

HPG24 Grant Assistance Program Application Guidance Sheet

No manufactured homes

Household membership:

Anyone who resides in the home regardless of age or family status.

Gross Income documentation:

Wages – consecutive paystubs from employer ((2) monthly or (4) bi-monthly) or previous years W2.

Retirement/Pension statements

Annual letter from Social Security Administration for current year.

Public Assistance documentation – letter from agency

Child Support – letter from agency

Interest – bank statement

Property Ownership documentation:

Deed of Trust

No rental property

Type of homes to service:

Stick built homes

Modular

No manufactured homes

Contact information:

Community Development

Phone: 910-893-7536

Go to: <https://www.harnett.org/commdev/online-inquiry.asp>

Submit Application by Mail to:

Harnett County Community Development

P.O. Box 940

Lillington, NC 27546

HPG24 Assistance Program Application

Applicant Data

Name of Homeowners(s) (First, MI, Last): _____
 Street Address: _____
 Mailing Address: _____
 City/State: _____ Zip Code: _____ Phone Number: _____
 Email address: _____
 If applicant was referred by someone other than self, complete the following:
 Contact Name: _____ Relationship to owner: _____
 Phone Number: _____ Number in Household: _____

Household Membership (8 or more members add on separate sheet with income information)

	Name (First, MI, Last)	Sex	Birth Date	SS# (9 digits)	Race	Relationship to Homeowner
a						
b						
c						
d						
e						
f						
g						

Gross Income Work Table

Household Members' Monthly Income

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

Annual gross Household Income (sum Annual Subtotals for all members): _____

Applicant Certifications

- I have owned and occupied the home described above as my primary resident for at least one year.
- The household and income information listed above is complete and true to the best of my knowledge;
- The information is provided to qualify me for the Community Development/HPG24 Assistance Program grant. The program is intended to assist very low-to low income homeowners with special needs in correcting substandard housing conditions which pose a threat to life, health and safety or in performing accessibility modifications or other repairs necessary.
- I give permission for the County of Harnett to access information to verify the contents of this pre-application and to facilitate the rehabilitation of my home.
- Applications for rehabilitation applicants are selected regardless of race, color, religion, sex, national origin, disability or age.
- 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

Community Development - USDA HPG24 Grant

Home Repair Questionnaire

Applicant Name: _____ Address: _____

Items that need to be addressed or repaired:(Please check all that apply and give a brief explanation)

Explanation

Shingles/ Leaking Roof	<input type="checkbox"/>	_____ _____
Air Conditioning/ Heating Issues	<input type="checkbox"/>	_____ _____
Plumbing	<input type="checkbox"/>	_____ _____
Drafty Windows/ Doors	<input type="checkbox"/>	_____ _____
Foundation/ Weak Flooring	<input type="checkbox"/>	_____ _____
Entering/ Exiting Home	<input type="checkbox"/>	_____ _____
Electrical	<input type="checkbox"/>	_____ _____
Well Water Quality	<input type="checkbox"/>	_____ _____
Water Heater	<input type="checkbox"/>	_____ _____
Rotten Wood/ Moisture Issues	<input type="checkbox"/>	_____ _____
Rodents/ Termites	<input type="checkbox"/>	_____ _____
Other Issues not listed above:	<input type="checkbox"/>	_____ _____ _____ _____