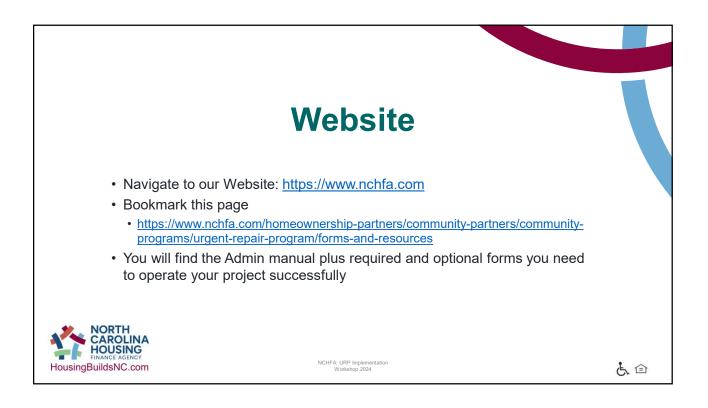
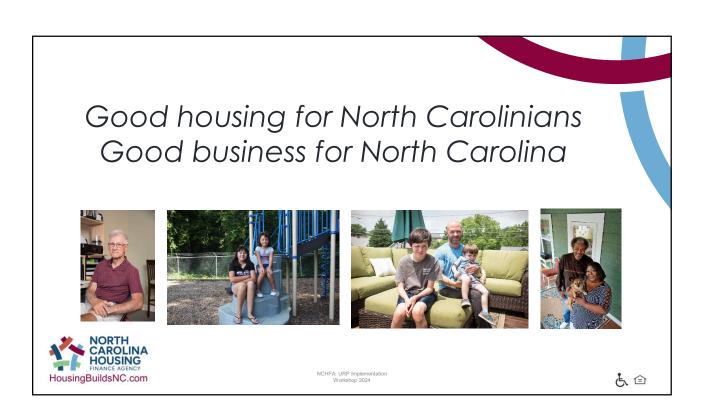


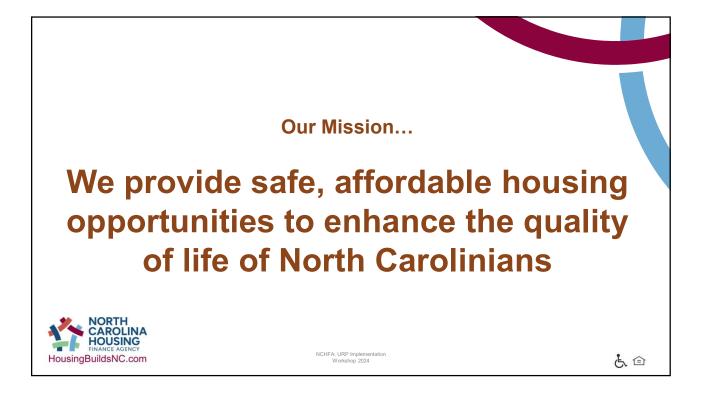
10:00 AM – Welcome! Age 10:20 AM – Success with t	the URP Program vertising/Intake/Homeowner Selection retch Break eleting Units/Closeouts o Break eporting Process retch Break /Program Support	
HousingBuildsNC.com	NCHFA: URP Implementation Workshop 2024	ද් 🗈











We	Our Core Values e Care Respect all people; listen to understand Passion for what we do e Act Integrity, Professionalism, Cooperation Do what we say we will do Stewardship of resources (whose money is it anyway?) e Lead Invest to improve lives and communities Excellence, Innovation Long-term solutions Fair, Open, Transparent	
HousingBuildsNC.com	NCHFA: URP Implementation Workshop 2024	E 🗈





Who are we supporting through the Housing Trust Fund?

Roughly 15% of NC's Population: aged 65 or older.







The fastest growing population segment: 85 and older.



Some 70% of seniors spend the rest of their lives where they celebrated their 65th birthday.

占回

Late	st URP Result	s
	2021 Cycle	2022 Cycle
Homeowners served	670	703
Avg Hard Costs/Unit	\$7,758	\$8,988
Avg Program Expense (Soft Cost)/Unit	\$689	\$728
	2021 Calendar Year	2022 Calendar Year
Homeowners served	695	686
Avg Hard Costs/Unit	\$7,712	\$7,798
Avg Program Expense (Soft Cost)/Unit	\$706	\$687
NORTH CAROLINA HOUSING FINANCE AGENCY BuildsNC.com	NCHFA: URP Implementation Workshop 2024	

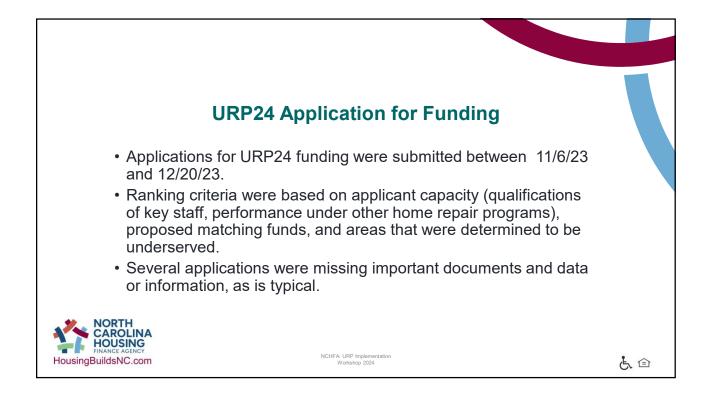
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Average income households assisted	\$16,450
Percent Households below 30% AMI	60%
Percent Households Elderly	51%
Percent Households Disabled	79%
Units Completed in 2023	689
Total Units Completed to Date for URP in all 100 counties	18,435



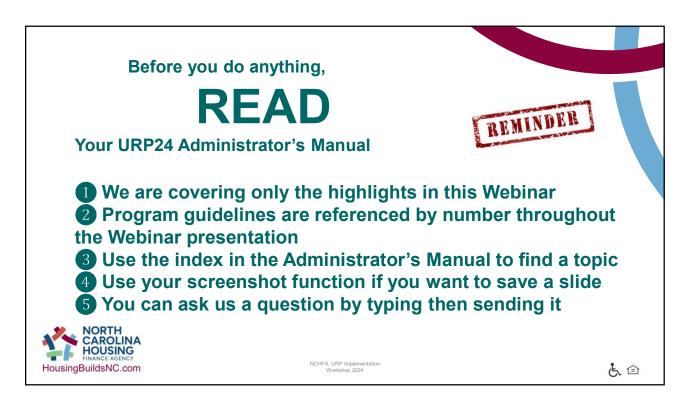
NCHFA: URP Implementation Workshop 2024

URP Repairs by Work Description for CY2023 300 250 200 150 100 50 0 Units with Work Completed Accessibility Ceilings - Walls Electrical Floors HVAC Other Plumbing Roof Stoop - Porch Well - Sewer Note - Many units have more than one work item completed NORTH CAROLINA HOUSING FINANCE AGENCY ۰ **6**6 -NCHFA: URP Implementation Workshop 2024 HousingBuildsNC.com よ 🗈



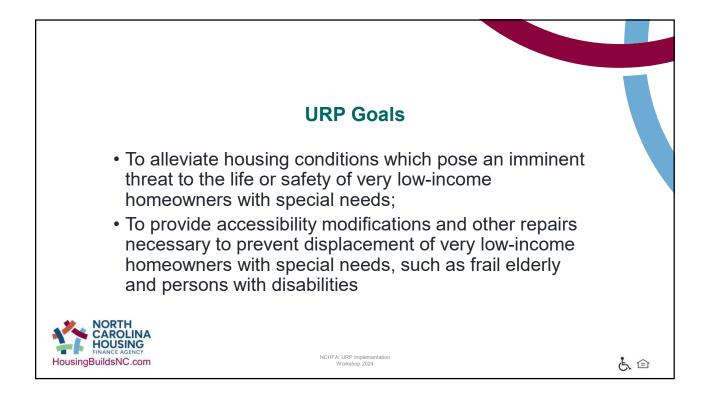




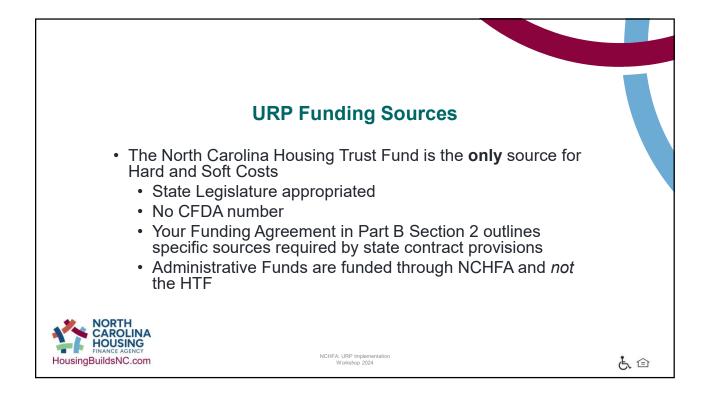


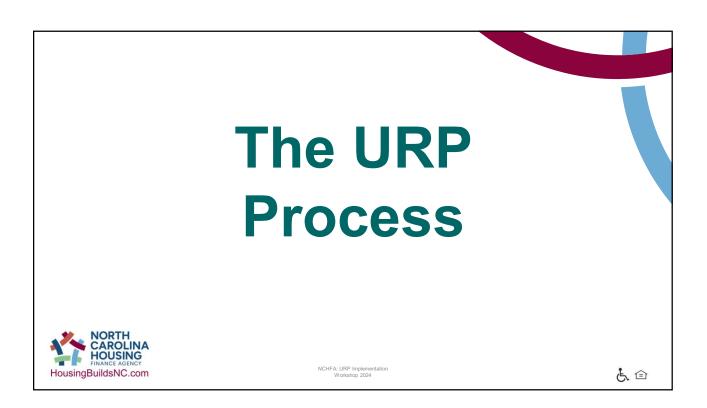


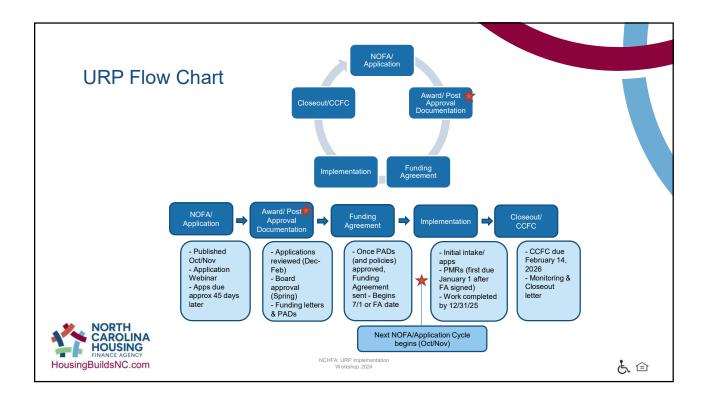


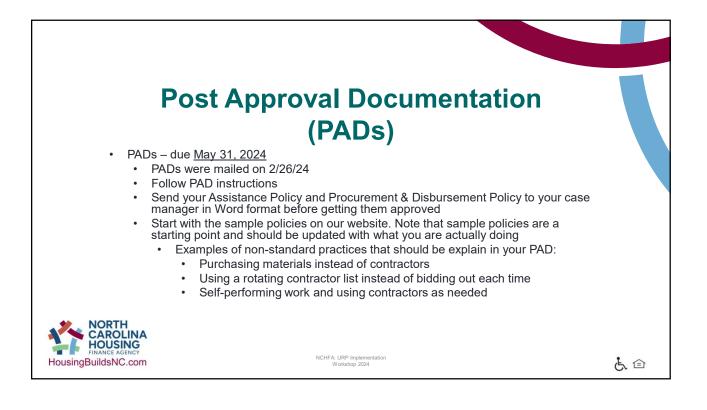


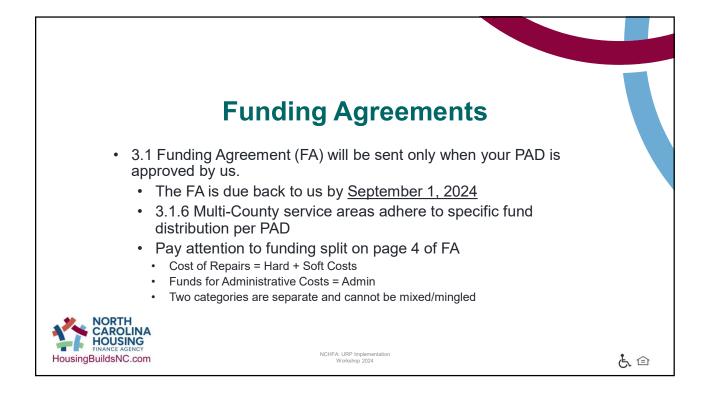


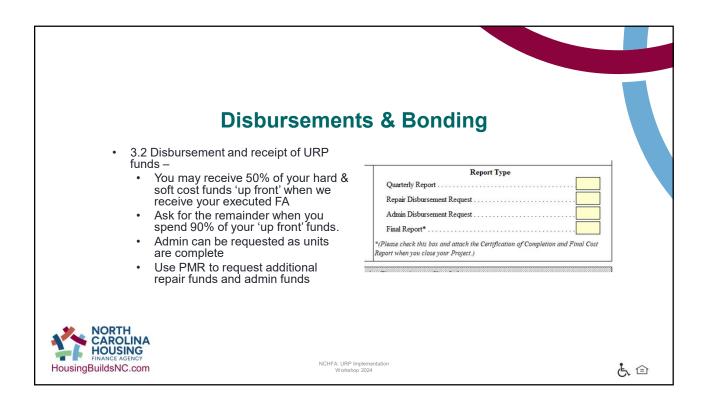


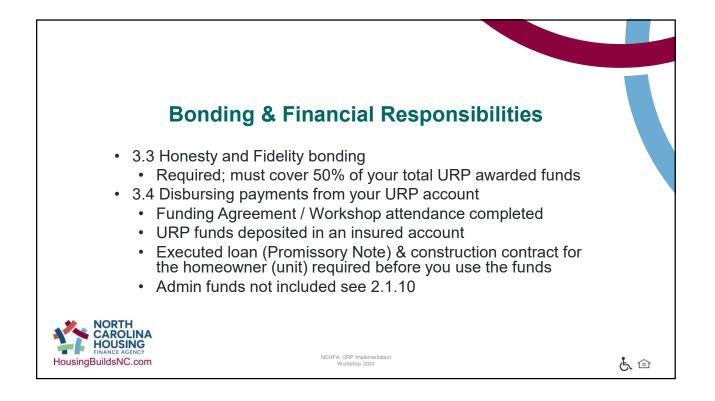


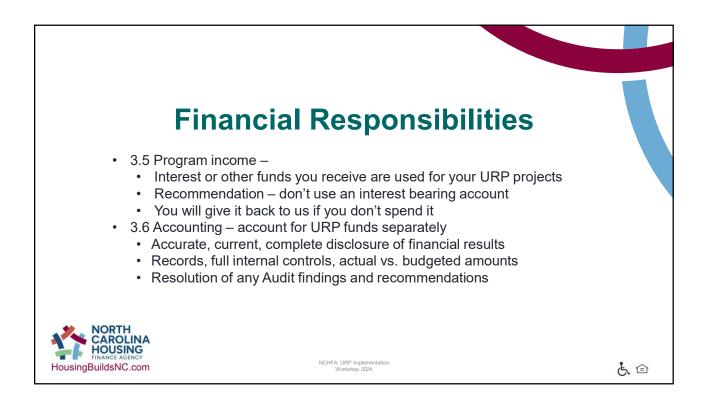


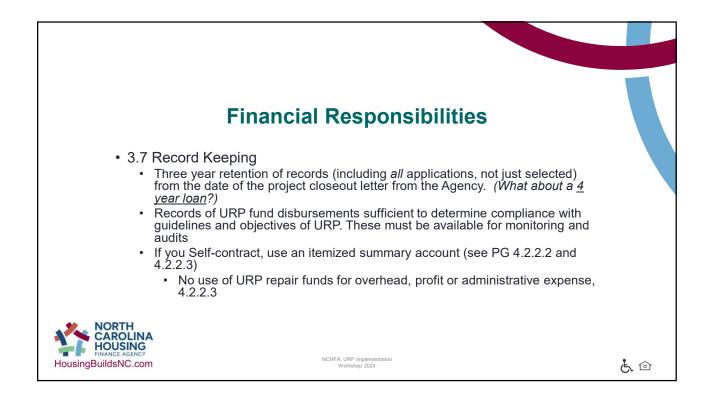


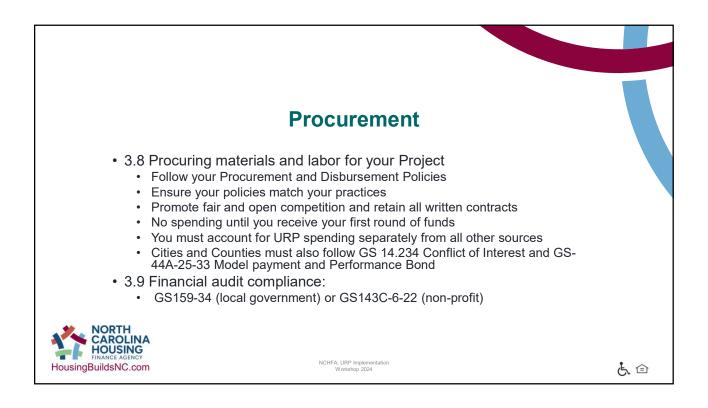


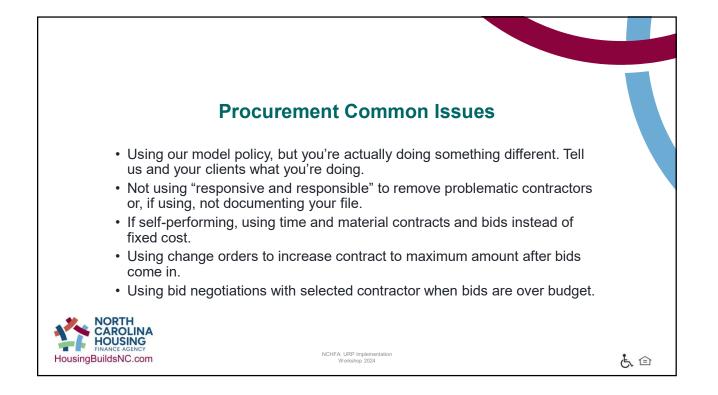




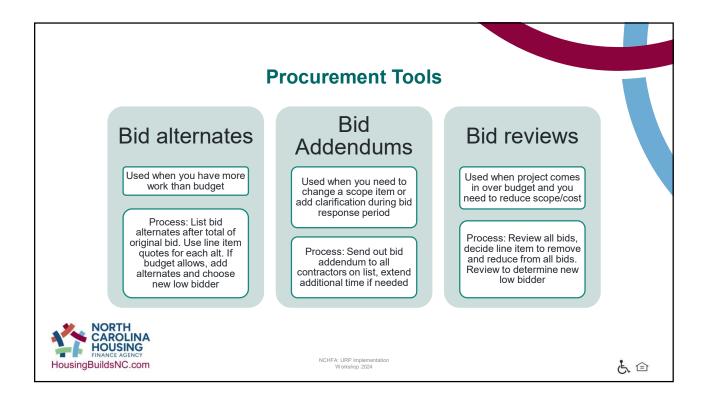




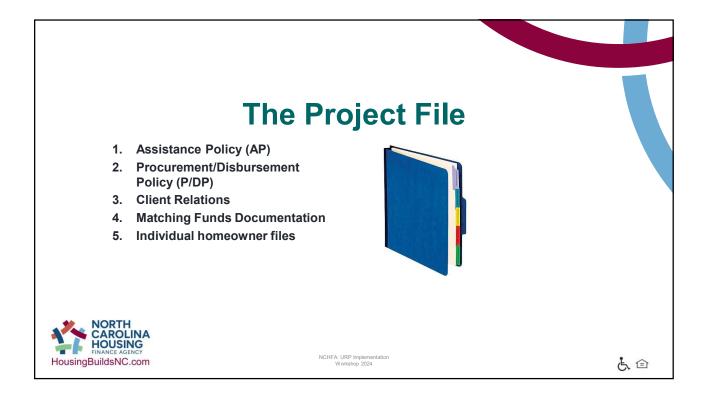


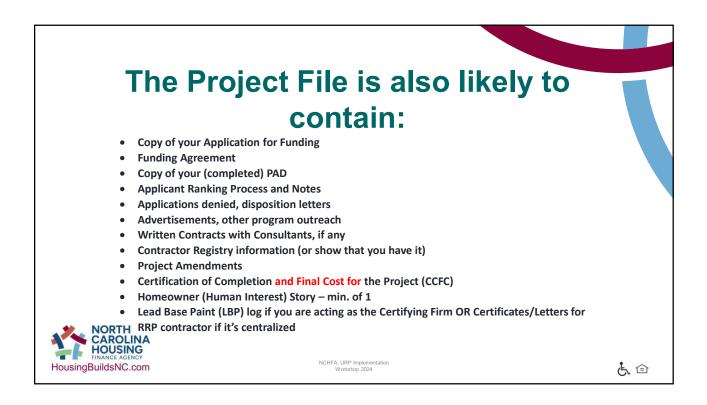


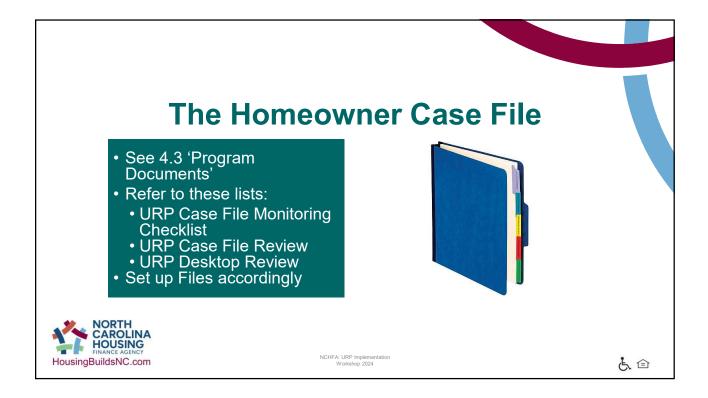


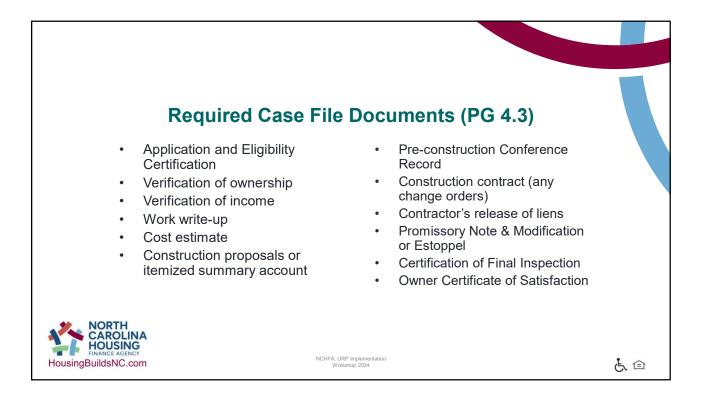




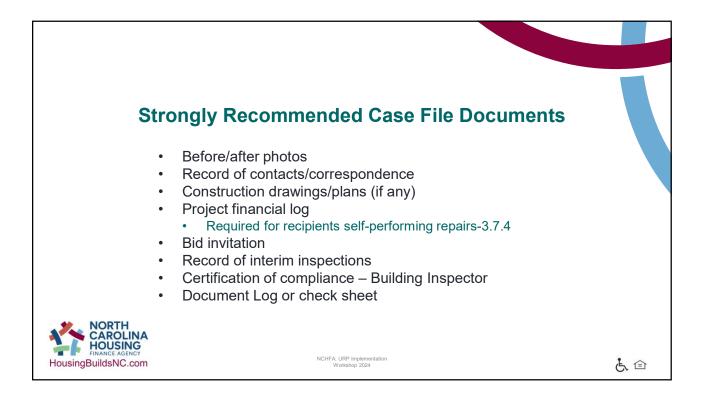


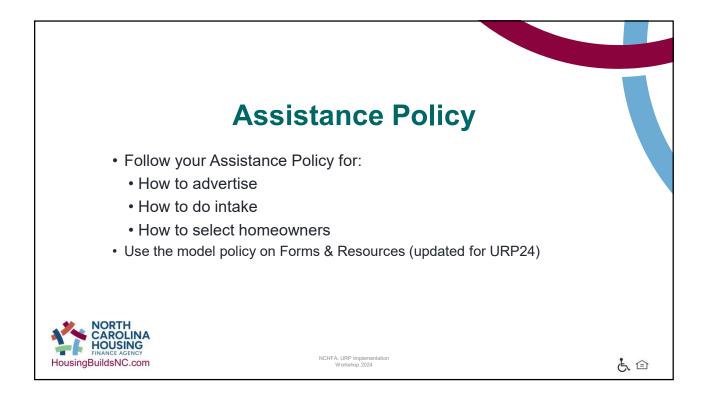


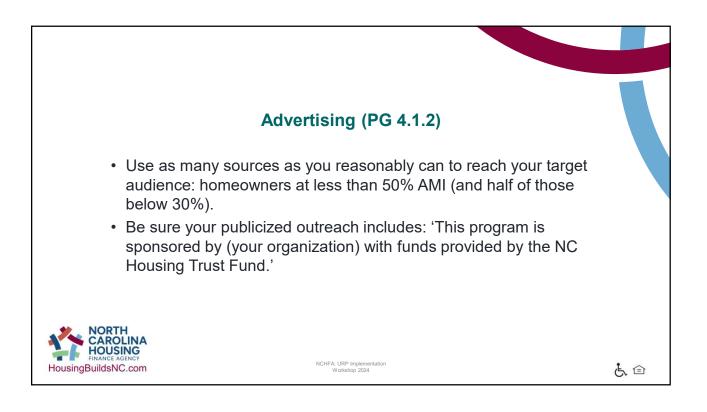






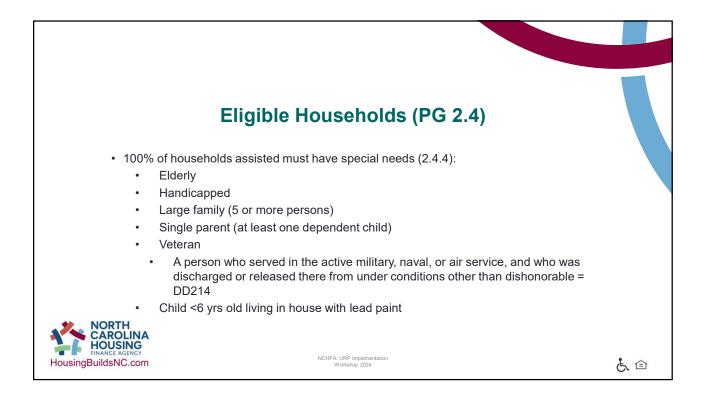


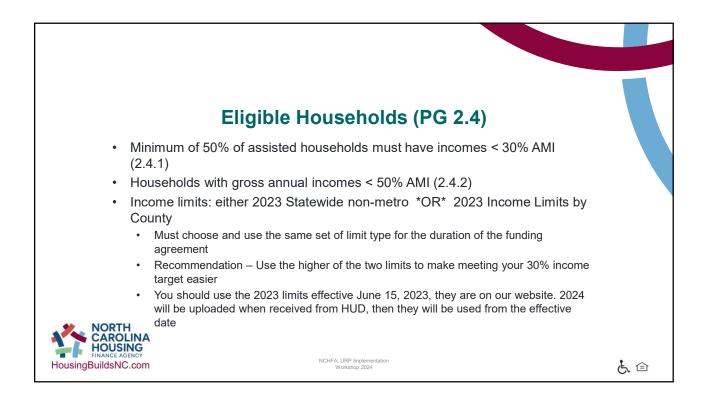


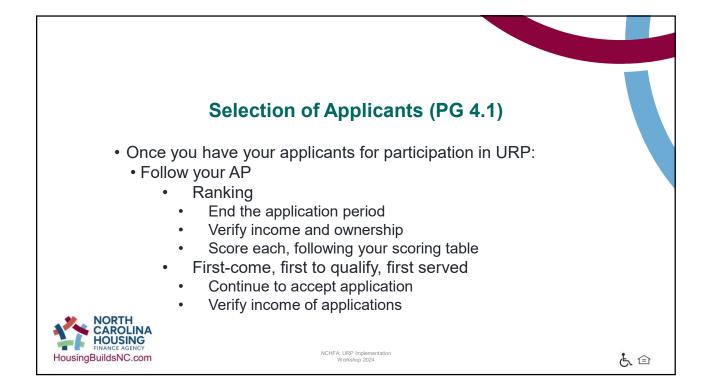


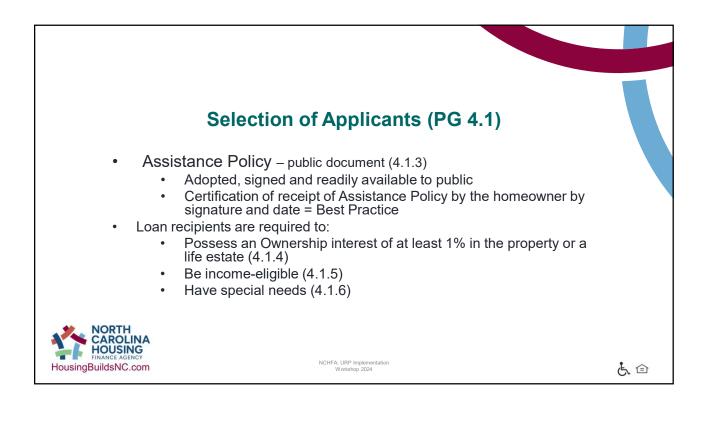


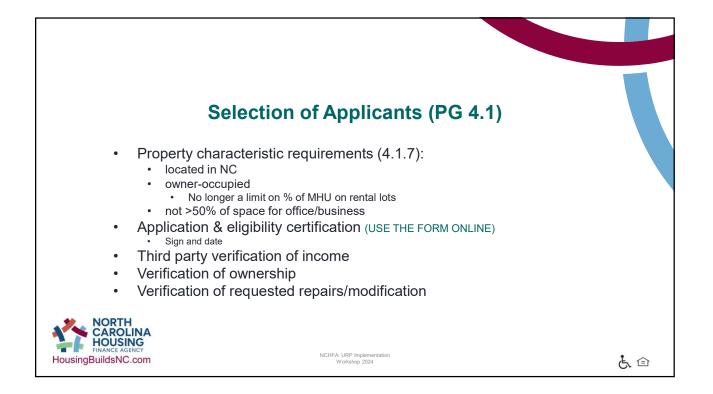
URGENT REPAIR Application & Eligibili		URGENT REPAIR PROGRAM Application & Eligibility Certification (page 2 of Applicant Data
		Name of Homeowner(s) (First, MI, Last):
Name of Homeowner(s) (First, MI, Last): Street Address:		
	Zip Code:	Street Address:
City: County: Home Phone: Work Phone:		Qualifying Income Table (for reference) Maximum Gross Household Income
Home Phone: Work Phone: If the Applicant was referred by someone other than self, complete		Household Size 1 2 3 4 5 6 7
		a) Statewide non-metro 30%
Contact Name: Phone: Relationship to Owner:		b) Statewide non-metro 50%
Notes:		c) County 30%
Household Membership		d) County 50%
Name (First, M1, Last) Sex Birth Date SS# (last 4 digits	Data Codet Hispaniett Palation to Homeowner	Qualifying Questions
Name (First, MI, Last) Sex Birth Date 55# (last 4 digits	Relation to Homeowner	Does the applicant own this home? YES NO
0.		Does the applicant's household qualify based on the income criteria? YES NO VOU Mark all Special Need(s) by which the Applicant qualifies: Single-Parent Household
d		
e		Engibility Certifications
		I hereby certify that:
g- Gross Income Work Table Dollars	Household Member / MONTH	1) All of the above information has been reviewed or documented in accordance with
		the Program Guidelines.
	c d c f g Total	2) The Applicant is eligible for assistance under the Program;
1) Wages 2) Retirement/Pension		3) There is no other state or federal source of funds available now, or likely to be
2) Retirement/Pension 3) Social Security		available within the next six months, which could pay for the proposed repairs.
4) Supplemental Security Income 5) Public Assistance		Authorized Officer Organization Date
6) Child Support		Eligible Urgent Repair Needs:
7) Interest		
8)		() <u></u>
9) 10)		۱. I
Monthly Sub-Total (sum rows 1-10)		
Annual Sub-Total (12 x row above)		2 ⁻
Annual Sub-Total (12 X Tow above) Annual Gross Household Income (sum Annual Sub-Total for columns a		Case Notes (for office use only) Name of interviewer:
	g):	Non-housing problems:
Analisent Contifications		
Applicant Certifications		
Lhereby certify that:		
I hereby certify that: 1) Yown and occupy the home described above as my primary residence;	to the best of my boundaries	
I hereby certify that: Thewn and occupy the home described above as my primary residence; The Reusehold and income information listed above is complete and true		Action taken for referrals? YES NO If yes, specify:
Ihereby certify that: I) Nown and occupy the home described above as my primary residence; The Bouyehold and income information listed above is complete and true 3) This information is provided to qualify me for the Urgent Repair Program	(Program). The Program is intended to assist low- and very low-	Action taken for referrals? YES NO If yes, specify:
Lhereby certify that: 1) Yean and occupy the house described above as my primary residence; 2) The hwayshold and income information listed above is complete and true 3) This information is provided to qualify me for the Urgent Repair Program income homeomities with special needs in correcting substandard housin	(Program). The Program is intended to assist low- and very low- g conditions which pose an imminent threat to their life or safety	Action taken for referrals? YES NO If yes, specify:
Lhereby certify that: 1) Yeam and accopy the home described above as my primary residence; 2) The hyperbolic and income information fated above is complete and true 3) This information is provided to qualify me for the Urgent Repair Program income homeowner with special needs in correcting substanded housin or in performing accessibility modifications or other prairs necessary to	(Program). The Program is intended to assist low- and very low- g conditions which pose an imminent threat to their life or safety prevent imminent displacement.	
Lherabiz sattlife that: 1) Form and accept the home described above as my primary residence; 2) Tab haykolido and income information listed above is complete and true 3) This information is provided to qualify me for the Urgent Regard income homeware; with special reset in correcting substantiard housing or in performing accellability modifications or other repairs necessary to 4) Lipto permission for	(Program). The Program is intended to assist low- and very low- g conditions which pose an imminent threat to their life or safety	Action taken for referrals? VES NO If yes, specify:
Linearies scattiff: That: To Seen and cocycle below from the primary middence; To The spectral docs who have a factories factor and the spectral docs who have a my primary middence; To The spectral docs and the spectral docs	(Program). The Program is intended to assist low- and very low- g conditions which pose an imminent threat to their life or safety prevent imminent displacement. to access information to verify the contents of this application	
Liberatory estificit halt: 17 Form and except the home described above as my primary residence; 29 The homework and income information lated above is complete and true 31 This information is provided to quality and for the Uppert Regar Trageman income homework with special needs in correcting unbiased above or an proforming excellulative modifications or other regains necessary to 41 gibs permission for and to tacilitate the regain of myhome. 31 Understand that homegam grant may not restify all deficiencies in my	(Program). The Program is intended to assist low- and very low- g conditions which pose an imminent threat to their life or safety prevent imminent displacement. to access information to verify the contents of this application	
Linear and course being many constrained on the second of the secon	(Program). The Program is intended to assist low- and very low- granditions which pose as imminent threat to their life or safety overset imminent displacement. to access information to verify the contents of this application r home nor make the home conform to any local, state or federal	Other:
Libertoy estific that: There and except the home described above as my primary exclense; 21 The homeonic and income information listed above is complete and true 31 This information is provided to quality net for the Uppert Regar Program income homeomy exception of the correcting unbiased above or an proforming excellulation modifications or other regains necessary to 41 give permission for and to facilitate the regain of myhome. 31 Understand that his Program grant many not rectify all deficiencies in my homeoing quality standench. 91 How been adviced that my grander, race and ethnicity will be determine	(Program). The Program is intended to assist low- and very low- granditions which pose as imminent threat to their life or safety overset imminent displacement. to access information to verify the contents of this application r home nor make the home conform to any local, state or federal	Other:
Linear and course being many constrained on the second of the secon	(Program). The Program is intended to assist low- and very low- granditions which pose as imminent threat to their life or safety overset imminent displacement. to access information to verify the contents of this application r home nor make the home conform to any local, state or federal	Other: Place Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaian/Other Paci
Lintrolyce settify That: To Seen and consynchronia for the set of th	(Program). The Program is intended to assist low- and very low- confision with open as imminent threat on their life or safety prevent imminent displacement. La access information to writh the contents of this application access information to writh the contents of this application / home nor make the home conform to any local, state or federal d based upon observation and/or sumame if 1 do not self disclose	Other: Place Code: White (11): Black/African American (12): Asian (13): American Indian/Alaska Native (14): Native Tlavaiian/Other Place Blander (15): Amerean Indian/Alaskan Native & White (16): Asian & White (17): Black/African American & White (18): American Blander (15): Amerean Indian/Alaskan Native & White (16): Asian & White (17): Black/African American & White (18): American
Lintrolyce settify That: To Seen and consynchronia for the set of th	(Program). The Program is intended to assist low- and very low- granditions which pose as imminent threat to their life or safety overset imminent displacement. to access information to verify the contents of this application r home nor make the home conform to any local, state or federal	Other: "Race Code: White (11); Black/African American (12); Asian (13); American Indam/Alaska Native (14); Native Hawaiian/Other Pac- Bladard (15); American Indian/Alaska Native & White (16); Asian & White (17); Black/African American & White (18); American Indian/Alaska Native & Black/African American (19); Other Machi Bezaid (20); and, Amir Mexici Bulack/African American (14); Other Machi Bezaid (20); and, Amiri Mexici Bulack/African American (17); Distribution (12); American Indian/Alaska Native & Black/African American (19); Other Machi Bezaid (20); and, Amiri Mexici Bulack/African American (12); Ather Machi Bezaid (20); and, Amiri Machi Bezaid (20); and, Amiri Mexici Bezaid (20); and, Amiri Machi Bezaid (20); and, Amiri Mexici





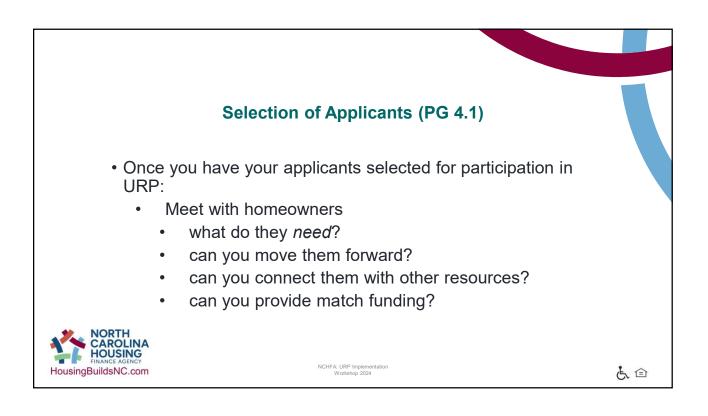


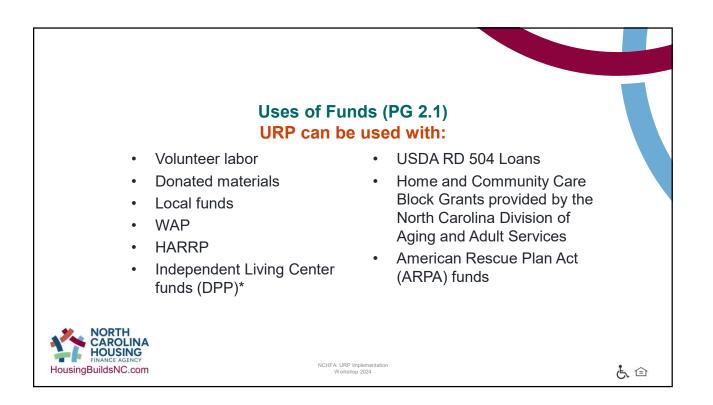


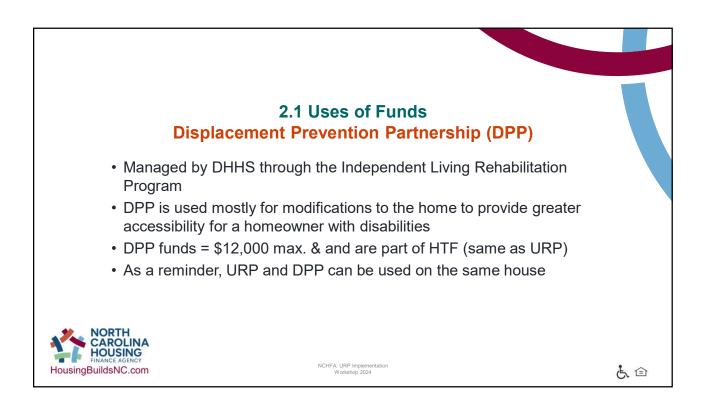


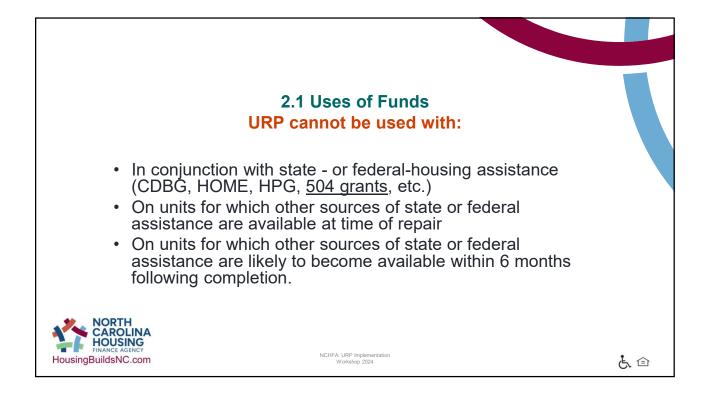


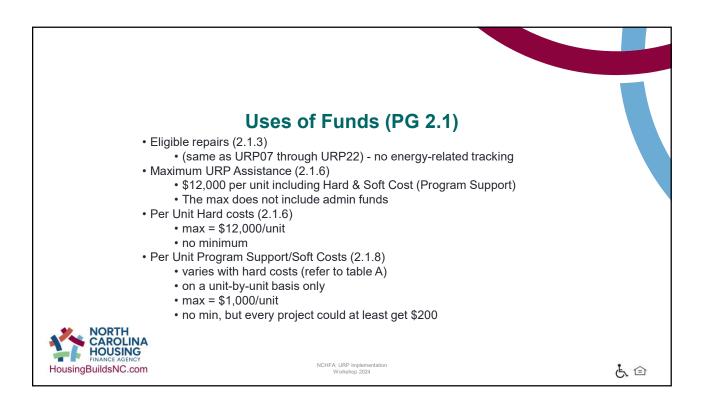




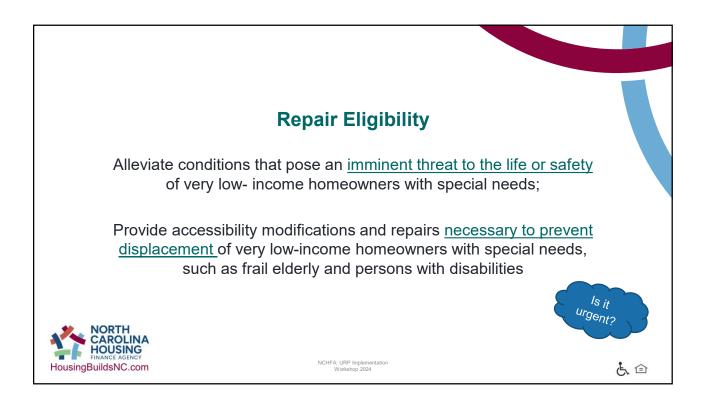


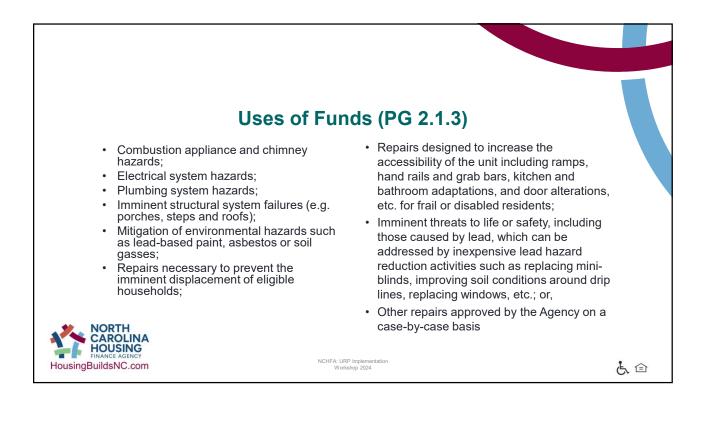






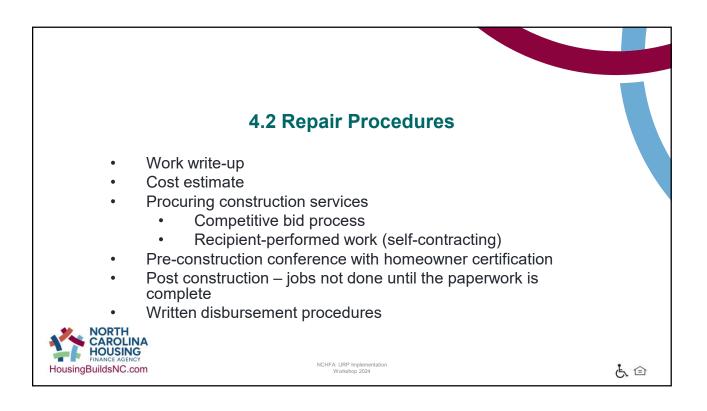
	2.1 Uses of Funds 2.1.8 Table A
URP Hard Costs	Maximum Program Support
From \$501 to \$12,00	0 \$200 + 10% of the Hard Cost (not to exceed \$1,000)
Up to \$500	\$200

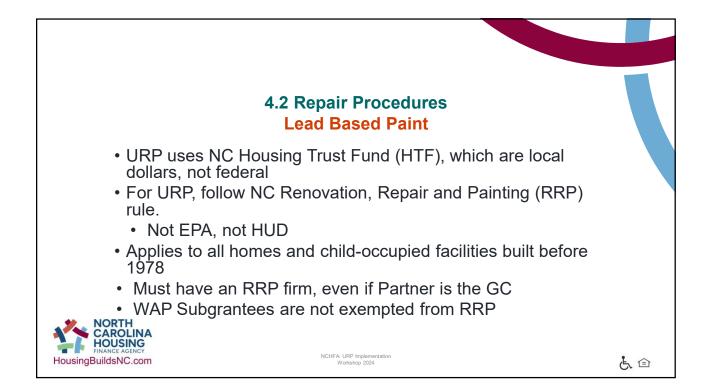


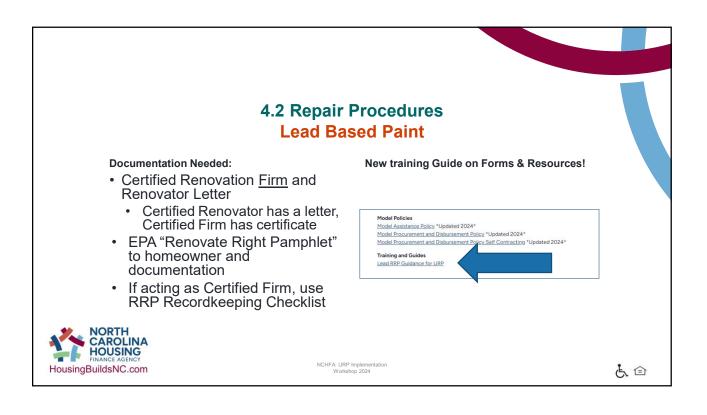


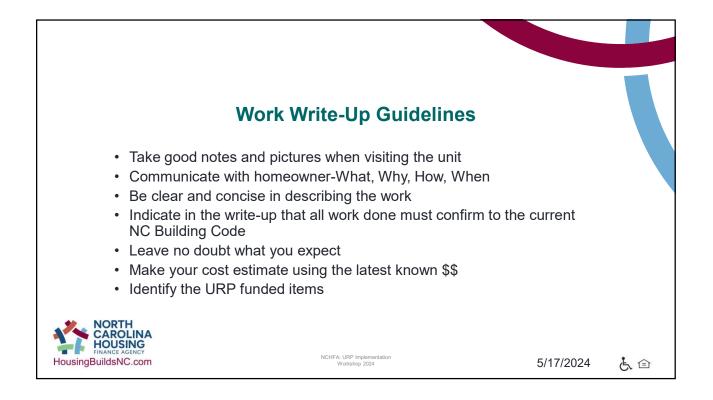


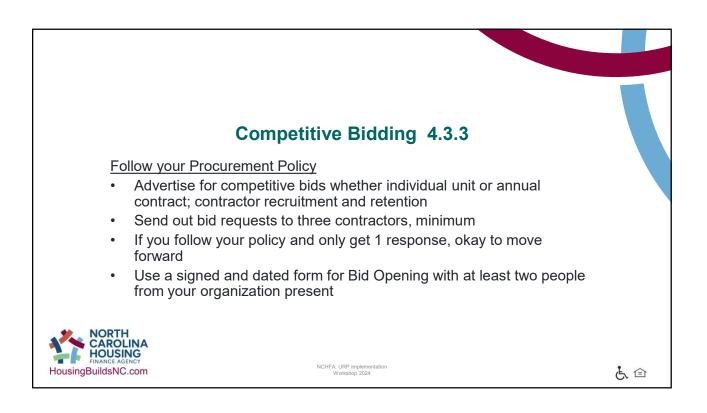


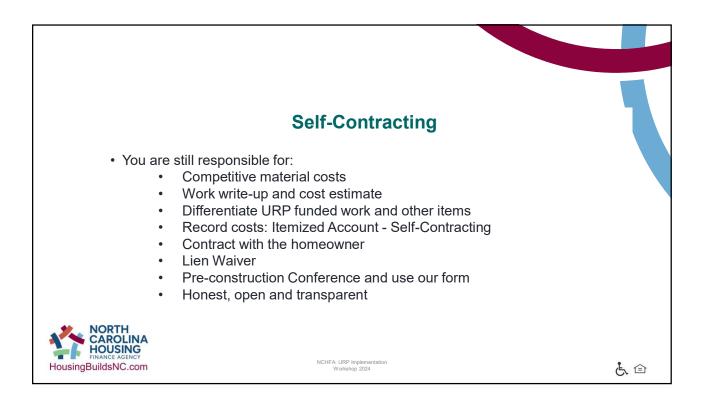


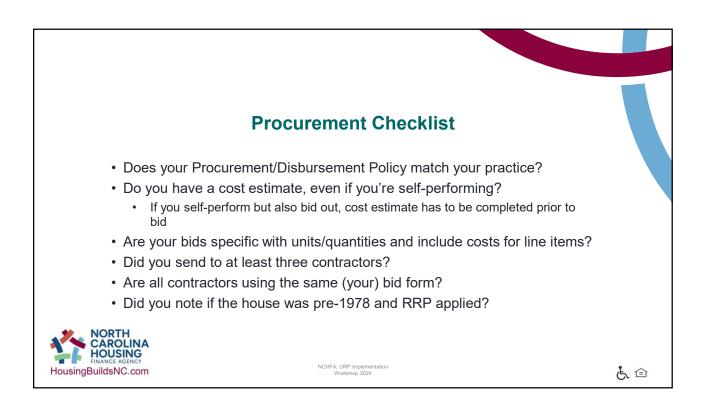


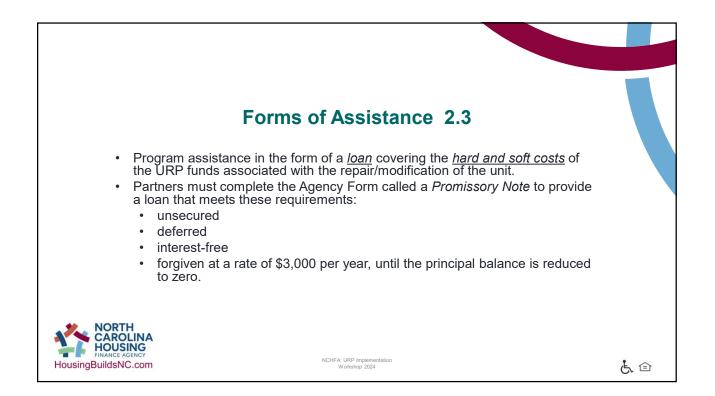


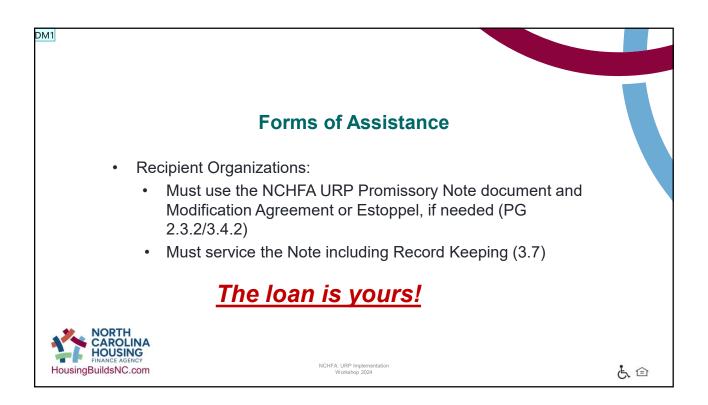






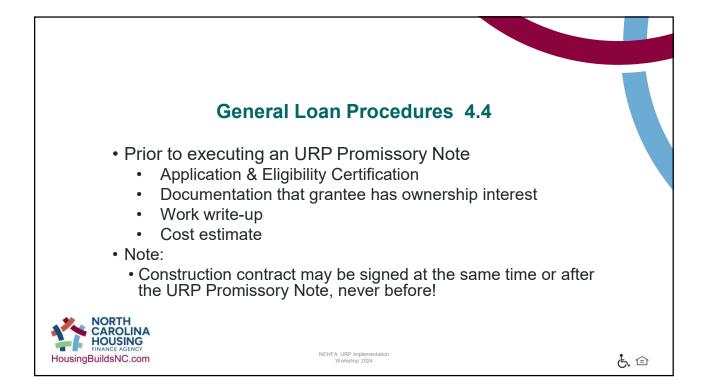




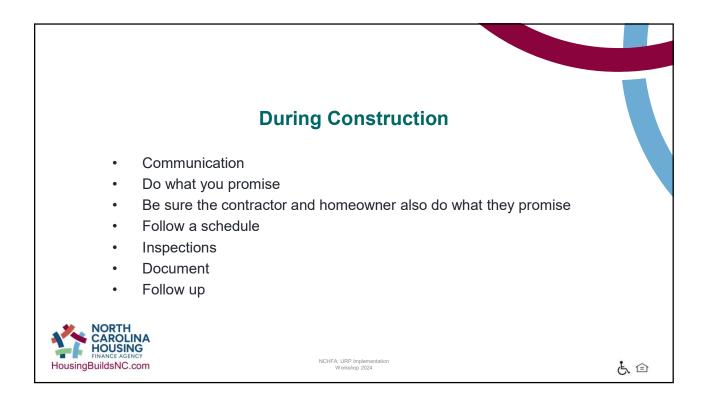


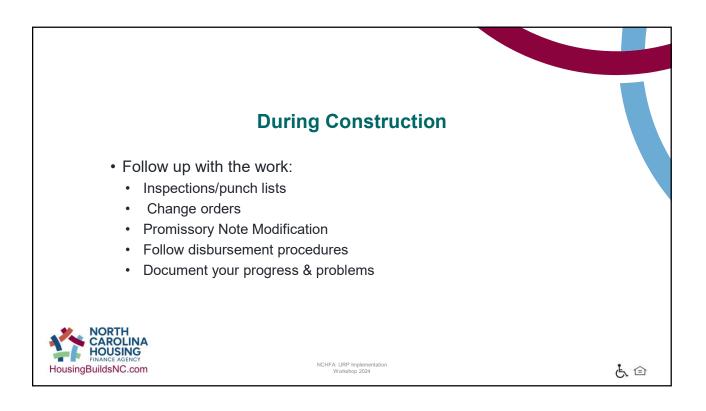
Slide 72

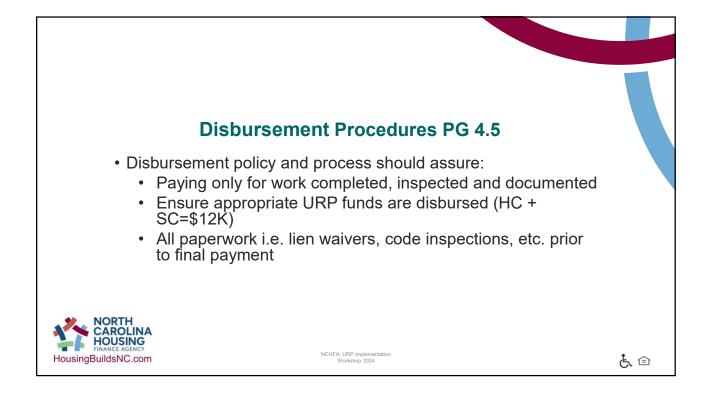
DM1 Dan McFarland, 6/9/2023



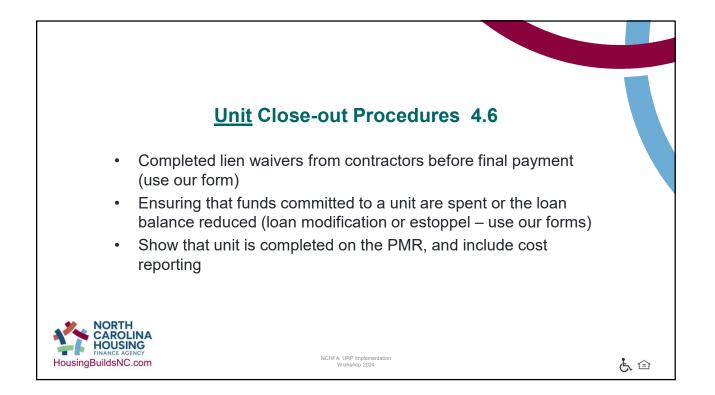


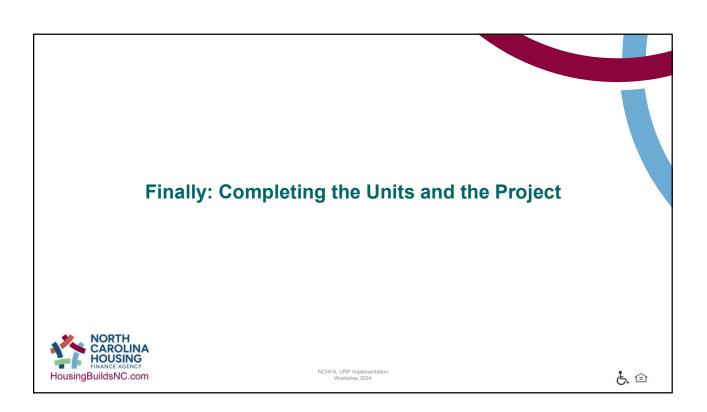


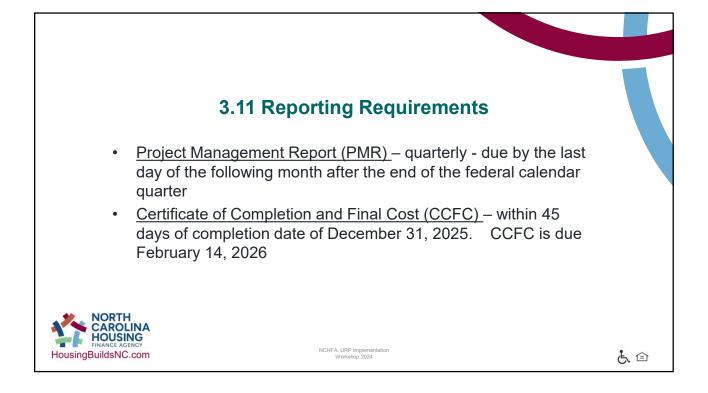




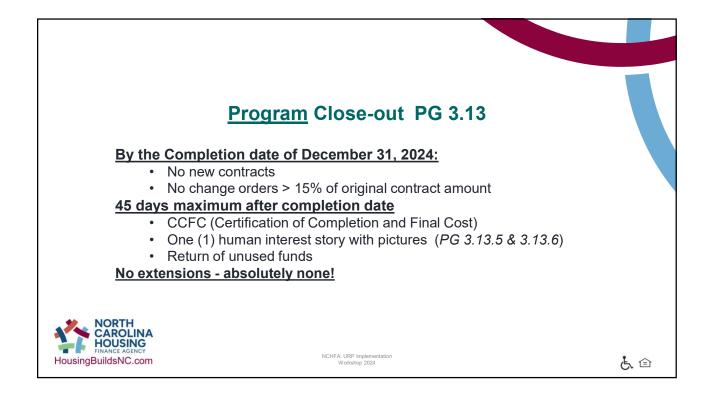


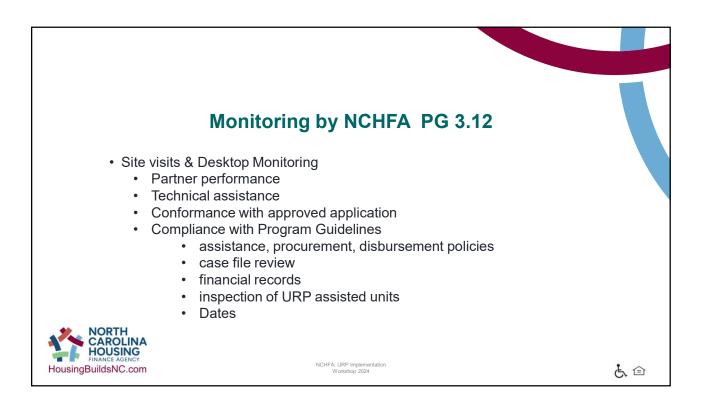


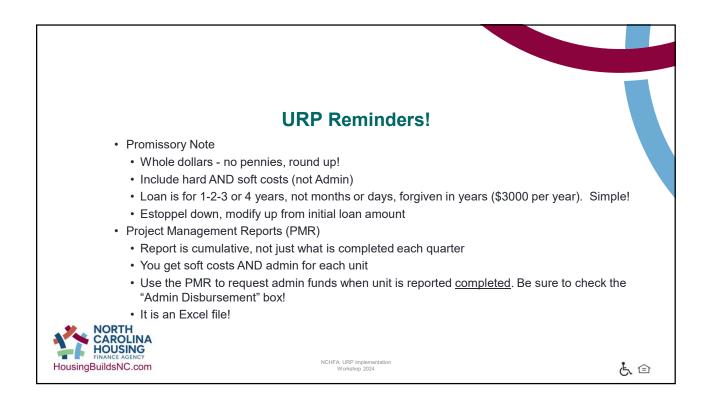




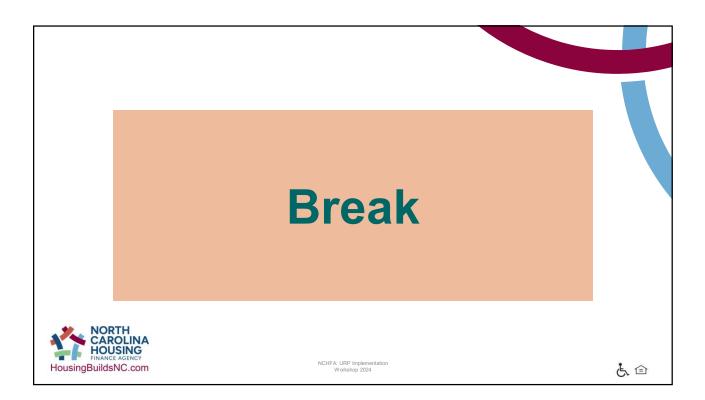
Reporting Requirement	nts - PMR	
Reporting Period Date	Report Due	
July 1, 2024 – December 31, 2024	January 31, 2025	
January 1, 2025 – March 31, 2025	April 30, 2025	
April 1, 2025 – June 30, 2025	July 31, 2025	
July 1, 2025 – September 30, 2025	October 31, 2025	
October 1, 2024 – December 31, 2025*	February 14, 2026	
*This is the Final Report and must include the <u>Cert</u> and Final Cost (CCFC) and a <u>human interest story</u> .	ification of Completion	
NORTH CAROLINA HOUSING		•
FINANCE AGENCY NCHFA: URP Implementation Workshop 2024		É 🗈

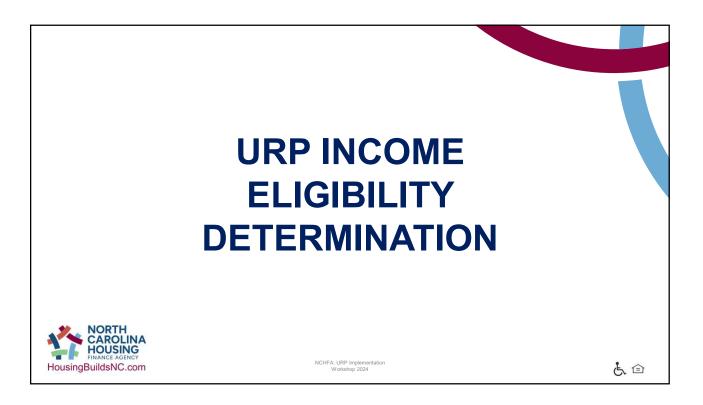






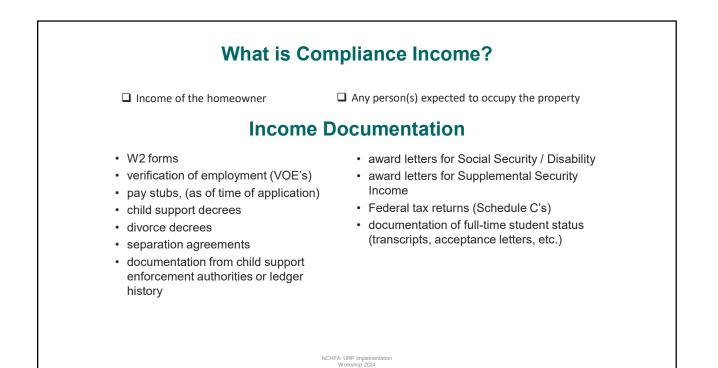




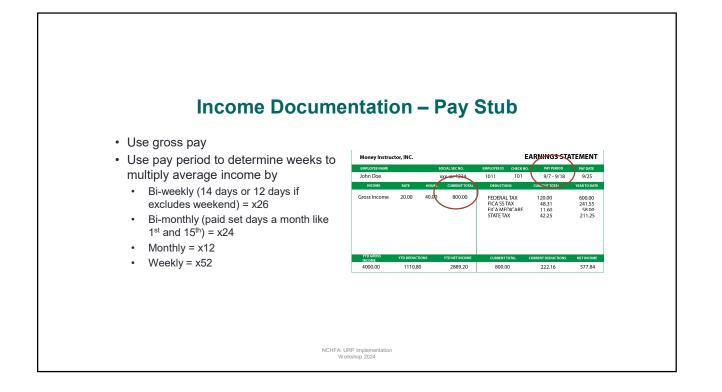


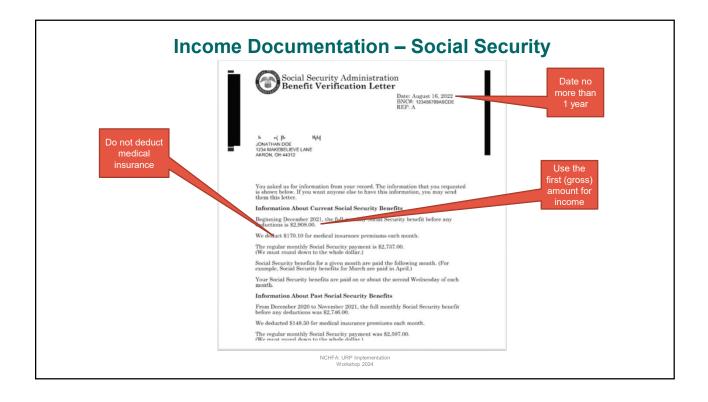
URGENT REPAIR PROGRAM Application & Eligibility Certification (page 1 of 2)	URGENT REPAIR PROGRAM Application & Eligibility Certification (page 2 of 2)
Applicant Data	Applicant Data
Name of Homeowner(s) (First, MI, Last):	Name of Homeowner(s) (First, MI, Last):
Street Address: City: County: Zip Code:	Street Address:
Home Phone: Work Phone:	Qualifying Income Table (for reference) Maximum Gross Household Income
If the Applicant was referred by someone other than self, complete the following:	Household Size 1 2 3 4 5 6 7 8
Contact Name: Phone:	b) Statewide non-metro 50%
Relationship to Owner:	c) County 30%
Household Membership	d) County 50%
Name (First, MI, Last) Sex Birth Date SS# (last 4 digits) Race Code* Hispanie** Relation to Homeowner	Qualifying Questions
	Does the applicant own this home? YES NO
b,	Does the applicant's household qualify based on the income criteria? YES NO
e	Mark all Special Need(s) by which the Applicant qualifies: Single-Parent Household
Use the official URP Application and Eligibility	(Cartification Form (abown)
 Use the official URP Application and Eligibility 	y Certification Form (Shown)
If you use your own pro intoke form you still i	n the end must use the required URP Application
' il you use your own pre-intake form you still i	In the end must use the required OKF Application
and Eligibility Form	
and Eligibility Form	
Droporty fill in ALL required appage on POTH	sides. The application must be properly completed
Property minimall required spaces on both	sides. The application must be properly completed
to obtain NCHFA funding	
to obtain Non FA funding	
When filling in the income table, add both acr	coss and down
when mining in the moothe table, add both act	
Be sure the homeowner certifies that you are	given permission to obtain utility and other billing
De sule lite nomeowner certines that you are	given permission to obtain durity and other bining
info	
lillo	
 Properly complete the Qualifying Income Tab 	
Troperty complete the Qualitying income rap	
	-nsure they are all there both the applicant's and
"Certification' requires a signature and date F	
'Certification' requires a signature and date. E	incure and a an anore, sour are approarte and
	induite and and an anore, bear and apprediate and
'Certification' requires a signature and date. E yours	
yours	
YOULS 1) 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. (1) have been advected that my gender, nees and ethnicity will be determined based upon observation and/or unmare if 1 do not still disclose	
YOURS (3) Londerstand 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.	Place Code: White [1]); Black/African American (12; Asian (13; American Indian/Alasla Native [4]); Native Hawaiian Other Pacific Bladard (15); Amercan Indias/Alaslan Native & White (16), Asian & White (17); Black/African American & White (18); American
YOULS 1) 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. (4) have been advected that my gender, race and ethnicity will be determined based upon observation and/or sumance if I do not self disclose the information.	*Race Code: What [1]: Black/African American [12]; Asian [13]; American Indian/Alada Native [14]: Native Havanian/Ober Pacific Blander (15); American Indust/Aladan Native & White (16); Asian & White (17); Black/African American & White (16); American Blandwich Salver & Black/African American (19) Ober Mark-Baciel (20); and Ansin Pacific Black(16); American Blandwich Salver & Black/African American (19) Ober Mark-Baciel (20); and Ansin Pacific Black(16); American Blandwich Salver & Black/African American (19) Ober Mark-Baciel (20); and Ansin Pacific Black(16); American Blandwich Salver & Black/African American (19) Ober Mark-Baciel (20); and Ansin Pacific Black(16); and (21);
YOULS 1) 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. (1) have been advected that my gender, nees and ethnicity will be determined based upon observation and/or unmare if 1 do not still disclose	Place Code: White (1); Black/African American (12; Asian (13); American Indian/Alasia Native (14); Native Hawaian/Other Pacific Bladnefe (15); American Indian/Alasian Native & White (16); Asian & White (17); Black/African American & White (18); American Indian/Alasia Native & Black/African American (19); Other Multi-Racial (20); and, Assin/Pacific Islander (21).
YOULS 1) 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. (4) have been advected that my gender, race and ethnicity will be determined based upon observation and/or sumance if I do not self disclose the information.	Place Code: What [1]: Black/African American (12), Asian (13), American Indian/Alada Native (14): Native Hawaiian/Obler Pacific Blandre (15), American Indust/Aladan Native & White (16), Asian & White (17), Black/African American & White (18), American Blandr, Alasa Native & Black/African American (19) Obler Math-Read (12) and Anaim Pacific Black(18), American Blandr, Alasa Native & Black/African American (19) Obler Math-Read (12) and Anaim Pacific Black(18), American Blandr, Alasa Native & Black/African American (19) Obler Math-Read (12) and Anaim Pacific Black(18), American Blandr, Alasa Native & Black/African American (19) Obler Math-Read (12) and Anaim Pacific Black (13), American (14), American Black (13), American Black (14), American Black (14), American Black/African American (15), American Black, Alasa (15), American Black (14), American Black, Alasa (14), American Black (14), American Black (14), American Black (14), American Black, Alasa (15), American Black, Alasa (15), American Black (15), American Black, Alasa (15), American Black, Alasa (15), American Black (14), American Black, Alasa (15), American (15), American Black, Alasa (15), American Black (14), American Black, Alasa (15), American (15), American Black (15), American Black (14), American (15), American (15), American (15), American Black (15), American Black, Alasa (15), American (15), American (15), American Black (15), American Black, Alasa (15), American (15), American (15), American Black (15), American (15), American (15), American (15), American (15), American Black (15), American (15), American (15), American (15), American (15), American Black (15), American (15), American (15), American (15), American (15), American American (15), American (15), American (15), American (15), American (15), American American (15), American (15), American (15), American (15), American (15), American American (15), American (15), American (15), American (15), American (15), American (15), American (15), American American (15), American (15), Ameri
YOULS 1) 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. (4) have been advected that my gender, race and ethnicity will be determined based upon observation and/or sumance if I do not self disclose the information.	Place Code: White [1]; Black/African American (12; Asian (13); American Indian/Alada Native (14); Native Hawaian Other Pacific Bladae (15); American Indian/Aladaa Native & White (16); Asian & White (17); Black/African American & White (18); American Indian/Alada Native & Black/African American (19); Other Multi-Racial (20); and, Asain/Pacific Islander (21). **Hippani: V on v No.

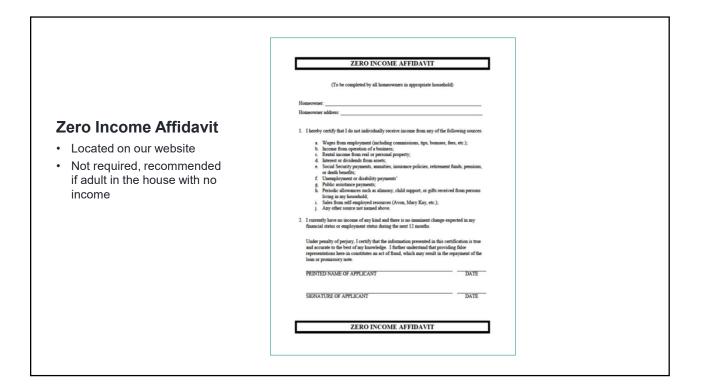
	URGENT REPAIR PR plication & Eligibility C			(page 1 of 2)	URGENT REPAIR PROGRAM Application & Eligibility Certification (page 2 of 2
Applicant Data	Actuation & Englosing C	Englution		(page 1 of 2)	Applicant Data
Name of Homeowner(s) (First, MI, Last):					Name of Homeowner(s) (First, MI, Last):
Street Address:	2	-			Street Address:
City:	County;		Zip Code:		
Home Phone:	Work Phone:				Qualifying Income Table (for reference) Maximum Gross Household Income
If the Applicant was referred by someone		he following:			Household Size 1 2 3 4 5 6 7 8
Contact Name:	Phone:				a) Statewide non-metro 30%
Relationship to Owner:	1.0000-				b) Statewide non-metro 50%
Notes:					c) County 30%
Household Membership					d) County 50%
Name (First, MI, Last) Sex Birth I	ate SS# (last 4 digits)	ace Code* Hispanic	** Relation	to Homeowner	Qualifying Questions
			-		Does the applicant own this home? YES NO
	++		_		Does the applicant's household qualify based on the income criteria? YES NO
2	++				Mark all Special Need(s) by which the Applicant qualifies: Single-Parent Household
	++				Owner 62+ Member Disabled EBLL Child Veteran*** Household Size 5+
	+ +				
e			-		Eligibility Certifications
e	++		_		I hereby certify that:
Gross Income Work Table	Dollars / Ho	uschold Member / M	IONTH		1) All of the above information has been reviewed or documented in accordance with
Source	a b c			g Total	the Program Guidelines.
1) Wages					2) The Applicant is eligible for assistance under the Program;
2) Retirement/Pension					3) There is no other state or federal source of funds available now, or likely to be
3) Social Security					available within the next six months, which could pay for the proposed repairs.
4) Supplemental Security Income					
5) Public Assistance				_	
6) Child Support	+ + + +				Authorized Officer Organization Date
7) Interest	+ + + + + + + + + + + + + + + + + + + +				Eligible Urgent Repair Needs:
8)					
9)				0 0	
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):				Case Notes (for office use only) Name of interviewer:
Applicant Certifications					Non-housing problems:
I hereby certify that:					
1) I own and occupy the home described above as	my primary residence;				1 de la companya de la
2) The household and income information listed a	bove is complete and true to the	he best of my knowledg	je;		
3) This is formation is seen ideal to multiple on facely	he Urgent Repair Program (Pro	gram). The Program is i	intended to assist I	low- and very low-	Action taken for referrals? YES NO If yes, specify:
				o their life or safety	
income homeowners with special needs in corr		ent imminent displacer	nent.		
	other repairs necessary to prev			f this application	
income homeowners with special needs in corr		ccess information to ver	ity the contents of		
income homeowners with special needs in corr or in performing accessibility modifications or of 4) I give permission for and to facilitate the repair of my home.	to ad				Other:
Income homeowners with special needs in corr or in performing accessibility modifications or of 4) I give permission for	to ad				Other:
Income homeowners with special needs in corr or in performing accessibility modifications or of 91 give permission for and to facilitate the repair of my home. 5) I understand that this Program grant may not r housing quality standards.	to acceptive all deficiencies in my hor	me nor make the home	conform to any lo	cal, state or federal	Oher:
Income homeowners with special needs in corr or in performing accessibility modifications or 4) I give permission for and to facilitate the repair of my home. 5) I understand that this Program grant may not r housing quality standards. 6) I have been advised that my gender, race and e	to acceptive all deficiencies in my hor	me nor make the home	conform to any lo	cal, state or federal	
Income homeowners with special needs in corr or in performing accessibility modifications or of 9 1 give permission for and to facilitate the repair of my home. 5) I understand that this Program grant may not r housing quality standards.	to acceptive all deficiencies in my hor	me nor make the home	conform to any lo	cal, state or federal	
Income homeowners with special needs in corr or in performing accessibility modifications or 4) I give permission for and to facilitate the repair of my home. 5) I understand that this Program grant may not r housing quality standards. 6) I have been advised that my gender, race and e	to acceptive all deficiencies in my hor	me nor make the home	conform to any lo	cal, state or federal	 Base Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Narive (14); Narive Hawaiian/Ober Pacific Balader (15); Amercan Indian/Alaska Narive & White (16); Asian & White (17); Black/African American & White (18); Amercan
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Income homeowners with special needs in corr or in performing accessibility modifications or and to facilitate the repair of ony home. 5) I understand that this Program grant may not r housing quality standards. (I) have been adviced that my gender, race and e the information.	to ac	ne nor make the home	conform to any lo	cal, state or federal do not self disclose	************************************
Income homeowners with special needs in corr or in performing accessibility modifications or and to facilitate the repair of ony home. 5) I understand that this Program grant may not r housing quality standards. (I) have been adviced that my gender, race and e the information.	to ac rectify all deficiencies in my hor ethnicity will be determined bar Date Co-Appl	me nor make the home is sed upon observation as licant Signature	conform to any lo nd/or surname if t	cal, state or federal do not self disclose Date	Place Code: White (11), Black Adream American (12), Asian (13), American Indian/Ahada Narive (14), Narive Hawaian/Oher Pacific Ionata & Wiley (17), Black Adream American & Wiley (18), Associate Indian/Ahada Narive & Wiley (19), Associate Indian/Ahada Narive (14), Narive Hawaian/Oher Pacific Ionata (17), Black Adream American & Wiley (18), Associate Ionata (17), Stork Molecular (19), Black Adream American & Wiley (18), Associate Ionata (17), Stork Molecular (17), Black Adream American & Wiley (18), Associate Ionata (17), Stork Molecular (17), Black Adream American & Wiley (18), Associate Ionata (17), Stork Molecular (17), Black Adream American & Wiley (18), Associate Ionata (17), Stork Molecular (17), Black Adream American & Wiley (18), Associate Ionata (17), Stork Molecular (17), Black Adream & Wiley (18), Associate Ionata (17), Stork Molecular (17), Black Adream & Wiley (18), Associate (17), Stork Molecular (17), Black Adream & Wiley (18), Associate (17), Stork Molecular (17), Stork Molecular (17), Stork Molecular (18), Stork Molecular (18), Stork Molecular (17), Stork Molecular (18), Stork Molecular
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Income homeowners with special needs in cor or in performing accessibility modifications or 41 give permission for and to ficilitate the repair of my home. 51 understand that this Program grant may not r housing quality standards. 4) I have been advised that my gender, race and e the information.	to ac rectify all deficiencies in my hor ethnicity will be determined bar <u>Date</u> <u>Co-Appl</u> <u>https://wv</u>	ne nor make the home sed upon observation as licant Signature <u>vw.nchfa</u>	conform to any loo nd/or sumame if t	cal, state or federal i do not self disclose Date	*Bace Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaian/Oher Pacific Islander (15); American Isdan/Alaskan Native & White (16); Asian & White (17); Black/African American & White (18); American Isdan/Alaska Native & Black/African American (19); Oher Multi-Racial (20); and, Asian Pacific Islander (21).

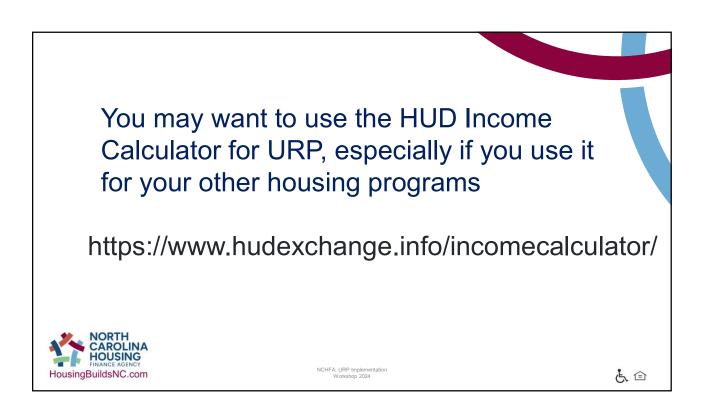


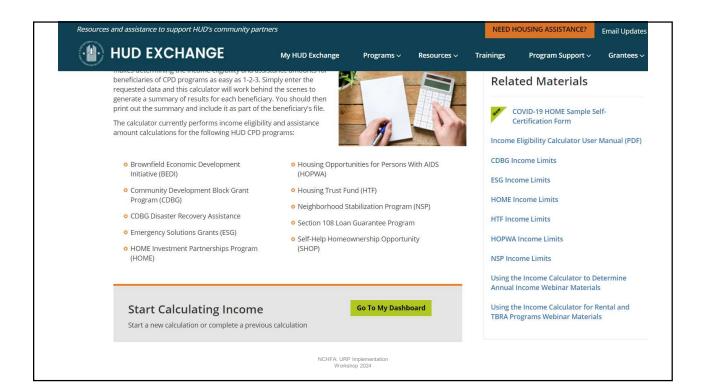
Types of Income	How to calculate income
Annual gross income	Multiply the applicant's hourly, weekly or monthly rate by the appropriate number of pay periods to project annual gross base income.
Bonus and Overtime income	Average past year and year-to-date to project overtime income.
Self-Employed income	Average the reported net income for previous two years and current year-to- date from Profit & Loss statement.
Part-Time income	Multiply the applicant's hourly, weekly or monthly rate by the appropriate number of pay periods OR average YTD earnings and recent W-2 and project income.
Child Support and Alimony	Project the amount verified in the Child Support ledger history, divorce decree or recorded separation agreement.
Retirement/Pension pay	Annualize gross benefits based on the appropriate documentation provided by the source.
Social Security/or Disability	Annual gross benefits based on the benefit letter from Social Security Administration.
Military pay & special allowances	Multiply monthly gross benefits based on the military personnel's pay and leave status.

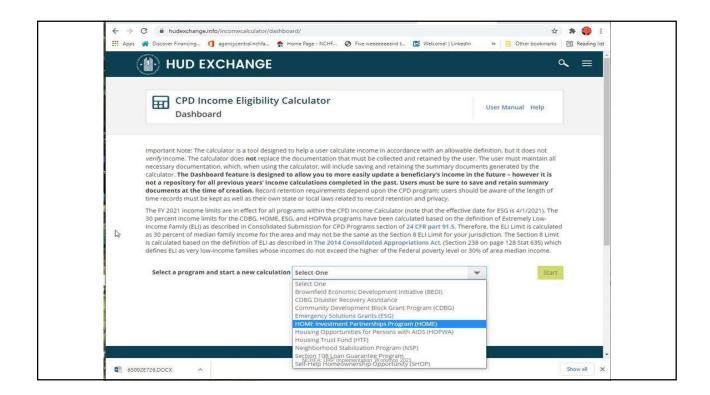












Resources and assistance to support HUD's community	artners	NEED HOUSING ASSISTANCE?	Email Updates
IUD EXCHANGE	My HUD Exchange Programs v Resources v T	Trainings Program Support ~	Grantees ~
CPD Income Eli HOME Annual Inc	gibility Calculator ome Calculation	User Manual H	lelp
Ø Dashboard	Skip to side navigation What type of HOME assistance is being provided to this household?		
Type of Assistance	Homeowner Rehabilitation Homebuyer		
Beneficiary ID Beneficiary Location	Rental* Tenant-based Rental Assistance*		
Income Determination Method	* IMPORTANT REMINDER: During an annual income RECERTIFICATION of a fa housing, or receiving HOME tenant-based rental assistance, it is necessary to certain increases in the income of a disabled family member. These exclusions	o manually exclude from annual income	e
Beneficiary Income Summary	from the following: • Employment of a family member who is a person with disabilities and who years prior to employment;	was previously unemployed for one o	r more
ADJUSTED INCOME Dependents	 Increased earnings by a family member who is a person with disabilities du sufficiency or other job training program; or New employment or increased earnings of a family member who is a perso months after receiving assistance, benefits or services under any state programmer 	on with disabilities, during or within six	¢
	NCFFA: URP Implementation Workshop 2024		

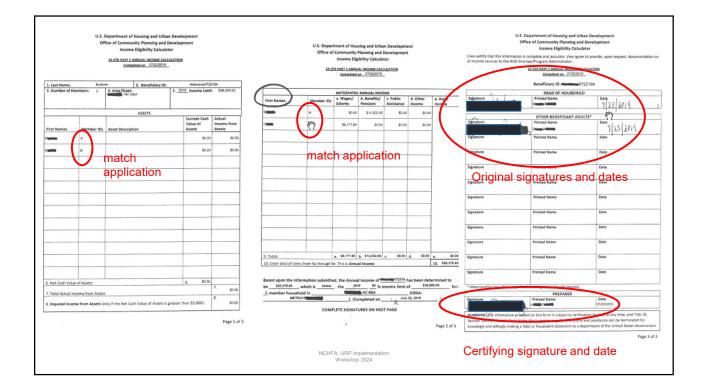
EXCHANGE	My HUD Exchange Programs \sim	Resources v Trainings Program Support v
CPD Income Eligib HOME Annual Incom		User Manual Hel
Ø Dashboard	Skip to side navigation	
ANNUAL INCOME	The CPD Income Eligibility Calculator asks for a "Beneficiary I	ID" instead of a "Last Name" to help protect the privacy of nould be unique, will be included on the Calculator screens an
Type of Assistance	printouts, and will be the key data element necessary to late	er find, complete, and/or edit the income determination perfor
Beneficiary ID	not limited to names, social security numbers, or addres	personal information to create a Beneficiary ID, including sses.
Beneficiary Location	protecting their own auditable records which associate each	creating Beneficiary IDs, as well maintaining and adequately Beneficiary ID with the individual, family, or household whose
Income Determination Method	for all programs except HOPWA will include both the Benefic associated individual, family, or household can be written or	
Beneficiary Income	* Required	
C	Enter a Beneficiary ID for this household. *	How many members are in this household
Summary		Select One
ADJUSTED INCOME		

		3
	Beneficiary Member iD	Testcase
	This member is the head of household	8
List each person in the household	This member is the co-head of household	
	This member is a child UNDER age 18	
ndividually.	This member is a fulltime student age 18 years and OVER	D
5	This member is 62 years of age or older	8
	This member is a person (of any age) with disabilities	
	Previous	Continue
	Please select the location and income limit information applicable to this househ	old.
Fill in the State (NC). County	If you are unsure of which income limit to use, the following website provides int https://www.hudexchange.info/programs/home/home-income-limits/. State	
· · · ·	If you are untraine of which income limit to use the following website provides into https://www.hudexchange.info/programs/home/home-income-limits/ State Netth Carolina	
lesignated in your assistance	If you are unsure of which income limit to use, the following website provides int https://www.hudexchange.info/programs/home/home-income-limits/. State	
lesignated in your assistance	If you are unsure of which income limit to use, the following website provides in https://www.hudeschange.info/programs/home/home-income.inits/. State North Carolina Area	
designated in your assistance policy and 30 or 50% for your	If you are unsure of which income limit to use, the following website provides int https://www.hudeschange.info/programs/home/home-income-limits/ State North Carolina Area Rahigh, NC MSA	brmation on geographic areas:
Fill in the State (NC), County designated in your assistance policy and 30 or 50% for your limit.	If you are unsure of which income limit to use, the following website provides int https://www.hudesubarge.infosprograms/home-income.innet/. State North Carolina Area Raleigh, NC MSA Applicable 2021 income Limit for household size in area	bimation on geographic areas.
designated in your assistance policy and 30 or 50% for your	If you are unsure of which income limit to use, the following website provides int https://www.hudeschange.infograge.ants/home-income-limits/ State North Carolina Area Releigh, NC MSA Applicable 2021 Income Limit for household size in area 80% Income Limit Result The 3221 80% income Limit for a 1-member household in Releigh, NC MSA (C)	bimation on geographic areas.

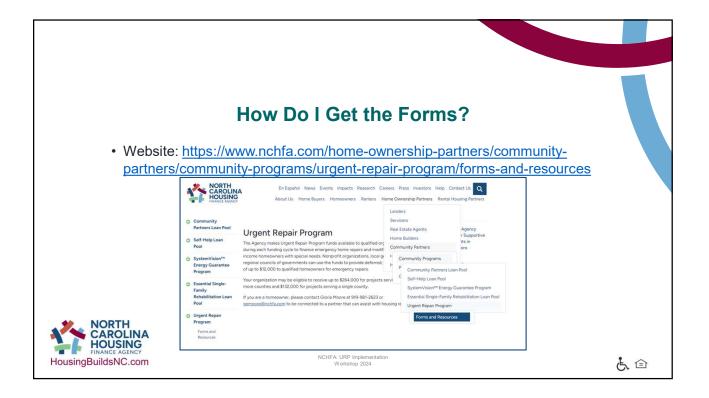
Indicate if person has been previously determined or not.	Has this household previously been determined income eligible? O Yes O No	
Select Part 5 Annual	You may choose one of the following definitions of income to use when calculating "annual income" for the TESTcase1 household:	
Income (Section 2.4.3)	Applicable Passbook Rate]
Passbook rate is currently 0.40%.	 3.06 % Choose one of the following methods to calculate "annual income" for the TESTcase1 household using the 24 CFR Part 5 definition of income: Short Form Method O Guided (Step-by-Step) Method 	
Choose between Short Form Method (right) and Guided Method (see next slide)	Assets Asset Type Asset Description Current Cash Value Actual Income from Assets Actual Income Type Description Annual Amount Actual Income Type Description Annual Amount Actual Income Type Description Annual Amount Coher Income	unt Save
	NCHFA: URP Implementation Workshop 2024	

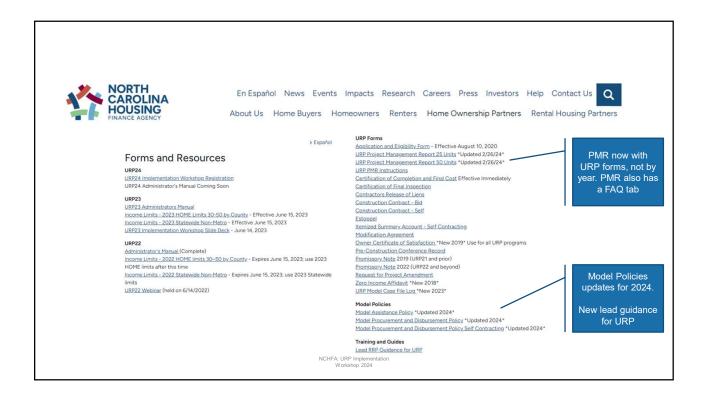
Calculate	wages, overtime, bonuses, and benefits for Beneficiary Member ID: Testcase	
	or this member?	
• Yes O		
Description		
Wages/Sala Hourly		
Guided Method		
Guided Method		
(Step by Step)		
Total Overti	me/Bonus Pay, Month 1 Total Overtime/Bonus Pay, Month 7	
	s	
Overtime/bonus	me/Bonus Pay, Month 2 Total Overtime/Bonus Pay, Month 8	
pay is calculated	s	
	me/Bonus Pay, Month 3 Total Overtime/Bonus Pay, Month 9	
for the pay	s	
noried onvored	me/Bonus Pay, Month 4 Total Overtime/Bonus Pay, Month 10	
Total Questi	s me/Bonus Pay, Month 5 Total Overtime/Bonus Pay, Month 11	
on the pay stub	resolutions Pay, Month's Total Overdimerbonds Pay, Month'i T	
	me/Bonus Pay, Month 6 Total Overtime/Bonus Pay, Month 12	
(May = Month 5)		
Raises		
	income earned by program applicants must be accounted for. In addition to base salary, this will include raises	
	cost of living adjustments (COLAs). Use the data entry fields below to enter information about any anticipated innual income the applicant will experience over the next 12 months due to a raise in his or her hourly wage or	
	y and/or an annual COLA.	
Check if	nember anticipates a raise or COLA increase.	
Previ	NCHFA: URP Implementation Workshop 2023 Save Continue	

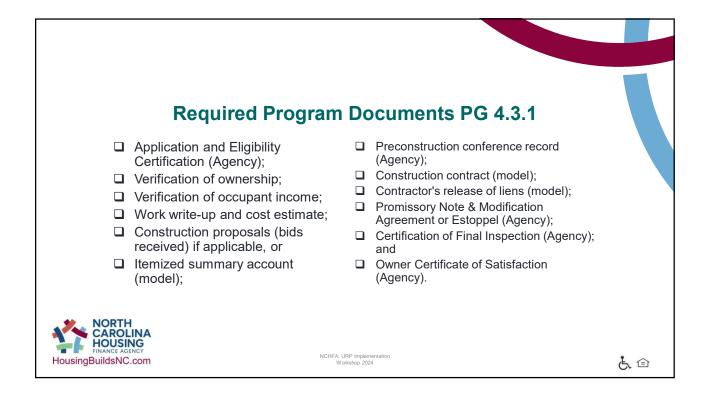
2 2 2 2 2							
Beneficiary I	D: TESTcase1		Area, State: Raleigh	Area, State: Raleigh, NC MSA			
Number of N	Aembers: 1		Income Limit: \$53,600.00				
Assets							
Member ID	Ass	set Type(s)	Current Cash Value	Current Cash Value Actual Income from Assets			
Testcase	Cas	h	1	\$200.00		\$0.00	
NET CASH VA	LUE OF ASSETS			\$200.00			
Anticipat	ted Annual I Wages/Salaries	NCOME Benefits/Pensions	Public Assistance	Other Inco	ome 4	Asset Income	
	1.000 C						
Testcase	\$0.00	\$0.00	\$8,088.00		\$0.00		
Testcase TOTALS	\$0.00 \$0.00		\$8,088.00 \$8,088.00		\$0.00 \$0.00	\$0.00	

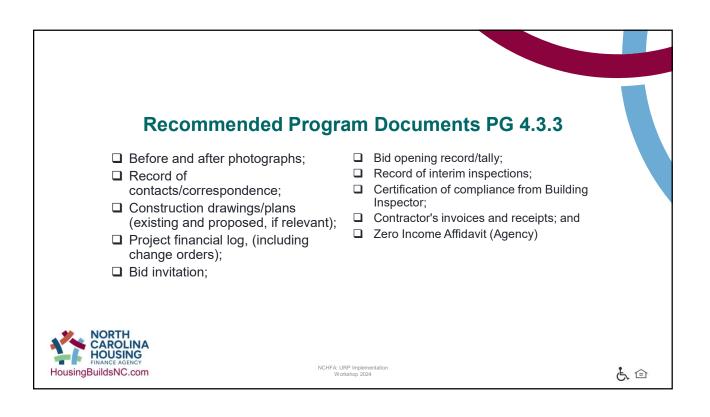


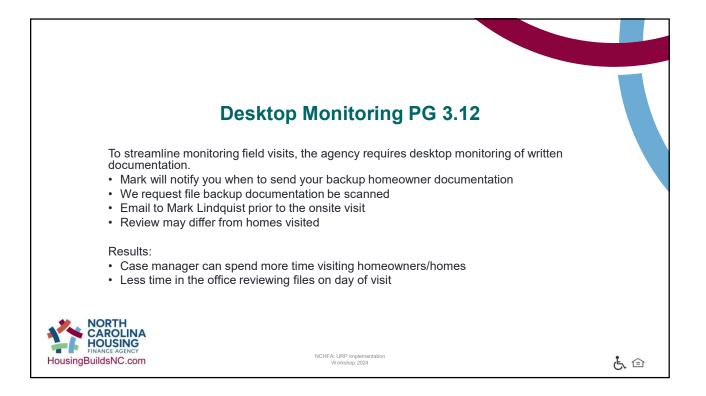




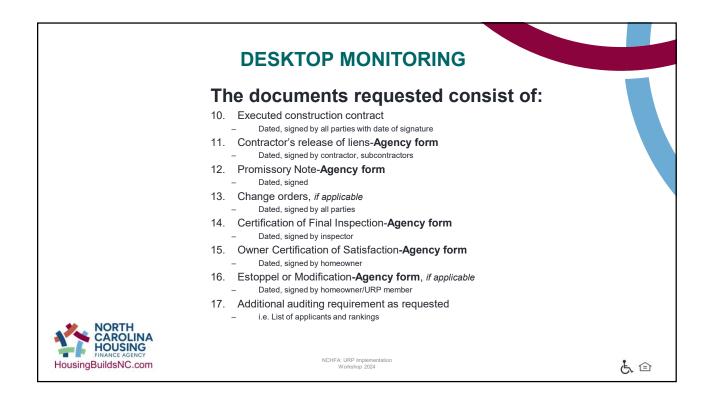


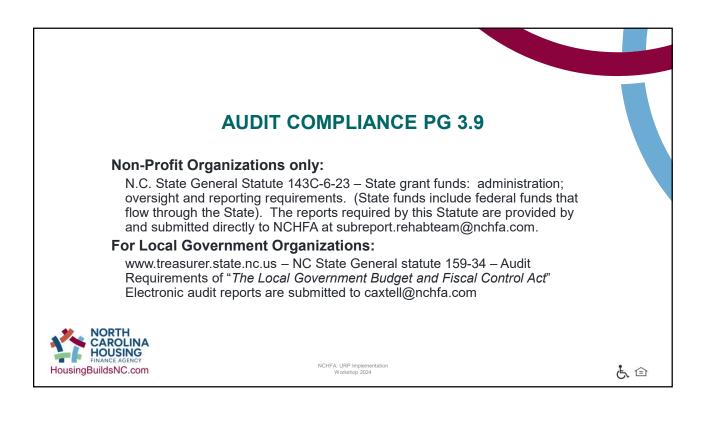


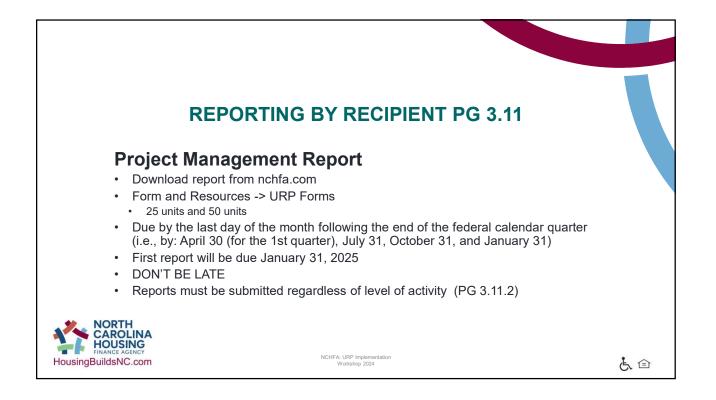


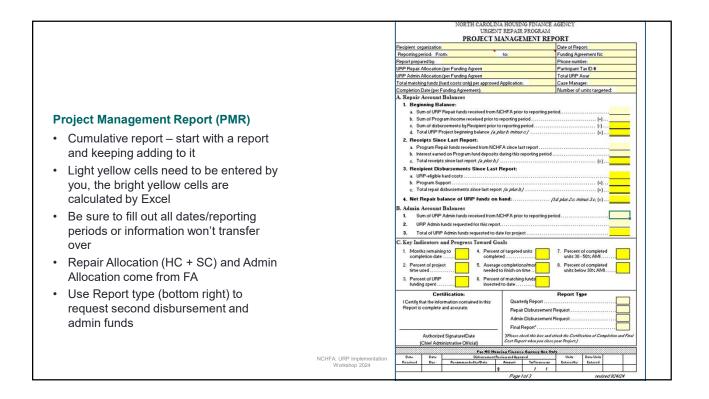


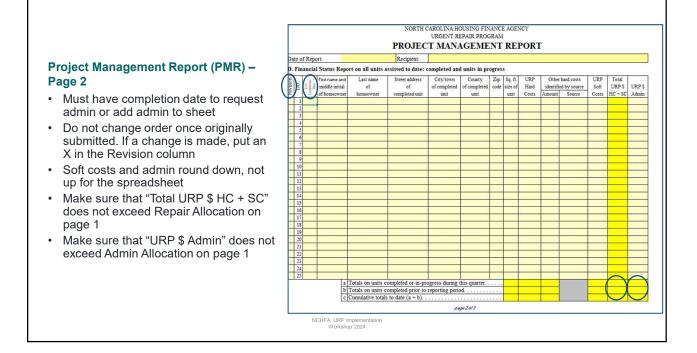
	DESKTOP MONITORING	
	The documents requested consist of:	
	 Application/Eligibility Certification-Agency form Dated, signed by homeowner and intake personnel Verification of ownership 	
	Source of document Verification of occupant income Dated within 6 months of contract	
	 Work write-up detailing necessary improvements Dated 	
	 Itemized cost estimate of proposed improvements Dated, signed by estimator 	
	 Construction proposals (bids received) Dated, signed by proposer 	
	 Bid opening record/tally Dated, signed by recorder/observer 	
	 Renovation, Repair and Painting (RRP) Certificate, if property built before 1978 Current 	
	 9. Pre-construction conference record-Agency form Date, signed by all attendees 	
HOUSING FINANCE AGENCY HousingBuildsNC.com	NCHFA: URP Implementation Workshop 2024	Ł 🖻

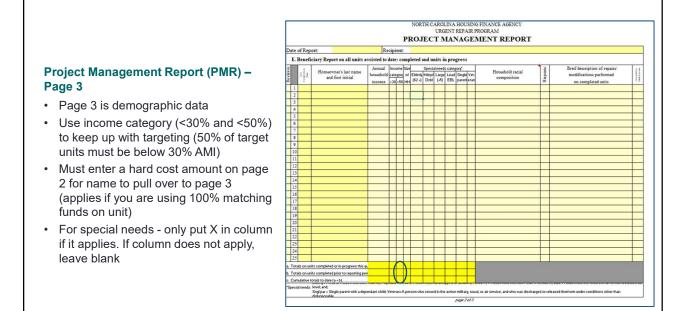










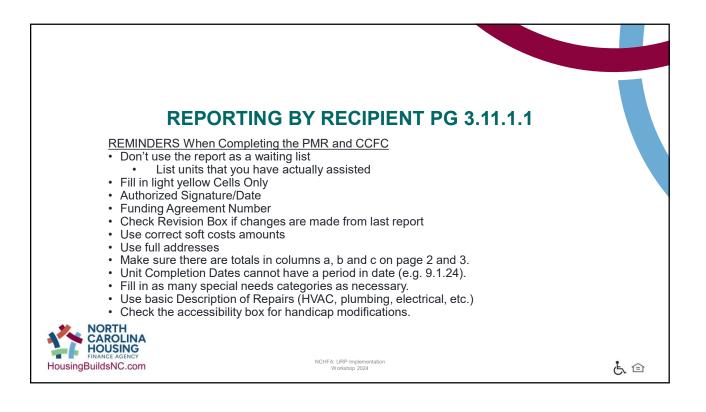


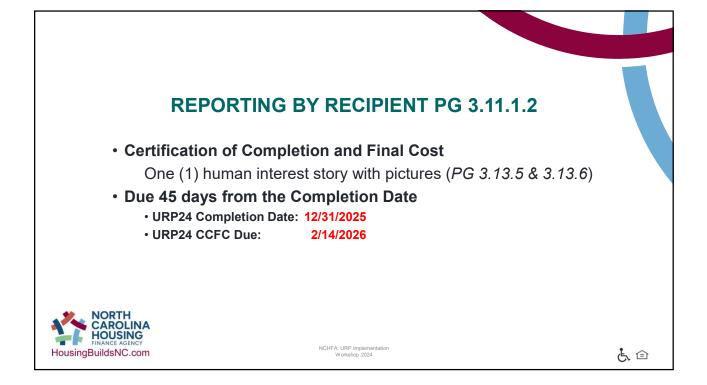
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equently Asked Questions . Why won't the report allow me to enter administrative costs? A: Make sure there are dates in the "Unit Completion Date" column on page 2. The report will not allow you to enter administrative funds until there is a completion date. Also make sure that you are rounding down, not up, for admin. Why won't the report pull over hard and soft cost numbers? A: Make sure all dates on page 1 do not have any extraneous characters comma, etc. This changes how Excel reads the date, which nulls the form ous characters such as a space, period, Project Management Report (PMR) -Why is the report is giving wacky numbers for percentage complete and dollars spent? A: Make sure all dates are actually entered on page 1, including quarterly report and completion dates, and that they are correct. For example, a quarter is July 1 to September 30, not June 1 to October 1. New tab added to PMR 25 and 50 unit Why will the report not allow me to enter the soft costs I need for the unit? A: Make sure that your total hard and soft costs for the unit is not exceeding \$12,000. For example, if you spend \$11,500 on hard costs, the formula for soft costs would give you \$1,000. However, since hard and soft costs are capped at \$12,000, the report will only allow you to claim \$500. forms Answers most common questions and gives reminders . Why won't the homeowner's name pull over on page 3? A: You must enter a hard cost amount in the "URP Hard Costs" column on page 2. Use this tab and PMR instructions to elpful Reminders answer questions on the PMR . Once you start a Project Management Report, continue to use the same report. These are meant to be umulative. If you make changes to a unit previously submitted, check the "Revision" column. Still confused? Call your case manager 2. The "Total URP 5 HC + SC" (bright yellow column) on page 2 should not enceed the amount of URP Repair Allocation on page 1. This report does not have a mechanism to stop you if you overspend and the Agency cannot provide more than is awarded for your URP Repair Allocation. The URP Repair Allocation amoth be interchanged with the URP Admin Allocation. PMR training guide coming - will be posted to Forms & Resources before . The "URP 5 Admin" column on page 2 should not exceed the amount of URP Admin Allocation on page Like 2, this report does not have a mechanism to stop you if you overspend and the Agency cannot rovide more than is swarded for your URP Admin Allocation. The URP Admin Allocation cannot be interchanged with the URP Repair Allocation. first report is due (January 2025) Page1of3 Page2of3 Page3of3 FAQ 📀 NCHFA: URP Implementation Workshop 2024

FAQ

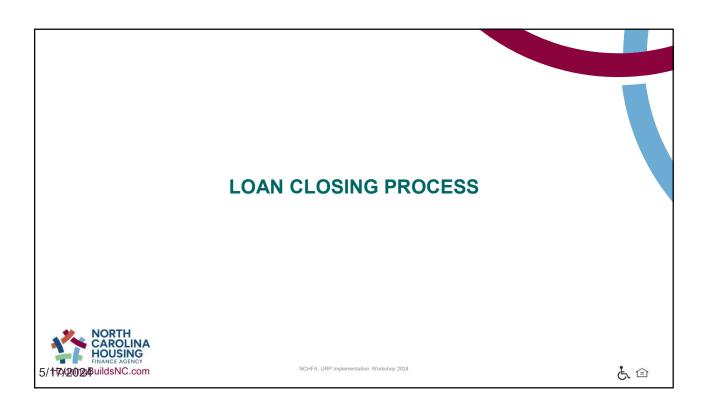
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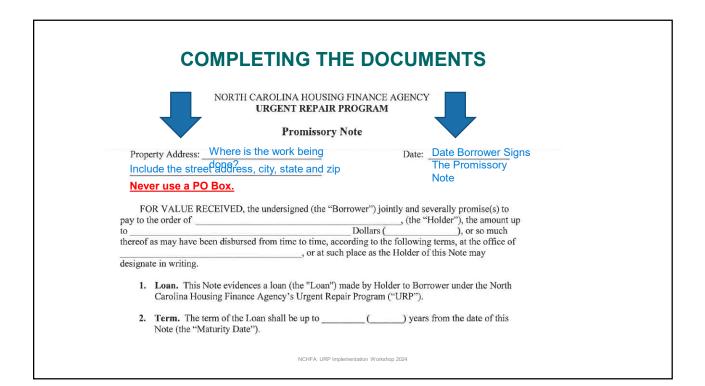




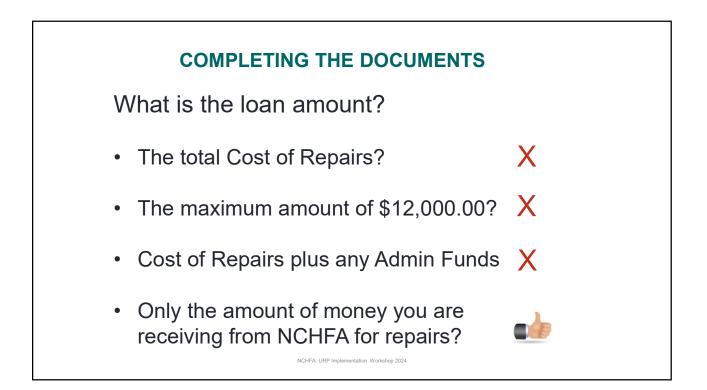




PROIVI135	ORY NOTE		
PRINT RESET	Default. The note shall be deemed in default and the amount owed under this Note shall become immediately due and payable on the occurrence of any of the following events:		
NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM Promissory Note	(a) The Property is sold, transferred or otherwise alienated by Borrower whether volumitary or involunitary, or by operation of law, or without Lander's prior written consent, unless otherwise problemklot by applicable federal law; (b) The Property ceases to be occupied by Borrower, as Borrower's principle residence. Upon default, Holder mays employ an attempt by enforce Holder's rights and remedies, and the Borrower hereby agrees to provide by the My that and remedies upon default. The rights and remedies of Holder as provided by this, with Note shall be cumulative and may be pursued singly, successively, or together in the sole discretion of Holder. The conscient by mich all the remedies and my the pursues of the right to exercise any or the start another time. 7. Governing Law. This Note is to be governed and construed in accordance with the laws of the Start of Charlam. IN IN EFTIMONY WHEREOF, Borrower has encetted this instrument under seal on the date first bower write.		
Property Addens:			
 Payment. During the term of this Note, Borrover shall make no payment of principal or interest, unless the Borrover is in default under any of the term of this Note. So long as Borrover is not in default the balance dre under Mir Note shall structurally be reduced by Manury Dure the contrasting principal balance dre will be arroy (30:00). Havy default by the Borrover under this Note, any other documents extend in contrasticutors with the Long occurs during the term of this Note, then, at Holder's option, the entire contrasting balance of this Note shall become numelicatively the and powhle, a balance that mire interaction of the Long, a modification appresent matter be completed to accound for changes in the original loan and will become part of this Note. Such appresents on the tached to the Note and copies sent to Holder of the Note. A trumprism. The Long may be assumed only upon the prior written approval of the Holder. The Holder shall not desyncepts for sharing threads by the Holder is meeting the prior displayment and conditions. The Holder is meeting the prior displayment in the prior written approval of the Holder. The Holder hall not desyncepts for sharing threads by the Holder is meeting the prior wile prior written approval of the Holder. 	BORROWER(S):(SEAL) Printed Name(SEAL) Printed Name		
Pres J of 2	Pare 3 of 1		





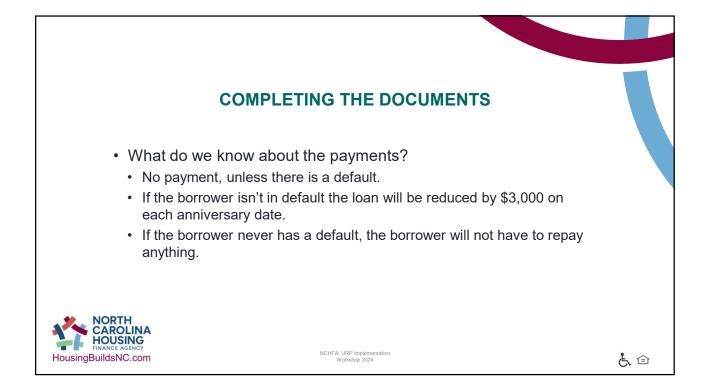


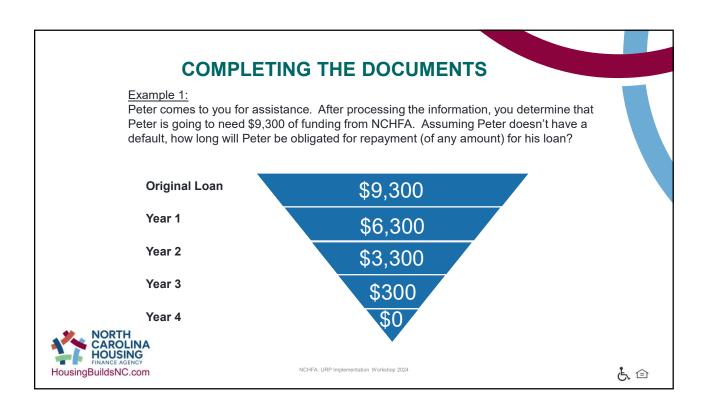
	NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM
	Promissory Note
o hereof	PR VALUE RECEIVED, the undersigned (the "Borrower") jointly and severally promise(s) to the order of Your Organization Name, (the "Holder"), the amount up
	Loan. This Note evidences a loan (the "Loan") made by Holder to Borrower under the North

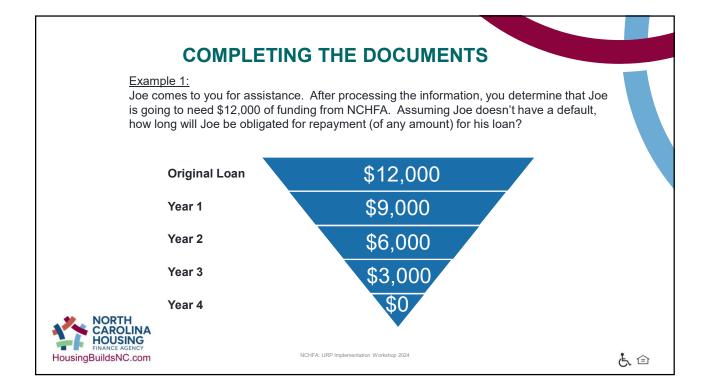
COMPLETING THE DOC	CUMENTS
NORTH CAROLINA HOUSING FINANCE A URGENT REPAIR PROGRAM Promissory Note	GENCY Admin Funds are not included with the loan amount
Property Address: FOR VALUE RECEIVED, the undersigned (the "Borroviniti pay to the order of to Amount of Money needed from NCHFA for repairs Dollars (thereof as may have been disbursed from time to time, according to the f designate in writing. 1. Loan. This Note evidences a loan (the "Loan") made by Holde Carolina Housing Finance Agency's Urgent Repair Program ("1 2. Term. The term of the Loan shall be up to (_, (the "Holder"), the amount up _), or so much following terms, at the office of Holder of this Note may er to Borrower under the North URP").

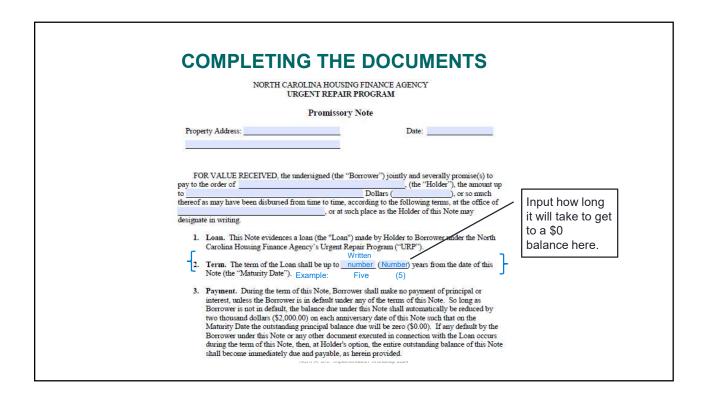
COMPLETING T	HE DOCUMENTS
NORTH CAROLINA HOUS URGENT REPA Promisso	IR PROGRAM
Property Address: FOR VALUE RECEIVED, the undersigned (the pay to the order of	Date:
 Loan. This Note evidences a loan (the "Loa Carolina Housing Finance Agency's Urgent Term. The term of the Loan shall be up to Note (the "Maturity Date"). 	
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COMPLETIN	NG THE DOCUMENTS	
	INA HOUSING FINANCE AGENCY INT REPAIR PROGRAM	
Promissory Note		
Property Address:	Date:	
designate in writing.	, (the "Holder"), the amount up Dollars (), or so much time to time, according to the following terms, at the office of t to, or at such place as the Holder of this Note may	
Carolina Housing Finance Agence	n (the "Loan") made by Holder to Borrower under the North y's Urgent Repair Program ("URP"). Il be up to () years from the date of this	
Note (the "Maturity Date").	i be up to () years nom the date of this	

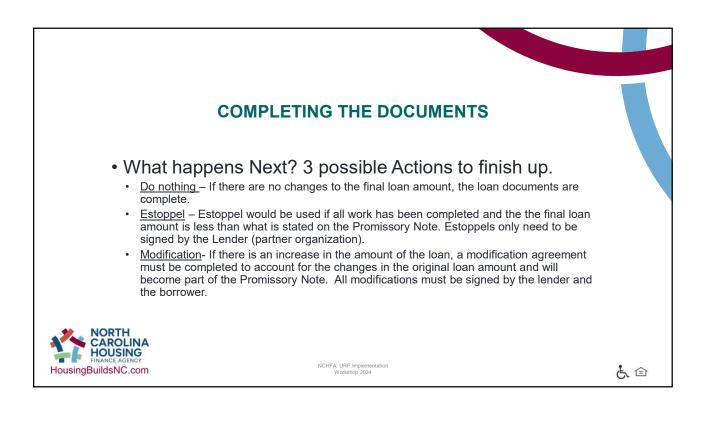








	TING THE DOCUMENTS st, but not least!	
IN TESTIMONY WHER first above written.	EOF, Borrower has executed this instrument under seal on the date	
All Borrower(s) must sign and print their name.	BORROWER(S): John Doe (SEAL) John Doe Printed Name Jane Doe (SEAL) Jane Doe Printed Name	
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ESTOPPEL	MODIFICATION
oan amount decreasing	Loan amount increasing
Only 1 signature needed	2 signatures required
Lender's)	(Lender's and Borrower's)

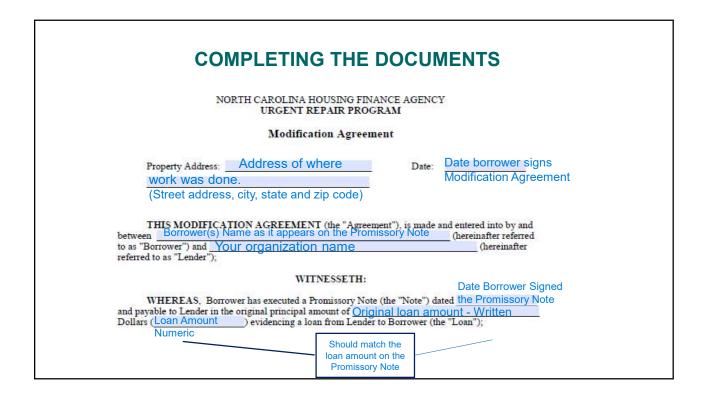
	ESTOPPEL	
	PRINT RESET NORTH CAROLINA HOUSDIG FDIANCE AGENCY URGENT REPAIR PROGRAM	
	STATEMENT OF ESTOPPEL This document is to establish the final losa amount of that certain Promissory Note executed by(the "Borrower"), dated in the original principal amount up to	
	The total outstanding balance of all obligations, after all disbursements have been made on Borrower's behalf, is	
	No future advances will be made under the advensed instrument, except such expense as it may become accessary to advance to preserve the security now held. This day of, 20	
	Dy Print Name: Title:	
	Completed by:	
HOUSING FINANCE AGENCY HousingBuildsNC.com		E 🗈

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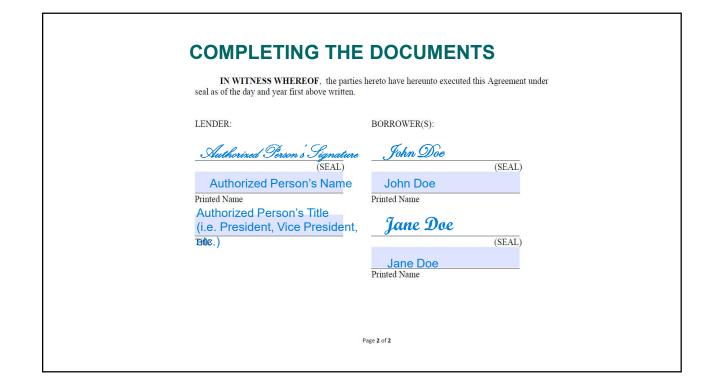
NORT	I CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM
Date Borrower signed the Promissory Note, <u>not</u> the date of the Estoppel	STATEMENT OF ESTOPPEL
D Pursuant to the term	amount original principal amount up to - Written Dollars (). a balance of all obligations, after all disbursements have been made inal Amount of NCHFA Funds Dollars (Final Amount). isbursed on Borrower's Behalf*** Numeric s of the Promissory Note, the loan is expected to have a \$0.00 nal Loan Term, after which time there will be no further action

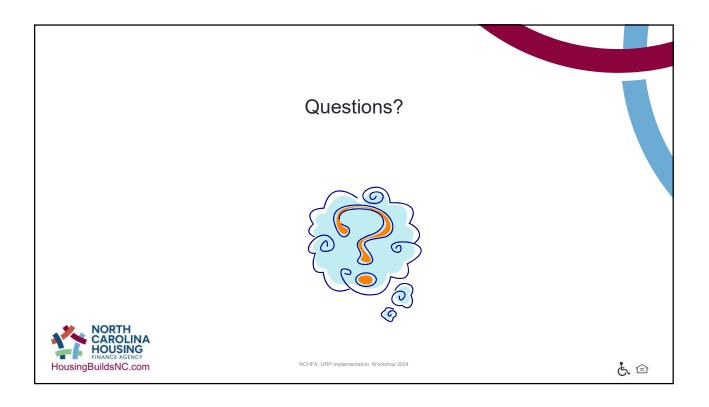
	COMPLETIN	IG THE DOCUMENTS	
	This <u>Day</u> day of	Month , 20 Year Your Organization Name By: <u>Authorized Person's Signature</u> Print Name: <u>Authorized Person's Name</u> Title: <u>Authorized Person's Title</u>	
	Completed by: <u>Name</u> Address including city, state and zip Phone Number	(i.e. President, Vice President, etc.)	
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MODIFICATIO	N AGREEMENT
PRINT	
	 Waiver of Defenses. Borrower represents and warrants to Lender that there are no defenses against the enforcement of the Note or any other Loan Document as provided in the Note.
NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM	 Headings. The paragraph headings provided herein are for convenience only and are not intended to define or limit the content of the paragraphs.
Modification Agreement	 Further: Assurances. Each party hereto shall cooperate, and take such further actions and execute and deliver such documents as may be reasonably requested by the other party in order to
Property Address: Date:	effectuate the provisions hereof. 8. Serverability. In the event any term, covenant or condition of this Agreement shall to any
	 as a set of the set
THIS MODIFICATION AGREEMENT (the "Agreement"), is made and entered into by and between	 Successors and Assigns. This Agreement shall apply to, insure to the benefit of, and be binding upon the parties hereto and upon their respective heirs, legal representatives, successors and
to as "Borrower") and(hereinafter referred to as "Lender");	permitted assigns, except as otherwise provided herein. 10. Full Force and Effect. Except as modified hereiv, the Note remain unmodified and in
WIINESSETH:	 Full Force and effect. Except as monified hereby, the twice remain minimum and in full force and effect.
WHEREAS, Borrower has executed a Promissory Note (the "Note") dated and payable to Lender in the original principal amount of Dollars () evidencing a loan from Lender to Borrower (the "Loan");	 Effective Date. The provisions of this Agreement shall be and become effective as of the date hereof.
WHEREAS, Borrower and Lender desire to modify the Note to change the principal amount of the Loan to Dollary (), and change	 Governing Low. This Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina.
the Maturity Date to; and change	IN WITNESS WHEREOF, the parties hereto have hereunto executed this Agreement under
NOW THEREFORE, for and in consideration of \$1.00 cath in hand paid and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the patters hereto hereby agree as follows:	seal as of the day and year first above written. LENDER: BORROWER(S):
 Definition of Terms. All capitalized items contained herein and not otherwise defined shall be defined as provided in the Note. 	LENDER: BORROWER(S):
 Amount of Loan. The maximum principal amount of the Loan evidenced by the Note, including present and future advances, is changed to 	(SEAL) (SEAL)
Dollars ().	Printed Name Printed Name
3 Maturity Date. The Maturity Date as stated on the Note is changed to	
 Agreement of Borrower. Borrower hereby acknowledges (i) the continued existence of the indebtedness evidenced by the Note; (ii) that this document is a modification of the terms of an 	Title (SEAL)
existing contractual relationship between the parties in order to increase the principle loan amount and is not intended as a cancellation of the original debt or the creation of a new debt; (iii) that the acceptance by the Lender of this Agreement is not a waiver by Lender of any rights Lender may possess under the	Printed Name
Note or any other documents or instruments evidencing the Loan (collectively, the "Loan Documents"); and (iv) that the failure by Borowers to fully and promply perform under the Nose or any other Loan Document shall entitle Lender to exercise any and all right granted to Lender under the Note or any Loan Document, or otherwise as provided under prohicible law.	
Long Document, of otherwise as provided under applicatole new.	Page 2 of 2
Page 1 of 2	

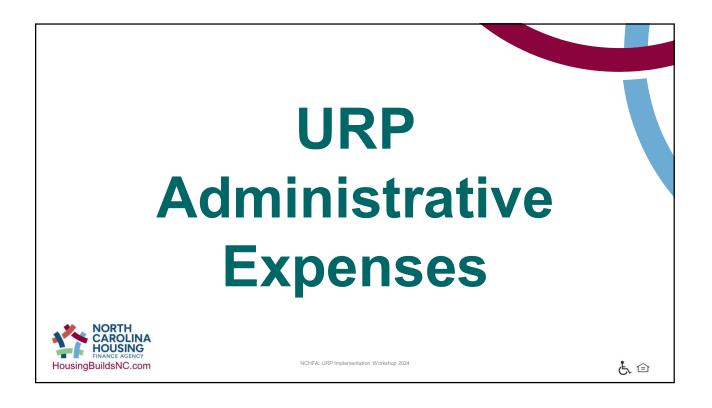


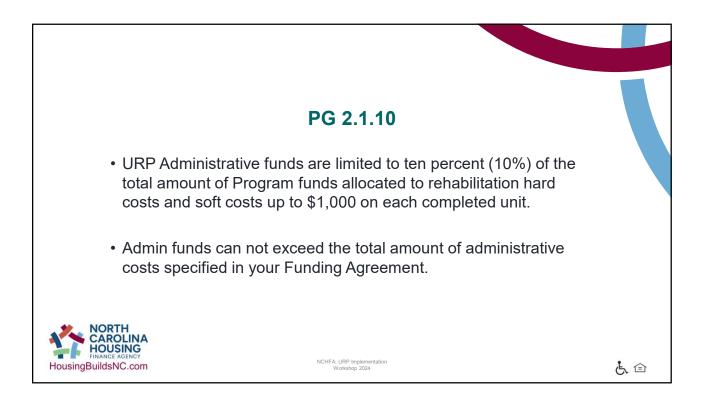
(Completing the Documents
the Loan to the Maturity NOV	EREAS, Borrower and Lender desire to modify the Note to change the principal amount of Final Loan Amount – Written Out Dollars (Final Loan), and change Date to New Maturity Date, if ; there is a change V THEREFORE, for and in consideration of \$1.00 cash in hand paid and other good and
	nsideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto e as follows:
2. including pr Dollars (Fir	nount Numeric
3 years from t	Maturity Date. The Maturity Date as stated on the Note is changed to Written (Number he Note date. How many years until the new loan amount is \$0. ***Be sure to start counting from the original loan date.***

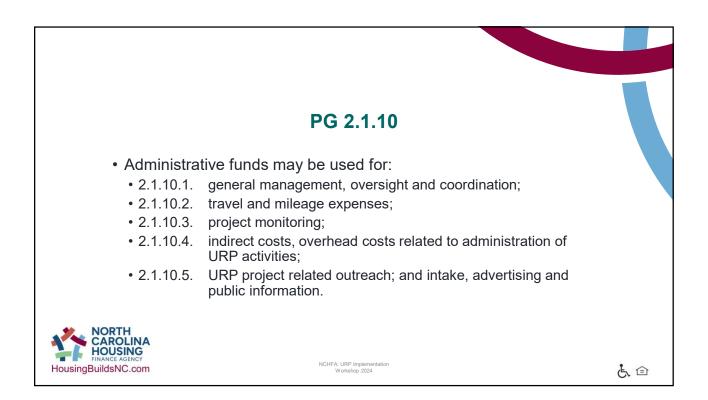


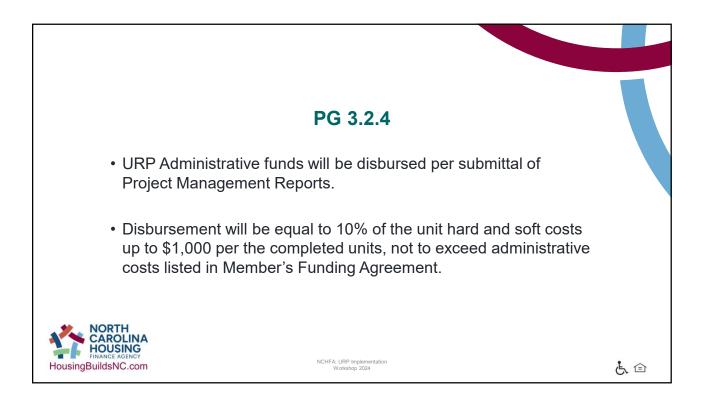


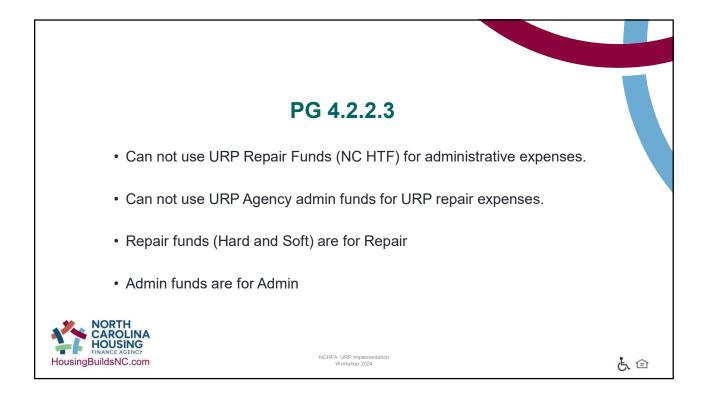


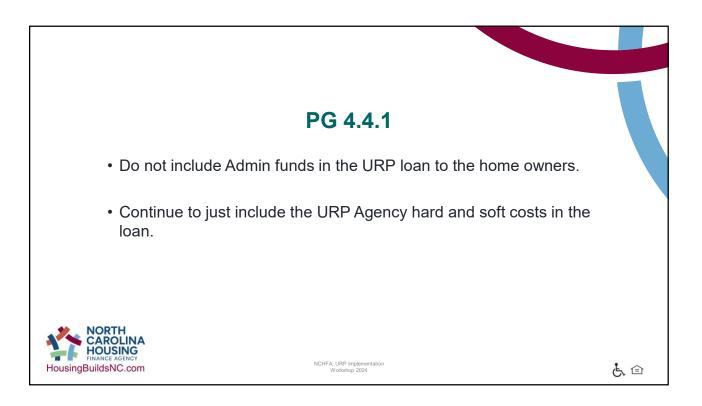


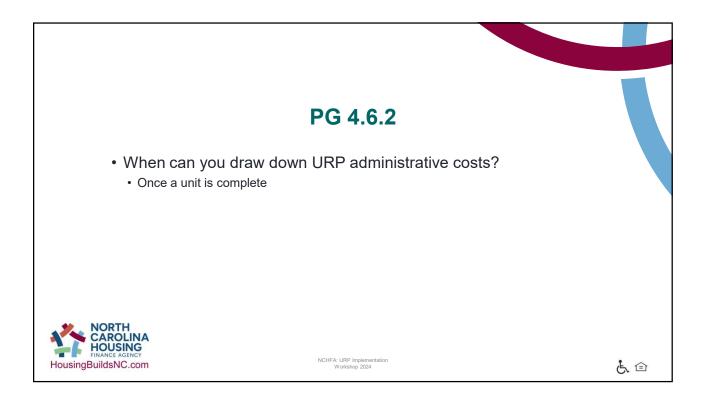














1	"What's	s My Program Support?" (Table A, PG 2.1.8)	
	URP Hard Costs	Maximum Program Support	
	From \$501 to \$12,000	\$200 + 10% of the Hard Cost (not to exceed \$1,000)	
	Up to \$500	\$200	
	н		
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		Program Support?" le A, PG 2.1.8)	
	Hard Cost	Program Support/Soft Cost	
	\$112	?	
			-
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	"What's My _{(Ta}	Program Support?" ble A, PG 2.1.8)	
	Hard Cost	Program Support/Soft Cost	
	\$112	\$200	
HousingBuildsNC.com	N	ICHFA: URP Implementation Workshop 2024	દ્ર 🗈

		Program Support?" Dile A, PG 2.1.8)	
	Hard Cost	Program Support/Soft Cost	
	\$112	\$200	
	\$3,624	?	
			_
HOUSING FINANCE AGENCY HousingBuildsNC.com	NCF	HFA: URP Implementation	Ł 🗈

	"What's My F	Program Support?" ole A, PG 2.1.8)	
	Hard Cost	Program Support/Soft Cost	
	\$112	\$200	
	\$3,624	\$562	
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NORTH CAROLINA HOUSING FINANCE AGENCY			
HousingBuildsNC.com	NC	HFA: URP Implementation Workshop 2024	É , 🖻

	Program Support?"	
Hard Cost	Program Support/Soft Cost	
\$112	\$200	
\$3,624	\$562	
\$9,999	?	

	Program Support?" Ne A, PG 2.1.8)
Hard Cost	Program Support/Soft Cost
\$112	\$200
\$3,624	\$562
\$9,999	\$1,000

	Program Support?"	
Hard Cost	Program Support/Soft Cost	
\$112	\$200	
\$3,624	\$562	
\$9,999	\$1,000	
\$2,391	?	

	Program Support?" ole A, PG 2.1.8)	
Hard Cost	Program Support/Soft Cost	
\$112	\$200	
\$3,624	\$562	
\$9,999	\$1,000	
\$2,391	\$439	
		_

	Program Support?" ole A, PG 2.1.8)	
Hard Cost	Program Support/Soft Cost	
\$112	\$200	
\$3,624	\$562	
\$9,999	\$1,000	
\$2,391	\$439	
\$11,349	?	

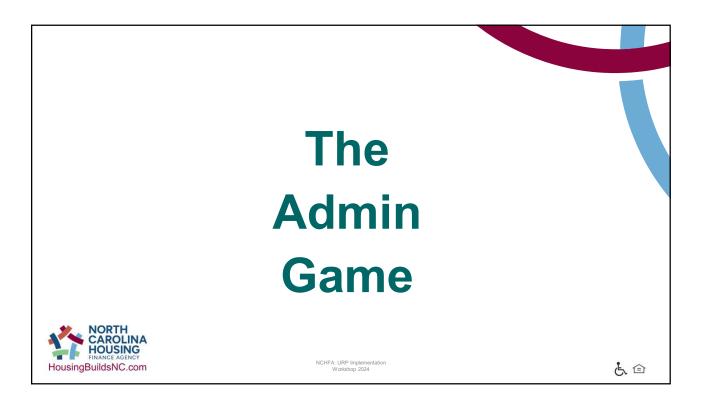
	Program Support?" Die A, PG 2.1.8)	
Hard Cost	Program Support/Soft Cost	
\$112	\$200	
\$3,624	\$562	
\$9,999	\$1,000	
\$2,391	\$439	
\$11,439	\$511	

		Program Support?" Table A, PG 2.1.8)	
	Hard Cost	Program Support/Soft Cost	
	\$112	\$200	
	\$3,624	\$562	
	\$9,999	\$1,000	
	\$2,391	\$439	
	\$11,439	\$511	
	\$5,500	?	
			_
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"What's My Program Support?" (Table A, PG 2.1.8)		
Hard Cost	Program Support/Soft Cos	
\$112	\$200	
\$3,624	\$562	
\$9,999	\$1,000	
\$2,391	\$439	
\$11,439	\$511	
\$5,500	\$750	

		Program Support?" le A, PG 2.1.8)	
	Hard Cost	Program Support/Soft Cost	
	\$112	\$200	
	\$3,624	\$562	
	\$9,999	\$1,000	
	\$2,391	\$439	
	\$11,439	\$511	
	\$5,500	\$750	
	\$11,999	?	
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"What's M	y Program Support?'' (Table A, PG 2.1.8)
Hard Cost	Program Support/Soft Cost
\$112	\$200
\$3,624	\$562
\$9,999	\$1,000
\$2,391	\$439
\$11,439	\$511
\$5,500	\$750
\$11,999	\$1



	"What's M	ly Maximum Admin?" (PG 4.2.2.3)	
	Hard Cost + Soft Cost	Maximum Admin Cost	
	\$500	?	
			_
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		aximum Admin?" 4.2.2.3)	
	Hard Cost + Soft Cost \$500	Maximum Admin Cost \$50	
	<i>\$</i> 000	\$ 00	
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	"What's My	Maximum Admin?" (PG 4.2.2.3)	
	Hard Cost + Soft Cost	Maximum Admin Cost	
	\$500	\$50	
	\$3,624	?	
			-
NORTH CAROLIN HOUSING FINANCE AGENCY HousingBuildsNC.cc		NCHFA: URP Implementation Workshop 2024	ද් 🗈

		aximum Admin?" 4.2.2.3)	
	Hard Cost + Soft Cost	Maximum Admin Cost	
	\$500	\$50	
	\$3,624	\$362	
NORTH CAROLINA HOUSING FINANCE AGENCY	NPHEA I	RP Implementation	
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		kimum Admin?" .2.2.3)	
	Hard Cost + Soft Cost	Maximum Admin Cost	
	\$500	\$50	
	\$3,624	\$362	
	\$10,000	?	
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		Maximum Admin?" PG 4.2.2.3)	
	Hard Cost + Soft Cost	Maximum Admin Cost	
	\$500	\$50	
	\$3,624	\$362	
	\$10,000	\$1,000	
			_
NORTH CAROLINA HOUSING FINANCE AGENCY HOUSINGBUILDSNC.com	NCH	IFA: URP Implementation Workshop 2024	દ્ર 🗈

	aximum Admin?" G 4.2.2.3)
Hard Cost + Soft Cost	Aaximum Admin Cost
\$500	\$50
\$3,624	\$362
\$10,000	\$1,000
\$11,391	?
\$10,000	\$1,000

"What's My Maximum Admin?" (PG 4.2.2.3)		
Hard Cost + Soft Cost	Maximum Admin Cost	
\$500	\$50	
\$3,624	\$362	
\$10,000	\$1,000	
 \$11,391	\$1,000	

