrower Middle Name Borrower Last Name * Borrower Name Suffix Property Address * Property Address 2 Property City * Property State * Property Zip *	Select Select Select Select NCC		•	Status-Pending Setup Enter Homeowner and Property Information Environmental Review • Maps, Maps, Maps Household Information Loan Amount	
HOUSING FINANCE A G E N C Y HousingBuildsNC.c			NCHFA: ESFRLP Imp	elementation Wor	kshop 2021 7/19/2021	上企



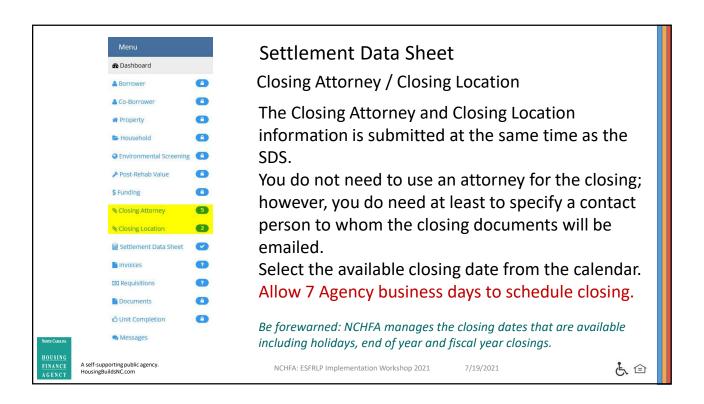


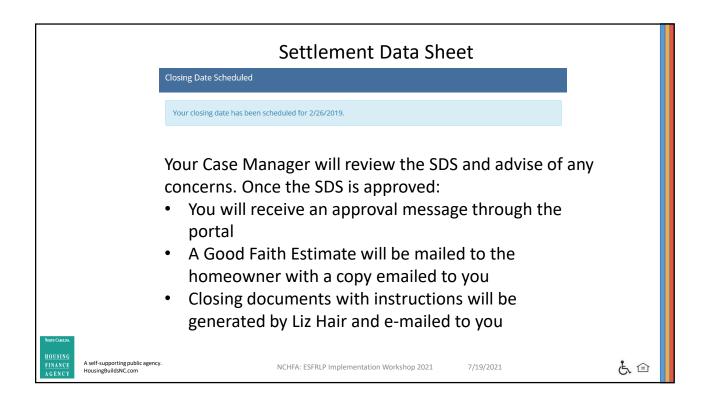


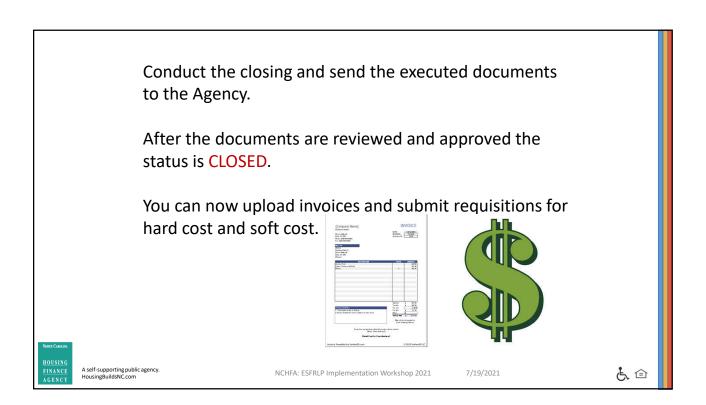
		Settlement Data Sheet	
	Menu	Settlement Data Sheet	
	Dashboard	Costs	
	& Borrower		
	Co-Bortower CO	Construction Management - Soft Costs Status-Approved	
	# Property C	Soft costs have not been defined. • After winning	
	Environmental Screening Post-Rehab Value	Construction - Hard Costs contractor is selected, you can	
	\$ Funding	Hard costs have not been defined.	
	N Closing Attorney 🚯	submit the	
	Closing Location	Summary Settlement Data	
	E Settlement Data Sheet 1	Soft Costs Hard Costs Total Sheet	
	http://www.com	Funds Disbursed	
	CE Requisition	Funds Not Disbursed	
	Documents	Funds Disbursed at Closing	
	🛆 Unit Completion	Total Assistance	
	Myssages:		
North Carolina			
HOUSING FINANCE AGENCY	A self-supporting public agency. HousingBuildsNC.com	NCHFA: ESFRLP Implementation Workshop 2021 7/19/2021 🕹 🖆	

	Settier	nent	Data Sl	leel	
Edit Settlement Data Sheet Costs					
Construction Management - Soft Costs				(
Category	Amount	Budgeted	Funds Disbursed	Status-Appr	
Outreach & Advertising	100	100	No 🗸	Your case m	anager
Environmental Review Preparation	400	400	No 🗸	will review	
Asbestos Testing/ Clearance	250	250	No	submitted s	oft
Radon Testing	50	50	No 🗸		
LBP Inspection/ Risk Assessment	800	800	No 🗸	costs	
LBP Clearance	350	350	No 🗸		
Loan document execution, recording & legal fees	600	600	No 🗸		
Pre-rehab Inspection including scope of work	800	800	No 🗸		
Work write-ups	1,000	1,000	No 🗸		
Cost estimate	400	400	No 🗸		
Project & construction management	4,375	4,375	No 🗸		
Flood Insurance (units in Flood Hazard Zones)	100	100	No 🗸		
Post-rehab value certification	500	500	No 🗸		

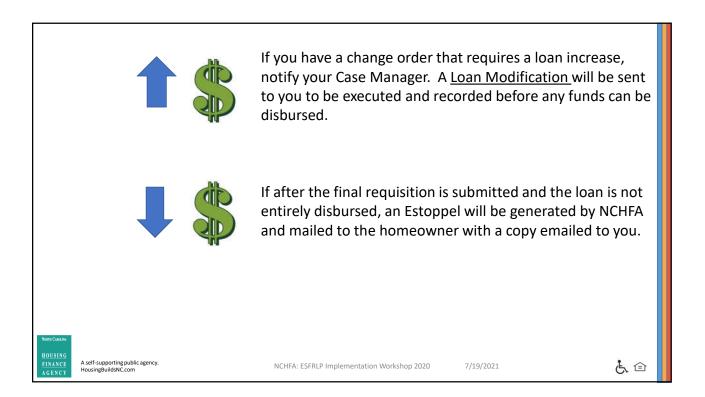
		Settle	ment D	ata Sh	Sheet	
	Construction - Hard Costs Category Construction contract Temporary relocation Construction Contingency Funds Summary	2	nount Fun 0.000 No 0 No 4.000	ds Disbursed	 <u>Status-Approved</u> Your case manager will review submitted hard cost Contingency costs will automatically add 20% up to the 	
	Funds Disbursed	Soft Costs	Hard Costs	Total	maximum hard cost	
	Funds Not Disbursed	\$9.725	\$24.000	\$33.725	amount	
	Funds Disbursed at Closing					
	Total Assistance	\$9,725	\$24,000 Save C	\$33,725 ancel		
NORTH CAROLINA HOUSING FINANCE AGENCY	A self-supporting public agency. HousingBuildsNC.com	NCHFA: ESFRLP II	nplementation Wo	rkshop 2021	7/19/2021	Ì

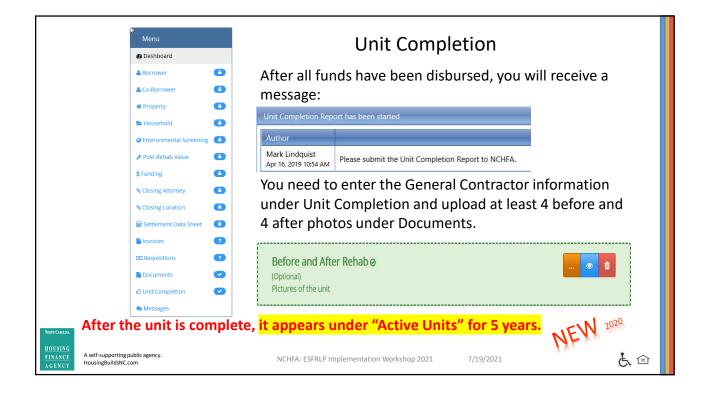






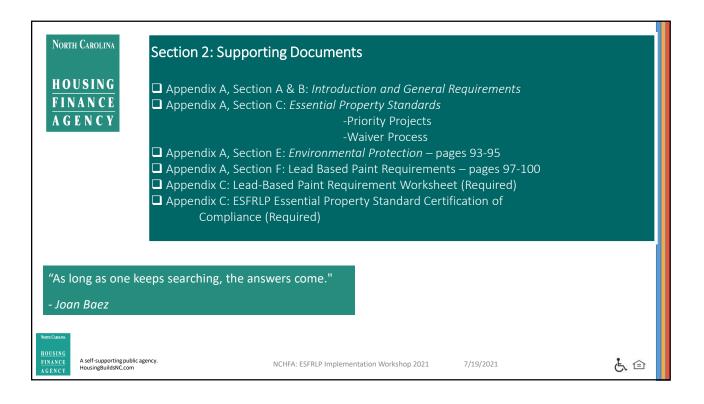
	I	[lequisition Request	ude in your requ	iest.									
									Cos	its				
			Vendor	Ref#	Cost			Туре	SFRLP	Other				
			Bob's Lead Services	B20183285	LBP Inspect	tion/ Risk Assess	sment	Soft	100					
					— Lead ins	pection								
			Bob's Lead Services	B20183285	LBP Clearar	nce		Soft	200					
		Summar	ſŶ											
		Cost Typ	be Budį		viously Juested	This Request	Total to	Date	Rema	aining		Click if	this is tl	ne final
		Soft	9,7	25	0	0		0	1	9,725				
		Hard		0	0	0		0		0		requisit	ion for t	ihis unit
			9,7	25	0	0		0		9,725				
		No items	have been selected											
		Hard cost	ts cannot be requisitione	d until the loan l	nas closed									
		Final Re	quisidon Request											
JNA		🗆 Final R	tequisition Request											
ING NCE ICY	A self-supportin HousingBuildsN		eview		NC	HFA: ESFRLP	Implem	entatio	n Works	hop 20	21	7/19/2021		E 🖻











Appendix A: Section A. Introduction

• ESFRLP Goal:

• Make a positive impact on the state's stock of standard affordable housing by encouraging essential rehab of existing, single-family owner-occupied homes occupied by those with an AMI of 80% or less.

General Principles

Do not throw good money after bad.

- Do not leave bad apples.
- ■Will an energy improvement pay for itself over its lifetime? Yes=Go, No=Stop.

Home energy conservation includes winter heat gain, summer heat-loss, ventilation, shading, storm drainage, etc.

When local utilities offer discount rates, make an effort to meet the energy standards, when possible.

7/19/2021

Fair, Systematic, Uniform, Transparent = policies



A self-supporting public agency. HousingBuildsNC.com

NCHFA: ESFRLP Implementation Workshop 2021

占白

Appendix A: Section B. General Requirements

Final HOME Rule:

- Issued July 29, 2013
- Requires units to meet an (as yet) unpublished version of UPCS that replaces HQS
- Once published, this version may supersede the Essential Property Standard (EPS)
- NCHFA will issue a memo once we receive guidance

- □ All work must meet or exceed the NC Building code and local permitting/inspection requirements
- Use MHC requirements when they exceed the EPS
- **No units will retain threats to health or safety**
- Meet or exceed the EPS
- **Review all units for environmental effects**
- Pay attention to manufacturer's installation instructions and workmanship
- Member's are responsible to advise clients of proper care and maintenance
- Use universal design principles when you can
- As much as practical, remove moisture from crawlspaces and basements
- Comply with the Essential Rehabilitation Standards

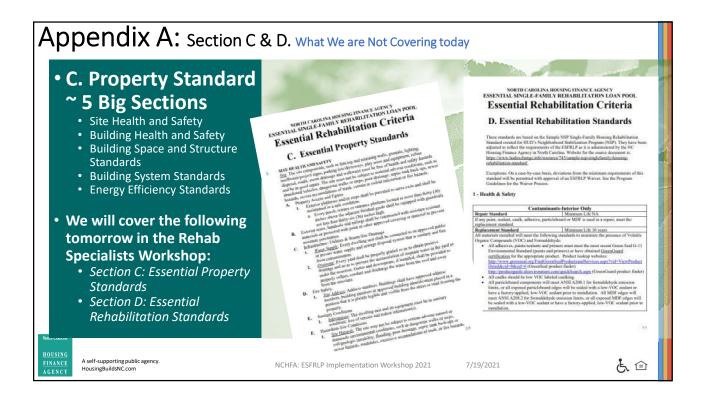
Fair, Systematic, Uniform, Transparent = policies

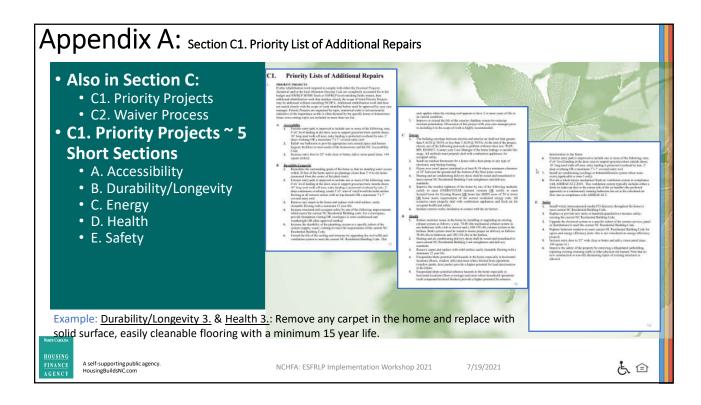


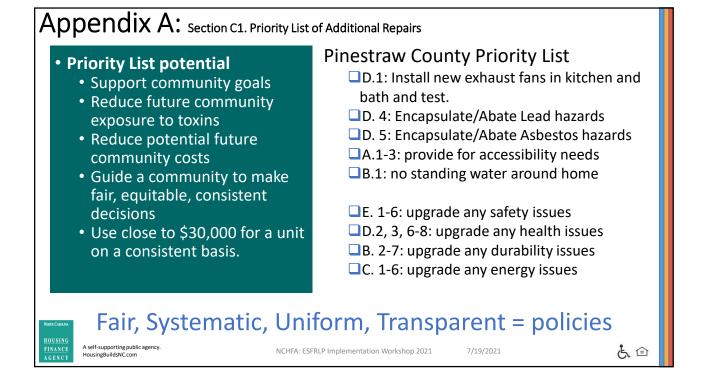
NCHFA: ESFRLP Implementation Workshop 2021

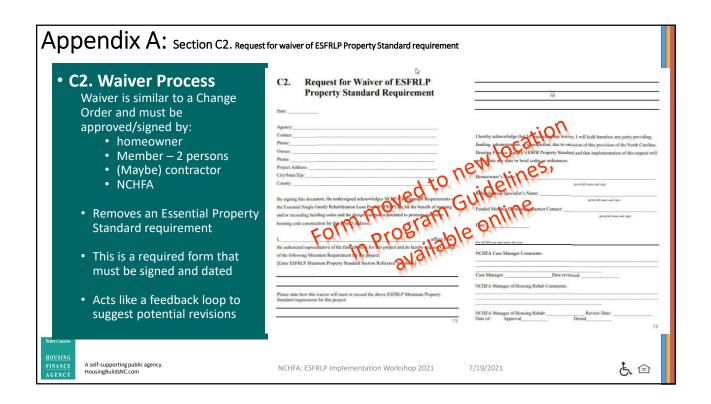
7/19/2021

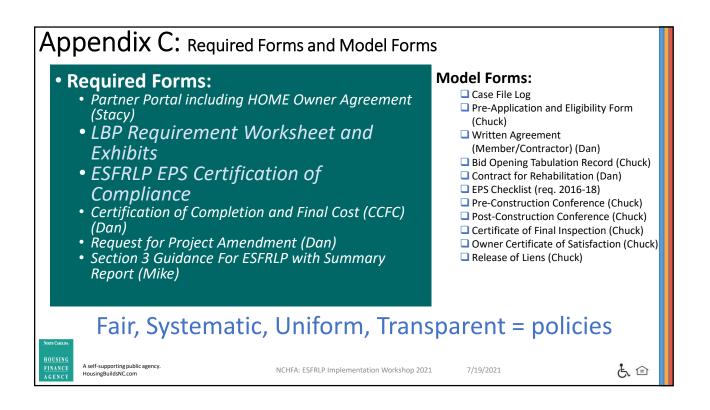
E 🗈



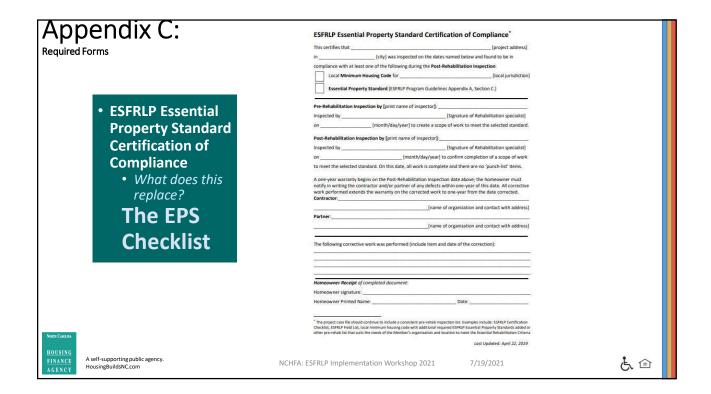


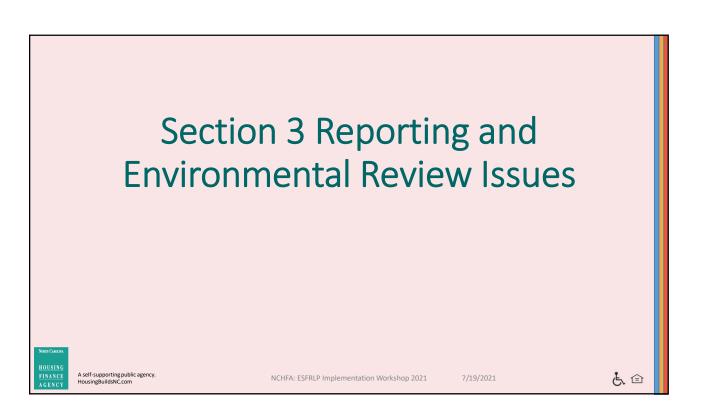






	(Kequiked)	Ficeatia 3 Nerther Department	r devillag units to be a fait the number of dev Approved	Produktion Loa eest Amendment per Fanding Agre / mendu negocited. elling units to be serve	Bate	ancidance with	Excertial Sing Reques • Project Rule: //ba A. No charge of personal to Prove definition and the for cosh afficientia are not an for cosh afficientia are not an	to-Fami tofor P reclocks tod. fahanser redinant	opproved opplication.	nt Ibelev.	A current resume is atten		
 	-						Project Bule	Name	Ar Appraved	Pre	sparod Chengor		
<							administration	Title:	1	ithe .			
-							b Financial managements	Name:		leno:		4 Mambar Cartifications: The observation of March or sequences have by requests that its NCHFA Excential Single-F.	and Park at Dansies
							loen edministration	Title:		itles		project. (Funding Agreement)	v that all researches
							a Attarney-legalservices, recarding, etc.	Name: Title:		lema: itle:		information provide dherein is accurate and the proposed changer are feasible and ne carro	
()							d Rohobilitation	Name		erno:			
<u> </u>							ministement	Titler		inter .			
ш				and ever Second D			a Wark units-oper	Hane	1	lamo:		Mathematical Holdison Rate	
_			r check either A or Bil				contactimatae	Title:		itle:			
<u> </u>		A. No shange in other hands B. The Member requests th				12222	f Interiminepections of work	Name		lemet .		1 MCHFA Appraval	
\odot		D. The Memberrequests th				12101 N. 1991		Title:		itle:		1 HOHFA Appraval: The North Caroline Houring Finance Agency hereby opprover the obove Funding Agreemen	chmmr
~				aumber of approx			q Finalizzpections of work	Name: Title:		lemo: itle:		uprapavod, mr	
		In the second se	Approved	Actual to date	Proposed	Pot, Change	h Applicantintako/	Title: Name:		itle: lamo:		🗾 ar reviewd by Agoney staff (in blue ink). Said changes are hereby made ap ort of the	unding Agroement b
0		Source 1 Source 2	-		-		quelification	Title:		itle:		moteol convent.	
		Total amount of other land	04				i. Client	Name:	1	lemo:			
~		Other fands per divelling un					Osurreling	Titler	1	itle:		Mathemine Motion Auto	
μ μ			107		1.1		1. Other: Hendlighten	Hane:		lamo:			
		Paulotid vanitid (\$458.	jihoo a saka	ang tang tang tang tang tang tang tang t			If is functional to account of the second	Yenit It legal for af work (Zenar)	rinthu Budgot fer Saft Carry	itle:			
HOUSING FINANCE AGENCY		oporting public agency. JuildsNC.com				N	CHFA: ESFRLP Impler	nent	tation Works	hop	2021	7/19/2021	ද 🗈





SECTION 3: EXPLANATION & BUSINESS PRACTICE

Goals:

What is a Good Faith Effort?

Section 3 Implementation

Forms and Reporting Requirements

2 pages

memory and hiring in excess of \$200,000 in connection with Section 3 HOME funded Essential Single Family Rehabilitation Loon Poul funding agreements.

If it is not feasible to meet the minimum goals, the Covered Parties must be prepared to provide an explanation and documentation as to why the goals were not met.

At least 3% of the total doltar amount of all other Section 3 covered non-construction contracts (i.e. professional services) to Section 3 businesses; and
 At least 30% of the aggregate number of new threes and provide training to those new hires. Employment gains are based on "new tires" which is defined as full-time employees for persuands; thereparey, or sensed acaptioprint opercutinies.

Good faith effort means that a subrecipient must take concrete steps to expand training and employment sensetunities when a vacance exists.

With respect to hutiness participation, a good faith effort means identifying businesses located within the boundaries of the Section 3 everyted project area, making them aware of contracting exportantile, encouraging the participation of affected businesses in the proceasement process, and awarding contracts to these Section 3 business concerns if qualified.

Section 3 must be implemented in a manner consistent with existing Federal, State, and local laws. Section 3 does not supersede these laws, nor do these laws cancel or override the Section 3 obligation.

Prior to the end of the grant period or closing, the subrecipient is required to submit to NCHEA the Section 3 Summary Report for ESFRLP. This is an Excel form and must be submitted with the Certification for Completion and Final Cost (CCFC) form.

7/19/2021

· Familiavment - Section 3 is race neutral, directed at low income and very-low income pers

Section 3 Information and Terminology

stion 3 of the Housing and Urban Development Act of 1968, as amenidal (12/U.S.C. 1700a) Section 3 and regulations at 24 CFR part 135, means that employment and other economic opportunities generated by certain HUE Dimensial mentiones shall, to the generated extent feasible, be directed to jours and very-low income individuals, expectably recipion of government soutemore for broading, and to buildness constraints they one call at employments.

Who Must Comply with Section 3 Requirements?

For MCHEA ESPELP awards, it has been determined by HUD Greenshimi that Section 3 will apply just to the subrecipient once the familing agreement has been awarded and avaered \$250,000. Section 3 applies to employment opportunities for the Ensemial Single-Farely Rehabilitation Loan Paul Membras flat are generated (silve created) as a senite of projects necessing federal BUD HOME. Investment Determinin Program (HOME) (under through NCHPA.

Section 3 Service Area

The Section 3 service area is the metropolitan area (MSA) or non-metropolitan anasty where a HUD-ansized project for housing is located.

- Section 3 Resident (this would apply to new hires of the sul
- Section 3 residents are new hires that are
- Brishlards of public leasing
 Perrors who live in the MSRs or non-memory-plana coursy where a IUCD-aniated poyost is located and have a public blockboll income less than 80% of the arise markets. Use the corrent coursy iscome table located at wrise achievem.

Section 3 Business Concern (the would apply to professional services bread by the refrectpoint)

A business can be classified as a Section 3 business if

Al-lent 31% or none of the humanes in extend by Section 3 senderses. The horizonse' permanene, hild-time comployees include persons, as fassi 20% of whene we controlly Section 3 senders, or with latter years of the data fifther integly spread with the horizons entons was Section 3 are ideals, or The humanes permutal section and a commission to subcontext in sectors of 25% of the dollar generation of all information to be available to a Section 3 horizons concern as defined in the fractions hultin.

Section 3 Numerical Goals and Compliance

A self-supporting public agency.

HousingBuildsNC.com

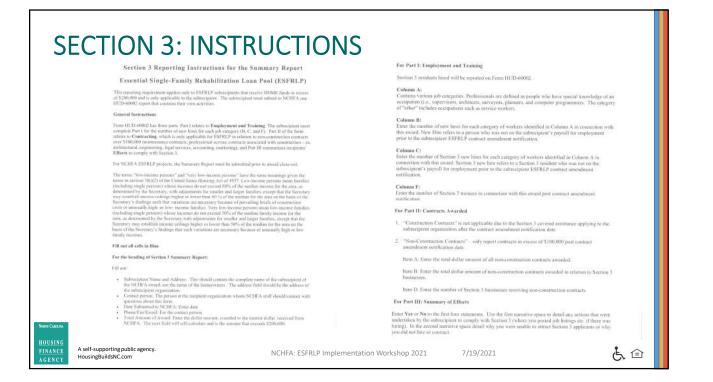
The measurement of compliance with Section 3 impliantees is the percentage of contracts awarded in Section 3 businesses, and the imployment of Section 3 modernis. The Section 3 gual apply to contract

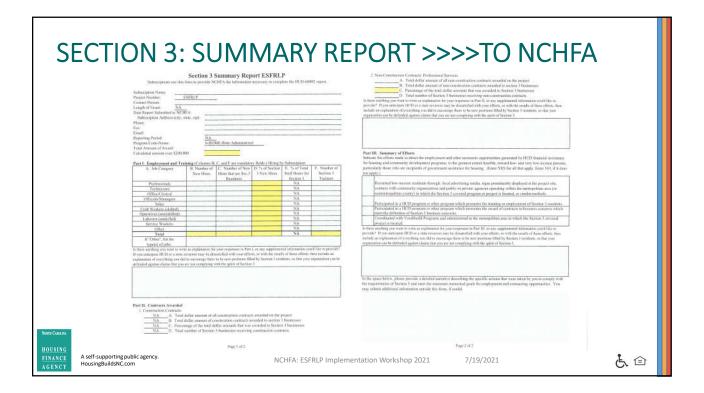
NCHFA: ESFRLP Implementation Workshop 2021

E 🗈

SECTION 3: FORMS FOR YOUR ORGANIZATION Section 3 Business Certification Section 3 Local Jobs Initiative Resident Certification To he sand by the Station 3 Resident and retained in the project files. Do not return to NCFHA. To be completed Into NORFA For all hurinesten reported as being Section 3 haulienses, documentation of their stratus must be retainer in the project files. NCIDA considers this from adoptate documentation of Section 3 status Subscriptions fanded with IED1 (IROE) finding, with sociate day faster that SSC0000, are required to report on hiring and professional acreases contrast they make both with Section 3 business concerns any with hurinesses that area OSection 5 Dummes concerns. All employees working on Section 3 covered projects must be reported in aggregate on the Section 3 Summary Report with the Section 3 resident status. For all employees reported as being Section 3 residents, documentation of their status must be retained in the project files. NCHFA considers this form adequate documentation of Section 3 status. "Low income" resident means they earn below 30% of the median income for a household of their size in their area. To identify the income limit for your area, use the county income limit table located at www.mchr.com This form is a tool to determine and document the Section 3 husiness status (professional services) Documentation of the status of Section 3 Businesses should be retained in the project files. Business being certified Instructions to employee (subreceptent) Complete this form for every employee that is a Section 3 resident, with resident signature. Retain this form in project files. Company: Employee Name: Address: Employee Address: Project information Employee Telephone Number: Project Name: Section 3 determination In the Employee a public homing resident? Y () N () If yes, name of development Is your humans owned (51% or more) by individuals where humaning are 700 GREATER THAN 80% of Area Median locome (AMD). Use your current county income table located or www.netlacom. (public boasing is owned by a Public Housing Authority - PHA) Is the employee's Section 3 resident because they are a kow-income individual in the country/MSA of the project? X (j N () ()Yes ()Nu Do 30% (or more) of your full time, permanent engloyees have household incomes that are NO GREATER THAN 80% of Area Modular Mecone (AMI), or within three years of the date of fars employment with the humans carriers were Section 3 residents? Use your current complications table located at www.nchfa.com Annual family income last year: _ Number of people in household: ()Yei ()No County Median Income: (Locate the county and use the 80% chart for the household size. Use your current county income table located at www.nchfa.com Will you subcontract more than 25% of this contract with a qualified business that is either 51% owned by Soction 3 residents or 10% or more of its employees are Section 3 residents? To be signed by the Section 3 Resident I certify that the above statements are true, complete, and correct to the best of my knowledge and beisef. ()Yes ()Ne If any of the questions above are marked "yes", the business qualifies as a Section 3 business Name (signature) I certify that the above statements are true, complete, and correct to the best of my knowledge and belief. Name (printed) Simone Employer (printed) Print Name _____ Date Project Name: HOUSING FINANCE A self-supporting public agency. HousingBuildsNC.com NCHFA: ESFRLP Implementation Workshop 2021 7/19/2021 E 🗈

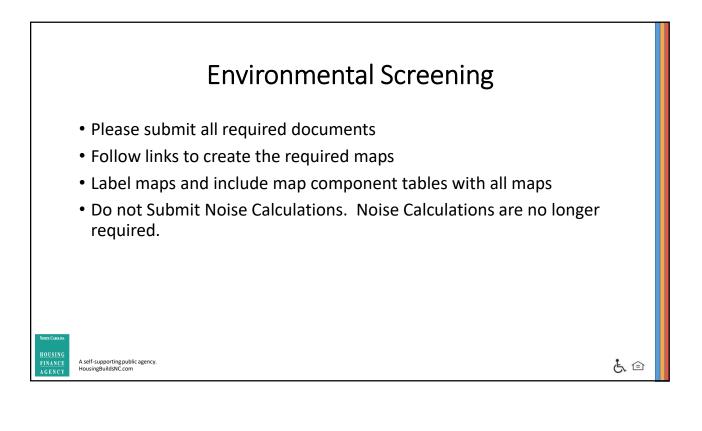
101





102





占企

Post-Rehab Value Pick a Method and keep it!

There are three methods to determine a Post-Rehab Value:

- 1. Estimate of Value (Comparable Sales);
- 2. Tax Assessments of a comparable property; or,
- 3. an Appraisal.

If you select to use Estimate of Value or Tax Assessments of a comparable property, please enter the comparable property figure and upload the documentation of the target and the comparable property.

If you select the Appraisal method, please enter the Appraisal figure and upload the documentation that includes the work to be performed.

A self-supporting public agency HousingBuildsNC.com

```
Appendix A: Section E. Environmental Protection

    E. Environmental Protection

                                                                                            NORTH CAROLINA HOUSING FINANCE AGENCY
ESSENTIAL SINGLE-FAMILY REHABILITATION LOAN POOL

    Threats from the Environment,

                                                                                             Essential Rehabilitation Criteria
               Examples of these are:
                                                                                                   E. Environmental Protection
                                                                                               reats from the environment Section B.4 in General Requirements requi-
abilitated with ESFRLP assistance retain no threats to the health or
selold or to the structural integrity of the dwelling itself. Examples of
n environmental sources include, but are not limited to:

    Radon: tests required

                  • Friable asbestos

    Over-hanging trees

                                                                                                           All as
                                                                                                                              ted for radon levels. I
ies per liter of air (pCi
4 oCi/l or below. Wh
                   • Poor Drainage
                   • LBP: tests required before 1978

    VOC

                   • Flooding

    Natural Disasters

                                                                                                                                          ESERLP-
              A self-supporting public agency.
HousingBuildsNC.com
                                                                            NCHFA: ESFRLP Implementation Workshop 2021
                                                                                                                                         7/19/2021
                                                                                                                                                                                          占企
```

Appendix A: Section E. Environmental Protection

E. Environmental Protection

- Threats to the Environment
 - Historic Properties: SHPO
 - Floodplain Management
 - Toxic Chemicals
 - Wells and Septic Systems

Frank to me devicement, Almoign single-stamp relationization incrincible are been approximately and a second secon

Historic Properties. If a property deemed to have bonafide historical significance is targeted for ESRRLP-finded rehabilitation, the scope of work must meet or exceed the Secretary of the Interiors Standards for Rehabilitation and Guideline for Historic Buildings. To ensure compliance with applicable regulations and guidelines, Members must complete an additional from ("Historical Evaluation guidelines, Members must complete an additional from ("Historical Evaluation years and or older or in decremed by the Member to have potentially significant architecture of historical importance. United Evaluation Request Form must be forwarded, with photographs of the unit and a location map attached, to the <u>State</u> History Potery State (State) (State) (State) (State) (State) (State) (History Potery State) (State) (State) (State) (State) (State) (Hoogd the ISRN Patter Potent). (Notimetrics the required standards for historic properties can be expensive. Members may deem it necessary to exclude historic properties (State) (Stat

- Floodplan Management. Although traditionally listed with threats \underline{w} the environment for the purposes of environmental aviews, the primary concern beer is with protection of the purposety figm the environment (in discussed at accilent theorem is a straight of the straight of the straight of the straight of the hooghplan, which is relabilistical with logaring final its engine to a carry food insurance on the unit continuously throughpost the term of the LSTRLP loan. NetHA as mostingages for the LSTRLP loan, shall be named as an insured lender on the straight of the LSTRLP loan, shall be named as an insured lender on the straight of the LSTRLP loan, shall be named as an insured lender on the straight of the LSTRLP loan, shall be named as an insured lender on the straight of the LSTRLP loan, shall be named as an insured lender on the straight of the LSTRLP loan, shall be named as a straight of the LSTRLP loan be descumented by providing the term and parale numbers as supporting decumentation to the Environmental Science and Existence in the ENRLP loaner loan (LSTRLP instraights of LSTRLP loaner).
- Toxic chemicals. Definit burief oil or gas tanks, stored chemicals, old car butteries and the like are sometimes found in or near units targeted for rehabilitation. The Memer's rehabilitation specialist shades afte homorosover and impect the lonse and grounds to determine if any such hazard exists and, if so, consult their case manager at the Acquery regarding appropriate mitigation measures. Though lead-based paint, another toxic chemical, can be a threat to the environment, it is discussed above (Scienti E.2) as at head from the environment.
- 4 Wells and septic systems. The installation of a new well or septic system could conceivably have a deleterious effect on wetlands and/or water quality. To ensure that this is not the case, any such installations must be done under the supervision of local health department officials.

占企

Fair, Systematic, Uniform, Transparent = policies



A self-supporting public agency. HousingBuildsNC.com

NCHFA: ESFRLP Implementation Workshop 2021

"Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it's the only thing that ever has." Margaret Mead



A self-supporting public agency. HousingBuildsNC.com

NCHFA: ESFRLP Implementation Workshop 2021

7/19/2021

7/19/2021

占白

