NORTH CAROLINA HOUSING FINANCE AGENCY

Essential Single-Family Rehabilitation Loan Pool Application & Eligibility Certification

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Applicant Data	() (P!												
Name of Homeowne	er(s) (First, MI, I	_ast):											
Street Address:													
City:	· · ·												
Home Phone:													
If the Applicant wa	s referred by so	omeone othe	r than self	-		wing:							
Contact Name: Phone:													
Relationship to Owner:													
Notes:													
Household Member		D: 1 D	Tagu (o 1			~ 1 4	***	<u> </u>					
Name (First, MI, La	st) Sex	Birth Date	Date SS# (9 digits required)) Race	Race Code* Hispanic**		Relation to Homeowner					
a.													
b.													
c.													
d.													
e.													
f.													
g.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				/			<u> </u>					
Gross Income Wor	k Table	г		Dollars b		old Men	nber / MONT	<u>H</u> f	~	Total			
Source			a	U	С	a	e	1	g	Total			
1) Wages 2) Retirement/Pension						+							
,						+							
3) Social Security 4) Supplemental Security Income						1							
5) Public Assistance	y meome					1							
6) Child Support						1							
7) Interest						1							
						1							
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 Certifica													
I hereby certify tha													
I own and occupy		d above as my	primary res	sidence;									
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,												
										RLP.			
health or safety or in performing accessibility modifications or other repairs necessary to meet the Essential Rehabilitation Criteria of ESFRLP. 4) I give permission for and NC Housing Finance Agency to access information to verify the													
	contents of this pre-application 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 \$5000/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.													
mo momunon.													
Applicant Signature		Date		Co	-Applican	t Signatu	re		Da	te			

NCHFA ESFRLP PROGRAM

ESFRLP PROGRAM										
Ap_{l}	(page	2 of 2)								
Applicant Data					<u> </u>					
Name of Homeowner(s) (First, MI, I	Last):									
Street Address:	· ·									
Qualifying Income Table (for refer		hold Incon								
Household Size	1 2 3	4	5	6	7	8				
a) County: 30%	\$20,100 \$23,000 \$25,850					\$37,900				
b) County: 50%						\$63,200				
c) County: 80%						\$101,120				
Note:		· • · · · · · · · · · · · · · · · · ·	<i>pc=</i> ,. = :	Ψου,	Ψ,	<u> </u>				
Qualifying Questions										
Does the applicant own this home?	YES NO									
Does the applicant's household qual		a? YE	\mathbf{S}	NO						
Mark all Special Need(s) by which t	•			.T · · =						
Owner 62+ Member Disabled		hreat to child	under 6							
Eligibility Certifications	1,000,000									
I hereby certify that:										
1) All of the above information has be	seen reviewed or documented in acc	ordance								
<i>'</i>	elines and the ESFRLP Assistance P									
2) The Applicant is eligible for assista		oncy.								
		1 4 b								
3) There is no other state or federal s		•								
available within the next six mont	ths, which could pay for the propos	ed repairs.								
Authorized Officer	Organization			Date						
Eligible ESFRLP Rehabilitation	n Needs:									
Case Notes (for office use only)) Name of interviewer:			_						
Non-housing problems:										
Action taken for referrals? YE	ES NO If yes, spe	cify:								
Other:										
-										
*Race Code: White (11); Black/African Ame										
Islander (15); American Indian/Alaskan Nati	1 1				(18); Amer	rican				
Indian/Alaska Native & Black/African Amer	rican (19); Other Multi-Racial (20); an	d, Asian/Paciti	ic Islander	: (21).						
**Hispanic: Yes or No.	11 DD 214.6									
***Veteran: A person who served in the active	military as evidenced by a DD-214 form	1.								