

NORTH CAROLINA HOUSING FINANCE AGENCY
Essential Single-Family Rehabilitation Loan Pool - Disaster Recovery
Application & Eligibility Certification

(page 1 of 2)

Applicant Data:

Name of Homeowner(s) (First, MI, Last): _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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

Contact Name: _____ Phone: _____

Relationship to Owner: _____

Notes: _____

Household Membership:

Name (First, MI, Last)	Sex	Birth Date	SS# (last 4 digits)	Race Code*	Hispanic**	Relation to Homeowner
a.						
b.						
c.						
d.						
e.						
f.						
g.						

Gross Income Work Table:

Monthly Income Dollars / Household Member

Source	a	b	c	d	e	f	g	Total
1. Wages								
2. Retirement/Pension								
3. Social Security								
4. Supplemental Security Income								
5. Public Assistance								
6. Child Support								
7. Interest								
8.								
9.								
10.								
Monthly Sub-Total (sum rows 1-10)								
Annual Sub-Total (12 x row above)								

Annual Gross Household Income (sum Annual Sub-Total for columns a-g): _____

Applicant Certifications:

I hereby certify that:

- 1) I own and occupy the home described above as my primary residence;
- 2) The above information is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for the Essential Single-Family Rehabilitation Loan Pool - Disaster Recovery (ESFRLP-DR) Program, which is intended to assist homeowners who were victims of the floods that followed Hurricane Matthew, Tropical Storms
- 4) I give permission for _____, NCHFA, Emergency Management, FEMA and SBA to access information to verify the contents of this application and to facilitate the repair of my home.
- 5) I understand that this loan may not rectify all deficiencies in my home but will make the home conform to either the Essential Single-Family Rehabilitation standard or local minimum housing code, if applicable.
- 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.
- 7) I have not been approved for an SBA loan.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

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Applicant Data: Name of Homeowner(s) (First, MI, Last): _____ Street Address: _____								
Qualifying Income Table (for reference) Maximum Gross Household Income:								
Household Size	1	2	3	4	5	6	7	8
100% Area Median Income								
Qualifying Questions								
Does the applicant own this home? YES <input type="checkbox"/> NO <input type="checkbox"/> Has the home sustained a minimum of \$5,000 flood damage from Hurricane Matthew, Tropical Storms Julia and/or Hermine? YES <input type="checkbox"/> NO <input type="checkbox"/> Does the applicant's household qualify based on the income criteria? YES <input type="checkbox"/> NO <input type="checkbox"/> Mark all Special Need(s) which apply to the Applicant: <input type="checkbox"/> Member Disabled <input type="checkbox"/> Owner 62+ <input type="checkbox"/> EBLL Child <input type="checkbox"/> Veteran*** <input type="checkbox"/> Single-Parent Household <input type="checkbox"/> Household Size 5+								
Eligibility Certification:								
I hereby certify that: 1) All of the above information has been reviewed or documented in accordance with the Program Guidelines, and 2) The Applicant is eligible for assistance under the ESFRLP-DR Program.								
_____ Authorized Officer			_____ Organization			_____ Date		
Eligible Repair Needs: _____ _____ _____ _____ _____								
Case Notes (for office use only) Name of interviewer: _____ Non-housing problems: _____ _____ _____ _____ Action taken for referrals? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, specify: _____ _____ _____ Other: _____ _____ _____								

* Race Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaiian/Other Pacific Islander (15); American Indian/Alaskan Native & White (16); Asian & White (17); Black/African American & White (18); American Indian/Alaska Native & Black/African American (19); Other Multi-Racial (20); and, Asian/Pacific Islander (21).

** Hispanic: Yes or No.

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