

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

(page 1 of 3)

Applicant Data

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

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

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

Household Membership

Name (First, MI, Last)	Sex	Birth Date	Social Security #	Race Code*	Hispanic**	Veteran	Disabled	Relation to Homeowner
a.								
b.								
c.								
d.								
e.								
f.								
g.								

Gross Income Work Table

Dollars / Household Member / MONTH

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

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

Applicant Certifications

I hereby certify that:

- 1) I own and occupy the home described above as my primary residence;
- 2) The household and income information listed above is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for the Urgent Repair Program (Program). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety or in performing accessibility modifications or other repairs necessary to prevent imminent displacement.
- 4) I give permission for Kerr-Tar Regional Council of Governments to access information to verify the contents of this application and to facilitate the repair of my home.
- 5) I understand that this Program grant may not rectify all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
- 6) I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self disclose the information.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Kerr-Tar Regional Council of Governments

URGENT REPAIR PROGRAM

Pre-Application & Eligibility Certification

(page 2 of 3)

Applicant Data

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

Street Address: _____

Qualifying Questions

Does the applicant own this home?	YES	NO	Year home was built _____
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Does applicant live in this home?	YES	NO	
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What type of house?	Manufactured Home	Site Built	Modular Home	
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Do you have:

Well Water Public Water No Water Cesspool Septic Tank Public Sewer

Applicant must provide:

- Verification of income for all members of household
- Copy of Deed or proof of lifetime rights
- Proof property taxes are paid

Repair Needs:
