

KERR-TAR REGIONAL COUNCIL OF GOVERNMENTS
Essential Single-Family Rehabilitation Loan Pool
Pre-Application & Eligibility Certification

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Applicant Data

Name of Homeowner(s) (First, MI, Last): _____
Street Address: _____
City: _____ County: _____ Zip Code: _____
Mailing Address: _____
City: _____ County: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

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

Contact Name: _____ Phone: _____
Relationship to Owner: _____
Notes: _____

Household Membership *Please list ALL household members living in this home

A. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____
SSN # (9 digits) ____-____-____ Race: ☐ Black/African American ☐ Black/African American & White
(Circle Yes or No) ☐ Asian ☐ Asian & White
Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White
Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander
Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American
☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

B. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____
SSN # (9 digits) ____-____-____ Race: ☐ Black/African American ☐ Black/African American & White
(Circle Yes or No) ☐ Asian ☐ Asian & White
Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White
Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander
Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American
☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

C. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____
SSN # (9 digits) ____-____-____ Race: ☐ Black/African American ☐ Black/African American & White
(Circle Yes or No) ☐ Asian ☐ Asian & White
Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White
Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander
Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American
☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

D. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____
SSN # (9 digits) ____-____-____ Race: ☐ Black/African American ☐ Black/African American & White
(Circle Yes or No) ☐ Asian ☐ Asian & White
Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White
Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander
Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American
☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

E. Name (First, MI, Last) _____ Sex: M / F Birth Date: _____
SSN # (9 digits) ____-____-____ Race: ☐ Black/African American ☐ Black/African American & White
(Circle Yes or No) ☐ Asian ☐ Asian & White
Hispanic: Yes or No Veteran: Yes or No ☐ White ☐ American Indian/Alaska Native & White
Relation to Homeowner: _____ ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander
Marital Status: ☐ Single ☐ Widowed ☐ American Indian/Alaska Native & Black/African American
☐ Married ☐ Divorced ☐ Other/Multi-Racial: _____

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Income (Gross) *Include everyone living in the home	a	b	c	d	e	Total
1) Wages						
2) Retirement/Pension						
3) Social Security						
4) Supplemental Security Income						
5) Public Assistance						
6) Child Support						
7) Interest						
Monthly Sub-Total (sum rows 1-10)						
Annual Sub-Total (12 x row above)						

Annual Gross Household Income (sum Annual Sub-Total for Columns A-G)

Applicant Certifications

I hereby certify that:

- 1) I own and occupy the home described above as my primary residence;
- 2) The household and income information listed above is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for the Essential Single-Family Rehabilitation Loan Pool (ESFRLP). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose a threat to life, health, or safety, or in performing accessibility modifications or other repairs necessary to meet the Essential Rehabilitation Criteria of ESFRLP.
4. I give permission to Kerr-Tar Regional Council of Governments and NC Housing Finance Agency to access information to verify the contents of this preapplication and to facilitate the rehabilitation of my home to meet Essential Property Standards or the Minimum Housing Code.
- 5) I understand that the secured, 0% interest, forgiven at the rate of \$14000/year loan provided via the ESFRLP is secured with a Deed of Trust.
- 6) I have been advised that my gender, race, and ethnicity will be determined based upon observation and/or surname if I do not self-disclose the information.

Applicant Signature

Date

Co-Applicant Signature

