## NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM

Application & Eligibility Certification

(page 1 of 2)

Applicant Data														
Name of Homeowner(s) (Fin	rst, MI,	Last):												
Street Address:		•												
City: County:									Zip	Zip Code:				
Home Phone: Work Phone:														
If the Applicant was refer	red by	someone o	ther th	an	self, comp	lete	the fo	llowing	ζ:					
Contact Name:	•				Phone									
Relationship to Owner:														
Notes:														
Household Membership														
Name (First, MI, Last)	Sex	Birth Dat	ate SS# (last 4			ts)	Race Code*		Hispanic**		R	Relation to Homeowner		
a.														
b.														
c.														
d.														
e.														
f.														
g.														
Gross Income Work Table Dollars / Household Member / MONTH														
Source			a		b		c	d		e	1	f	g	Total
1) Wages														
2) Retirement/Pension														
3) Social Security														
4) Supplemental Security Incon	ne													
5) Public Assistance														
6) Child Support														
7) Interest														
8)														
9)														
10)														
Monthly Sub-Total (sum rows 1-10)														
Annual Sub-Total (12 x row above)														
Annual Gross Household Income (sum Annual Sub-Total for columns a-g):														
Applicant Certifications														
I hereby certify that:														
1) I own and occupy the home de				-										
2) The household and income inf				•				-						
3) This information is provided to	-	-	-		_		_		_					-
income homeowners with spe			_			_			-			threat	to their life	or safety
or in performing accessibility modifications or other repairs necessary to prevent imminent displacement.														
4) I give permission for to access information to verify the contents of this application														
and to facilitate the repair of my home.														
5) I understand that this Program grant may not rectify all deficiencies in my home nor make the home conform to any local, state or federal														
housing quality standards.														
6) I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self disclose														
the information.														
Applicant Signature Date			e		Co	Co-Applicant Signature Date							te	

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Applica	tion & E	ligibility	Certifica	ition			(page	2 of 2)		
Applicant Data		<u>8 7</u>	<u> </u>				4 6	,		
Name of Homeowner(s) (First, MI, Last)	:									
Street Address:										
Qualifying Income Table (for referen	ıce) Max	ximum (	Fross Ho	usehold	Income					
Household Size	1	2	3	4	5 6 7					
a) Statewide non-metro 30%	-	_				-	•	8		
b) Statewide non-metro 50%										
c) County 30%										
d) County 50%										
Qualifying Questions		<u> </u>			<u> </u>			<u>'</u>		
Does the applicant own this home?	YES	NO	П							
Does the applicant's household qualify ba		l	ட்ட e criteria	9	YES	NO				
Mark all Special Need(s) by which the A										
Owner 62+ Member Disabled										
Eligibility Certifications	EBEE CI	iiu	v eterum		House	ioid Size c				
I hereby certify that:										
•			tad in again		.:4L					
1) All of the above information has been re	eviewed of	documen	neu m acco	ordance w	/1111					
the Program Guidelines.		_								
2) The Applicant is eligible for assistance u										
3) There is no other state or federal source				-						
available within the next six months, wh	ich could	pay for th	ie proposeo	d repairs.						
Authorized Officer Or		Date								
Eligible Urgent Repair Needs:										
	me of in	terviewe	r:							
Non-housing problems:										
Action taken for referrals? <b>YES</b>	NO	If	yes, speci	ify:						
	-									
Other:										
*Race Code: White (11); Black/African American	(12); Asian	(13); Ame	erican Indiar	n/Alaska N	Tative (14); N	Native Haw	aiian/Othei	r Pacific		
Islander (15); Amercan Indian/Alaskan Native & W						•	18); Ameri	can		
Indian/Alaska Native & Black/African American (1	9); Other M	/Iulti-Racia	1 (20); and,	Asain/Pac	itic Islander	(21).				
**Hispanic: Yes or No.										

\*\*\*Veteran: A person who served in the active military, and who was discharged or released therefrom under conditions other than dishonorable.