



Harnett County Housing SFR Application Checklist

PO Box 65
108 East Front Street
Lillington, NC 27546

ph: 910-893-7525
fax: 910-893-2793

Harnett County currently has the Single Family Rehabilitation program available to low and moderate income families with at least one elderly or disabled member of the household. This program provides various energy related repairs and modifications to improve the overall quality of the home.

To assist staff in more quickly processing your request, please include the following:

- Completed and signed application.**
- A copy of your deed showing your property ownership**

Income Verification (for each adult over 18 in the household)

- For SSI/ SSDI income, contact Social Security for a statement of your monthly or yearly benefits.**
- For earn income (employment), complete the form "Right to Income Verification" and give to your employer to complete and send back by September 30, 2010.**
- For pension or other income, please submit either A) two payment stubs showing the amount paid or B) two bank statements showing the payment deposits to your account.**

When completed, return all documents to:

**Donna Johnson
Central Permitting and Community Development
PO Box 65
108 E Front Street
Lillington, NC 27546**

Please complete and return no later than September 30, 2010

Harnett County FY10 Single Family Rehabilitation Program Application

PLEASE PRINT

Applicant's Name: _____

Physical Address/Location of Home: _____

Mailing Address: _____

Telephone Number: Home: _____ Work: _____

Is applicant's name the same as the homeowner's name? YES ___ NO ___

Does the applicant share ownership of the above property? YES ___ NO ___

Do any household members have a criminal history? YES ___ NO ___

Has the home been significantly repaired in the past ten years? YES ___ NO ___

Total household income per month: _____

(Include income of all adult members of the household.)

List All Family Members Living in the Home:

	Name	Age	SSN	*If YES, describe below		American Citizen (Yes/No)
				Criminal History (Yes/No)	Disability (Yes/No)	
1.						
2.						
3.						
4.						
5.						
6.						

*If Yes to the above questions, please explain:

Describe Disability:

The information provided above is true and correct to the best of my knowledge.

Homeowner's Signature _____

Return completed form to: Donna Johnson
 Central Permitting and Community Development
 PO Box 65
 108 E Front Street
 Lillington, NC 27548

Please return at your earliest convenience, but no later than 5:00 pm, September 30, 2010

RIGHT TO INCOME VERIFICATION

RE: _____
Claimant's Name

Address

Social Security Number

Telephone Number

I hereby authorize _____ to provide all income and benefit information to Harnett County . This information is to be provided for use by the Community Development Program at the time it is requested to determine income, and will be used for that purpose only. The information will be held in strict confidence.

Signature

Date

.....
The above receives: \$ _____ per _____

Estimated Yearly Income: _____

Types of Benefit(s): _____

AGENCY/EMPLOYER: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

REMARKS: _____

Return to: Donna Johnson
Harnett County
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Lillington, NC 27546

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