



NC Housing Finance Agency

The North Carolina Housing Finance Agency (NCHFA) is a self-supporting public agency. We have financed over \$34.4 billion in affordable homes & apartments.

Created by the General Assembly in 1973, the Agency's sole purpose is to create housing opportunities for North Carolinians whose needs are not met by the market.





NC Housing Finance Agency

More than **321,320** households have benefited from our investments, including home buyers, homeowners, renters and persons with special needs.

All **100** counties have improved their housing stock and have benefited from the jobs and tax revenues generated by NCHFA financed projects/programs.











(Our Home Ownership Rehab Team	
	Reliab lealli	
	Ana Coria	
	Chuck Dopler	
	Dan McFarland	
	Donna Coleman	
	Eddie Fishburne	
	Kim Hargrove	
	Laura Altimare	
	Mike Handley	
	Sarah Zinn	
	Sonia Joyner	
	Brian O'Donnell – Policy	
HousingBuildsNC.com	Liz Hair – Legal	と 合











Displa	acement Pr	evention	
	Average Length of Stay	Cost to Taxpayer	3
Assisted Living	2.1 Years	\$76,999	-
Nursing Home	2.4 Years	\$85, <mark>1</mark> 86	



Late	st URP Result	s	
	2022 Cycle	2023 Cycle	
Homeowners served	725	742	
Avg Hard Costs/Unit	\$9,072	\$9,374	
Avg Program Expense (Soft Cost)/Unit	\$737	\$786	
	2022 Calendar Year	2023 Calendar Year	
Homeowners served	686	692	
Avg Hard Costs/Unit	\$7,798	\$8,847	
Avg Program Expense (Soft Cost)/Unit	\$687	\$761	
NORTH CAROLINA HOUSING FINANCE AGENCY IsingBuildsNC.com			ć

	URP Households for	r CY 2024	
	Average income households assisted	\$18,175	
	Percent Households below 30% AMI	58%	
	Percent Households Elderly	79%	
	Percent Households Disabled	49%	
	Units Completed in 2024	810	
	Total Units Completed to Date for URP in all 100 counties	19,267	
HousingBuildsNC.com			よ企







































































	NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPART PROGRAM Application & Eligibility Certification (page 1 of 2)					NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM Application & Eligibility Certification (page 2 of 2		
Applicant Data Name of Homeow								Applicant Data
	wner(s) (First, MJ, Last):							Name of Homeowner(s) (First, MI, Last):
Street Address:						_		Street Address:
S City:		County:			Zip Co.	le:		Qualifying Income Table (for reference) Maximum Gross Household Income
Home Phone:		Work P						Hiruschold Size 1 2 3 4 5 6 7 8
	was referred by someone			wing:			- 1	a) Statewide non-metro 30%
Contact Name: Relationship to O			"bonc:				_	b) Statzwide non-metro 50%
Notes:	where.						_	c) County 30%
Household Mem	hershin						_	d) County 50%
	Last) Sex Birth I	Jate SS# (last 4	digits) Race Co	de* Hispanie*	Relat	ion to Hor	ncowner	Qualifying Questions
			and the second second	-	-		_	Does the applicant own this home? YES NO
		-	-	-	-		_	Does the applicant's household qualify based on the income criteria? YES NO YOU
-			10 10					Mark an special Need(s) by which the Applicant quanties. Sugar-Farent Household
d.								Owner 62+ Member Disabled EBLL Child Veteran*** Household Size 5+ Cat
e.								Eligibility Certifications
f.;			- 13 D					I hereby certify that:
6.							-	1) All of the above information has been reviewed or documented in accordance with
Gross Income W	ork Table	De	ollars / Housebok		ONTH			the Program Guidelines.
Source			6	8 ¢	1	1	Total	2) The Applicant is eligible for assistance under the Programs
1) Wagen 2) Retirement Pennio		+		_	-	-		3) There is no other state or federal source of fands available now, or likely to be
2) Retirement Pensio 3) Social Security	#	+	+	_	+	-		available within the next six months, which could pay for the proposed repairs.
 Social Security Supplemental Security 	in the second	+++	+ +	_	+	-	+	
 Supplemental Sect 5) Public Assistance 		+	+	_	+	-		Authorized Officer Organization Date
6) Child Support		+	+ +	_	+	-		
7) Interest		+	+ +	_	+	+		Eligible Urgent Repair Needs:
0		+	+ +	_	+	-	-	
(7)		+		_	-	-		
20)								
Monthly Sub-Total ()	sum nows 1-10)	1						
Annual Sub-Total (1.								Case Notes (for office use only) Name of interviewer:
	hold Income (sum Annual	505-Total for cole	atins a-g]					Non-housing problems:
Applicant Certif							5	The bound proteins.
Lhereby certify th								
and an an an an an an an an	the home described above as							
	d income information listed a						10000	Action taken for referrals? YES NO If yes, specify:
	provided to qualify me for t ors with special needs in corr							
	cceshbility modifications or a					et to their is	te or salecy	
41 I give permission for				ormation to verif		of this are	diration -	Other
	e repair of my home.	-		a company to were	, and address			Manager 1
	this Program grant may not r	ectify all deficiencic	is in my home nor a	take the home co	onform to any	local state	or federal	
housing quality sta		0.0000000000000000000000000000000000000	South States and				0.000	The contract of the second state
	d that my gender, race and e	thnicity will be det	ermined based upo	n observation and	t/or sumame	if I do not s	ell'disclose	*Race Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaiian/Other Pacific
the information.								Islander (15); American Indian/Alaskan Native & White (16); Asian & White (17); Black/African American & White (18); American
	-							Indian/Alaska Native & Black/African American (19): Other Multi-Racial (20); and, Asain/Pacific Islander (21).
								**Hispanic Yes or No.
Applicant Signature		hate	Co-Applicant S	anahure .		D	ulc .	any victorial. A person who served in the active military, and who was discharged or released therefrom under conditions other than disknowshill



























	2.	1 Uses of Funds 2.1.8 Table A	
	URP Hard Costs	Maximum Program Support (Soft Cost)	
3	From \$501 to \$15,000	\$300 + 10% of the Hard Cost (not to exceed \$1,500)	
	Up to \$500	\$300	
L		s soft and admin costs during reporting section.	





NOW THAT HOMEOWNERS ARE SELECTED PER YOUR AP, YOU ARE READY TO START THE REPAIR PROCESS





6/16/2025

占白




















Slide 79

DM1 Dan McFarland, 6/9/2023



























	NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM PROJECT MANAGEMENT REPORT
	Recipient organization Date of Report:
	Reporting period: From: to: Funding Agreement Nc
	Pleport prepared by Phose number:
	URP Repair Allocation (per Funding Agreen Participant Tax D #
	URP Admin Allocation (per Funding Agreen Total URP Awar
	Total matching funds (hard costs only) per approved Application: Case Manager:
	Completion Date (per Funding Agreement). Number of units targeted
	A. Repair Account Balances
	1. Beginning Balance:
	 Sum of URP Repair funds received from NCHFA prior to reporting period
Project Management Report (PMR)	Sum of Program Income received prior to reporting period (+)
reject management report (r mrt)	 Sum of disbursements by Recipient prior to reporting period
	d. Total URP Project beginning balance /a nbor & minor ci /
 Cumulative report – start with a report and 	2. Receipts Since Last Report:
	Program Repair funds received from NCHFA since last report
keeping adding to it	b. Interest earned on Program fund deposits during this reporting period
	c. Total receipts since last report /#_Alor A/
 Light yellow cells need to be entered by 	3. Recipient Disbursements Since Last Report:
	URP-eligble hard costs
you, the bright yellow cells are calculated by	b. Program Support
	c. Total repair disbursements since last report /a plus A/
Excel	4. Net Repair balance of URP funds on hand:
Exodi	B. Admin Account Balances
Po ouro to fill out all dates/reporting poriode	1. Sum of URP Admin funds received from NCHFA prior to reporting period
 Be sure to fill out all dates/reporting periods 	
or information won't transfer over	2. URP Admin funds requested for this report.
or information won't transfer over	3. Total of URP Admin funds requested to date for project
	C. Key Indicators and Progress Toward Goals
 Repair Allocation (HC + SC) and Admin 	1. Months remaining to 4. Percent of targeted units 7. Percent of completed
	completion date completed units 30 - 50% AMI
Allocation come from FA	2. Percent of project 5. Average completions/mol 8. Percent of completed
100 Las 20100 12 1000 12 1002000 10	time used needed to finish on time units below 30% AMI
 Use Report type (bottom right) to request 	3. Percent of URP 6. Percent of matching funds
	funding spent invested to date
second disbursement and admin funds	Certification: Report Type
	I Certily that the information contained in this Quarterly Report
	Report is complete and acourate. Repair Disbursement Request
	Admin Disbursement Request
NORTH NORTH	
NORTH	Final Report*
	Authorized Signature/Date [Pfloare check this best and ottack the Conflication of Completion and Pinal
HOUSING	(Chiel Administrative Official) Cost Report when you close your Project.)
FINANCE AGENCY	Far HD Hauring Finners Agency Har Daty
Desidence and the second	Data Data Distanced By Data Distance and Apprend Unity Data Unity Received Drop Receiv
lousingBuildsNC.com	Received the Recommended Systems Ansault Tallinance an Extered by Entered



- Must have completion date to request . admin or add admin to sheet
- Do not change order once originally submitted. If a change is made, put an X in the Revision column
- Soft costs and admin round down, not . up for the spreadsheet
- Make sure that "Total URP \$ HC + SC" does not exceed Repair Allocation on page 1
- Make sure that "URP \$ Admin" does not . exceed Admin Allocation on page 1







占白

























NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM Application & Eligibility Certification (page 1 of 2)	NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM Application & Eligibility Certification (page 2 of 2)
Applicant Data	Applicant Data
Name of Homeowner(s) (Fant, ML Last): Street Address:	Name of Homeowner(s) (First, MI, Last):
City: County: Zip Code:	Oualifying Income Table (for reference) Maximum Gross Household Income
Home Phone: Work Phone:	Quantying income faile for references statimum Gross rousehout income
If the Applicant was referred by someone other than self, complete the following:	a) Statewide non-metro 30%
Contact Name: Phone:	b) Statewide aon-metric 50%
Relationship to Owner	c) County 30%
Rauschold Membership	d) County 50%
Name (First, MI, Last) Sex Birth Date SS# (last 4 digits) Race Code* Hispanic4* 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
	Mark all Special Need(s) by which the Applicant qualifies: Single-Parent Household
and Eligibility Form	
 to obtain NCHFA funding When filling in the income table, add both acr Be sure the homeowner certifies that you are info Properly complete the Qualifying Income Tab 	given permission to obtain utility and other billing
 to obtain NCHFA funding When filling in the income table, add both acr Be sure the homeowner certifies that you are info Properly complete the Qualifying Income Tab 'Certification' requires a signature and date. E yours 	ross and down given permission to obtain utility and other billing le Ensure they are all there, both the applicant's and
to obtain NCHFA funding When filling in the income table, add both acr Be sure the homeowner certifies that you are info Properly complete the Qualifying Income Tab 'Certification' requires a signature and date. E yours	ross and down given permission to obtain utility and other billing le Ensure they are all there, both the applicant's and
to obtain NCHFA funding When filling in the income table, add both acr Be sure the homeowner certifies that you are info Properly complete the Qualifying Income Tab 'Certification' requires a signature and date. E yours	ross and down given permission to obtain utility and other billing le Ensure they are all there, both the applicant's and

<form></form>	URGENT REPAIR PROGRAM Application & Eligibility Certification (page 1 of 2) Application & Eligibility Certification	(page 2 of 2)
<form> inter inter inter inter inter inter inter inter inter inter inter inter inter inter inter</form>		
Corr Corr Corr Bare frame Watch frame Watch frame Corr Watch frame Watch frame Corr Watch frame Watch frame Corr No No No No No No No No No No No No No No No	at): Name of Homeowner(s) (First, MI, Last):	
Corp		
Image Buncie Work Planie If the Agglesian ar farford by summer that us all, complet the future starting the summer that us all, complet the future starting the summer transmit of the summer trans		
If the x a fefter day summers dure it as if closely the fillensing:		
<form></form>		7 8
	a) Statewide non-metro 30%	_
Name:	0) State Hate and - Detail	_
Hard Matchedup Description Text and the first of the second		
Name	Es County 50%	
Image:	inh Date SS# (last 4 duats) Race Code* [timumic** Relation to Homeowser Qualifying Questions	
b Image:	Does the applicant own this home? YES NO	
Automatic	Does the applicant's household qualify based on the income criteria? YES NO	1
B Image: Display Control State The Display Control State </td <td>Mark all Special Need(s) by which the Analizant explicities: Sincle-Parent Hauscheld</td> <td></td>	Mark all Special Need(s) by which the Analizant explicities: Sincle-Parent Hauscheld	
Lightly Care Netes (for effect uses and) Netaer (1/2) Date Lightly	Date in Section 100000 (1997) in the Approximate quarters	
Construction Interview Interview Interview Interview Second becomes Interview Interview <td></td> <td></td>		
Create Distance D		
Nerror i i d i <td>1) All of the above information has been reviewed or decamented in accordance with</td> <td></td>	1) All of the above information has been reviewed or decamented in accordance with	
19 Wage 10 Wage 10 Wage 10 Note 10 Screeners/Provincia 10 Note 11 Social Sociel Social Sociel Social Sociel Social Sociel Soc		
21 References 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Social Score() 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Social Score() 1 Authorstreet 1 Authorstreet 1 Authorstreet 31 Authorstreet <t< td=""><td></td><td></td></t<>		
10 Security: a	3) There is no other state or federal source of funds available now, or likely to be	
11 Support Interview 12 Support Interview 12 Charles Interview	available within the next six months, which could pay for the proposed repairs.	
Strike Image: Strike Strike Strike Image: Strike Strik		
10: Chail Support Organization Organization Date 10: Instruct Instruct Organization Date 10: Instruct Instruct Instruct Instruct		
	Authorized Officer Organization Date	
0 0 0 01 0 01 0	Eligible Urgent Repair Needs:	
Construct The Second		
Count Shore Trail (2:2 now shore) Case: Notes (for effice use only) August from flowed by from trait August and Shore Table from (index only) Index (for effice use only) Name of interviewer: Applicant Conflictations Index on shore the house index on the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads the least of the solution in the source of the application of the application of the application of the solution the solution the solution of the application of the application of the solution of the application of the solution of the solution of the application of the solution of the application of the solution of		
Count Shore Trail (2:2 now shore) Case: Notes (for effice use only) August from flowed by from trait August and Shore Table from (index only) Index (for effice use only) Name of interviewer: Applicant Conflictations Index on shore the house index on the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads the least of the solution in the source of the application of the application of the application of the solution the solution the solution of the application of the application of the solution of the application of the solution of the solution of the application of the solution of the application of the solution of		
Count Shore Trail (2:2 now shore) Case: Notes (for effice use only) August from flowed by from trait August and Shore Table from (index only) Index (for effice use only) Name of interviewer: Applicant Conflictations Index on shore the house index on the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads in the least of my boooledge; Non-housing problem: Non-housing problem: 21 The housed and and my the house index on some threads the least of the solution in the source of the application of the application of the application of the solution the solution the solution of the application of the application of the solution of the application of the solution of the solution of the application of the solution of the application of the solution of		
Channel Structure Monte Marken Structure Marken Marken Structure Marken Markan Marken Markan Marken (19). And Ander Marken Marken Marken Mar		
Applicant Conflications Non-housing problems: 11 Jones decret/bits: 11 Jones decret/bits: 12 The baseded down any primary realistic; 11 Jones decret/bits: 13 The baseded down any primary realistic; 11 Jones decret/bits: 14 The baseded down any primary realistic; 11 Jones decret/bits: 15 The baseded down any primary realistic; 11 Jones decret/bits: 16 Jone down and primary bits: 11 Jones decret/bits: 17 Jone down and primary bits: 11 Jones decret/bits: 18 Jone down and primary bits: 11 Jones down and primary bits: 19 Jone down and primary bits: 11 Jones down and primary bits: 11 Jones down and primary bits: 11 Jones down and primary bits: 12 Jones down and primary bits: 11 Jones down and primary bits: 13 Jones down and primary bits: 11 Jones down and primary bits: 14 Jones have and primary bits: 11 Jones have and primary bits: 15 Jones down and primary bits: 11 Jones have and primary bits: 16 Jones and primary bits: 11 Jones have and primary bits: 16 Jones and primary bits: 11 Jones have and primary bits: 16 Jones and primary bits: 11 Jones have and primary bits:	multithe field for sufferences and	
Unstant Security Dati: 1		
	roon-nousing protection:	
10 The holocontain the basen is been at some information in the solar tage in any baseling confidence in the solar tage information in the solar tage information is been at the solar tage information in the solar tage information is been at the solar tage information is bea		
II The Internation is provided to cally use for the Ugent Register Program (Program). The Program is interacted the used to use and very tem- borner homespacewards with provide the Ugent Register Program (Program). The Program is interacted the used to use and very tem- borner homespacewards used in the Ugent Register Program (Program). The Program is interacted the Ugent Program (Program). The Program (Program) is interacted to the Ugent Program (Program). The Program (Program) is interacted to the Ugent Program (Program) is interacted to the Ugent Program (Program). The Program (Program) is interacted to the Ugent Program (Program) i		
Idean houseons with gate for the neuronic guidence of the set of		
in the proceeding executibility mediations or their region of the programment displacement. and to folder the provide the strength of the programment of the programment of the applications of the programment of th		
If gibe permission for to Access the formation to work the contents of this application If gibe permission for to Access the space of the homes If content is application to Access the program guite may not restly at deficiencies in my home see make the home conterns of this application If content is application to Access the program guite may not restly at deficiencies in my home see make the home conterns of this application If the information the information		
and in foldate the sign of any home. I Cline: I	In access information to use if the contexts of this acceleration	
	to access information to verify the camerics of this application Other:	
Notice guilty stated as: 9 (1) than best address defined that my gender, care and ethnicity will be determined based upon observation and/or surrame if (do not self disclose 9 (1) than best address defined that my gender, care and ethnicity will be determined based upon observation and/or surrame if (do not self disclose 9 (1) than best address defined that my gender, care and ethnicity will be determined based upon observation and/or surrame if (do not self disclose 9 (1) than best address defined that address defined that disclose (1)); 9 (1) that disclose (1) that	and works of definition in the latter and with the latter configure to use fixed states or failed	
(i) Uses as advaced that my gender, case and ethnicity will be determined based upon observation and/or surgence if i do not self declare be information. Applicant Symmetry Date Con-Applicant Symmetry Con-Applicant Symmetry Date Con-Applicant Symmetry Date Con-Applicant Symmetry Date Con-Applicant Symmetry Con-Applicant Symmet	and receive an exception of a state on state contract to any occur and the state of receiver	
Use information. Place: Cold:: What (1) is Illuck/Micro. American Data Abala. Name: (14). None: Illumina Usa American Data Abala. Name: (14). None: Illumina Usa. Micro. Illumina U	and atheights will be determined hand uses observation and for surgery #1 do not call disclose	
Applicant Separate Date Cor-Applicant Separate Da	*Race Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawasia	
Applicant Signature Date Tee Applecent Signature Date "Hispanic Yis or No. "Hispanic Yis or No. "Wycens: A perior whe send in the active malary, and who was discharged or veloced bordism other shaded "Wycens: A perior whe send in the active malary, and who was discharged or veloced bordism other shaded "Wycens: A perior whe send in the active malary, and who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded "Wycens: A perior who was discharged or veloced bordism other shaded"		Anterican
***Verse: A press the served in the active military, and who was discharged or velocied boordrow under conditions offset than data		
		an dishonorable.
https://www.nchfa.com/homeownership-partners/community-partners/community-		
nttps://www.ncnta.com/nomeownership-partners/community-partners/community-		
	***V certai. A person who served in the active military, and who was discharged or released therefrom under conditions other th	2
programs/urgent-repair-program/forms-and-resources	***V certai. A person who served in the active military, and who was discharged or released therefrom under conditions other th	4



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.













	nd assistance to support HUD's community p	wrtners NEED HOUSING ASSISTANCE? Email Update
()) I	HUD EXCHANGE	My HUD Exchange Programs × Resources × Trainings Program Support × Grantees ×
	CPD Income Elig HOME Annual Inc	gibility Calculator User Manual Help
	② Dashboard	Skip to side navigation
	ANNUAL INCOME	What type of HOME assistance is being provided to this household?
	Type of Assistance	Homeowner Rehabilitation Homebuyer
	Beneficiary ID	O Rental*
	Beneficiary Location	O Tenant-based Rental Assistance*
	Income Determination Method	* IMPORTANT REMINDER: During an annual income RECERTIFICATION of a family residing in HOME-assisted rental housing, or receiving HOME tenant-based rental assistance, it is necessary to manually exclude from annual income
	Beneficiary Income	certain increases in the income of a disabled family member . These exclusions apply to annual income increases resulting from the following:
	Summary	Employment of a family member who is a person with disabilities and who was previously unemployed for one or more
	ADJUSTED INCOME	 years prior to employment: Increased earnings by a family member who is a person with disabilities during participation in any economic self- sufficiency or other job training program; or
	Dependents	 New employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any state program for families funded under Part A of Title

HUDE	XCHANGE	My HUD Exchange Programs ~	Resources ~ Trainings	Program Support 🗸	Grant
E	CPD Income Eligi HOME Annual Incor			User Manual Hel	lp
	Ø Dashboard	Skip to side navigation			
	ANNUAL INCOME	The CPD Income Eligibility Calculator asks for a "Beneficiary			
	Type of Assistance	applicants to CPD programs. The Beneficiary ID you enter sh printouts, and will be the key data element necessary to late for that beneficiary within the Calculator. DO NOT use any p	r find, complete, and/or edit the	income determination perfo	rmed
	Beneficiary ID	not limited to names, social security numbers, or addres		a benenerary ib, merading	, wat
	Beneficiary Location	Each user is responsible for designing their own method for protecting their own auditable records which associate each	Beneficiary ID with the individua	al, family, or household whos	se
	Income Determination Method	income was determined (as appropriate and/or required un for all programs except HOPWA will include both the Benefic associated individual, family, or household can be written or	ciary ID and a blank space in which		ilator
	Beneficiary Income	* Required			
	Summary	Enter a Beneficiary ID for this household. *	How many me	mbers are in this househol	d?
	ADJUSTED INCOME		Select One		*
	Dependents				
	Childron Expenser	Previous		Continue	

		#1
	Beneficiary Member ID	Testcase
	This member is the head of household	8
	This member is the co-head of household	0
ist each person in the household	This member is a child UNDER age 18	
ndividually.	This member is a fulltime student age 18 years and OVER	0
	This member is 62 years of age or older	8
	This member is a person (of any age) with disabilities	0
	Prease select the location and income limit information applicable to this househo If you are unsure of which income limit to use, the following website provides info https://www.hudexcharge.info/programs/home-income-limits/.	
Fill in the State (NC), County	State	
	North Cersline	*
	Area	
lesignated in your assistance	Area Rainigh, NC MSA	*
		*
lesignated in your assistance	Rairigh, NC MSA	*

Indicate if person has been previously determined or not.	Has this household previously been determined incor O Yes O No	ne eligible?			
Select Part 5 Annual Income (Section 2.4.3)	You may choose one of the following definitions of inc household: 24 CFR Part 5 Annual Income IRS Form 1040 Adjusted Gross Income	ome to use when calculatin	ng "annual income" fe	or the TESTcase1	
Passbook rate is currently 0.45%.	Applicable Passbook Rate 0.45 % Choose one of the following methods to calculate "ann 5 definition of income: (a) Short Form Method (Step-by-Step) Method	ual income" for the TESTcas	ie1 household using ti	he 24 CFR Part	
Choose between Short Form Method (right) and Guided Method (see next slide)	Assets Asset Type Asset Description Current Cash Value Actual Income from Assets Anticipated Annual Income Type Description Annual Amount • Attic	Anticipated Annual Income Type Wages/Salaries T Mages/Salaries Proceedings Banefity Personne Proce Associations Come Decime	for for Beneficiary Membe Description	Annual Amount S	Save

	Calculate wages, overtime, bonuses, and benefits for Beneficiary Member ID: Testcase Add a job for this member? Yes O No Description
	Wages/Salaries Hourty Annual
Guided Method (Step by Step)	Hourly Wage Hours per week Weeks per year
(oreh på oreh)	Overtime/Bonuses
	Total Overtime/Bonus Pay, Month 1 Total Overtime/Bonus Pay, Month 7
Overtime/bonus	ss
• Overtime/bonus	Total Overtime/Bonus Pay, Month 2 Total Overtime/Bonus Pay, Month 8
pay is calculated	\$ S Total Overtime/Bonus Pay, Month 3 Total Overtime/Bonus Pay, Month 9
	s s
for the pay	Total Overtime/Bonus Pay, Month 4 Total Overtime/Bonus Pay, Month 10
period covered	s s
	Total Overtime/Bonus Pay, Month 5 Total Overtime/Bonus Pay, Month 11
on the pay stub	5 5
(May = Month 5)	Total Overtime/Bonus Pay, Month 6 Total Overtime/Bonus Pay, Month 12
(\$\$
	Raises
	All forms of income earned by program applicants must be accounted for. In addition to base salary, this will include raises and annual cost of living adjustments (COLAs). Use the data entry fields below to enter information about any anticipated increase in annual income the applicant will experience over the next 12 months due to a raise in his or her hourly wage or annual salary and/or an annual COLA.
	Check if member anticipates a raise or COLA increase.
	Previous NCHFA: URP Implementations Workshop 2023 Save Continue











PRINT EXEC DESCRIPTION OF TRANSPORT ADDRESS DESCRIPTION OF TRANSPORT ADD	<text><list-item><list-item><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></text>	
 interest, unders the Bornrower is in default mader any of the terms of this Nom. So long a Bornrow is in a default of boliance the under the Nose shall and researching by endoued by the start of the s	(SEAL)	
6. Accumption. The Loan may be assumed aday upon the piror worken approval of the Bioder. The Holders shall not entry responses the assumption by (1) as the <i>x</i> , (1) Supers certified by the Bioder as meeting Proping adglightly requirement. Ary and all terms and conditions of this bioder as meeting Proping adglightly requirement to Bioreview and any noncensor that invoke all states and obligations of the Bioreview. Pige Ligt's FINANCE AGENCY	Page 2 of 2	







	COMPLETING THE DOCUMENTS	
	NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM	
	Promissory Note	
Prop	Date:	
to	DR VALUE RECEIVED, the undersigned (the "Borrower") jointly and severally promise(s) to the order of Your Organization Name, (the "Holder"), the amount up	
	as may have been disbursed from time to time, according to the following terms, at the office of, or at such place as the Holder of this Note may	
	Loan. This Note evidences a loan (the "Loan") made by Holder to Borrower under the North Carolina Housing Finance Agency's Urgent Repair Program ("URP").	
NORTH CAROLIN- HOUSING	Term. The term of the Loan shall be up to() years from the date of this Note (the "Maturity Date").	
HousingBuildsNC.com		Ŀ 🗈

	COMPLETING THE DOCI	JMENTS	
	NORTH CAROLINA HOUSING FINANCE AGE URGENT REPAIR PROGRAM Promissory Note	Admin Funds are not included with the loan amount	
	FOR VALUE RECEIVED, the undersigned (the "Borrov pintly a	and severally promise(s) to (the "Holder"), the amount up), or so much	
	 thereof as may have been disbursed from time to time, according to the foll designate in writing. , or at such place as the Hol designate in writing. Loan. This Note evidences a loan (the "Loan") made by Holder to Carolina Housing Finance Agency's Urgent Repair Program ("UR 	der of this Note may	
HousingBuildsNC.	Note (the "Maturity Date").	years from the date of this	达 企

	COMPLETING THE DOCUMENTS	
	NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM Promissory Note	
	Property Address: Date: FOR VALUE RECEIVED, the undersigned (thewer") jointly and severally promise(s) to pay to the order of, (the "Holder"), the amount up to Five Thousand Four Hundred and 00/100 Dollars (\$5,400.00), or so much thereof as may have been disbursed from time to time, according to the following terms, at the office of , or at such place as the Holder of this Note may designate in writing.	
HousingBuildsNC.cc	 Loan. This Note evidences a loan (the "Loan") made by Holder to Borrower under the North Carolina Housing Finance Agency's Urgent Repair Program ("URP"). Term. The term of the Loan shall be up to() years from the date of this Note (the "Maturity Date"). 	よ 企

	COMPLETING THE DOCUMENTS	
	NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM	
	Promissory Note	
	Property Address: Date:	
	 FOR VALUE RECEIVED, the undersigned Borrower'') jointly and severally promise(s) to pay to the order of, (the "Holder"), the amount up to Dollars (), or so much thereof as may have been disbursed from time to time, according to the following terms, at the office of Organization to send payment to, or at such place as the Holder of this Note may designate in writing. 1. Loan. This Note evidences a loan (the "Loan") made by Holder to Borrower under the North Carolina Housing Finance Agency's Urgent Repair Program ("URP"). 2. Term. The term of the Loan shall be up to (up to place as the date of this to place as the date of the date of this to place as the date of this to place as the date of this to place as the date of the dat	
HousingBuildsN	Note (the "Maturity Date").	迭 @





This slide was added based on some questions Sarah and Donna LH1 during and after the 2024 training. Liz Hair, 4/25/2024





	COMPLETING THE DOCUMENTS NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM Promissory Note	
	Property Address: Date:	
NORTH CAROLINA HOUSING FINANCE AGENCY Housing BuildsNC.com	 FOR VALUE RECEIVED, the undersigned (the "Borrower") jointly and severally promise(s) to pay to the order of	Input how long it will take to get to a \$0 balance here.





ESTOPPEL	MODIFICATION
an amount decreasing	Loan amount increasing
nly 1 signature needed	2 signatures required
ender's)	(Lender's and Borrower's)





	COMPLETING	THE DOCUMENTS	
	This Day day of Completed by: Name Address including city, state and zip Phone Number	Month, 20_Year Your Organization Name By: Authorized Person's Signature Print NameAuthorized Person's Name Title: Authorized Person's Title (i.e. President, Vice President, etc.)	
FINANCE AGENCY HousingBuildsNC.com			É 🗈

	MODIFICATIO	NAGREEMENT	
	PRINT RESET		
	PROTE AL. 8.1	 Waiver of Defenses. Borrower represents and warrants to Lender that there are no defenses against the enforcement of the Note or any other Loss 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 paragraph. 	
	Modification Agreement	 Further Assurances. Each party hereto shall cooperate, and take such further actions and execute and deliver tack documents as may be reasonably requested by the other party in order to effect and the movimum hereof. 	
	Property Address: Dute:	ersectuate me provincion merico. 3. Severability: In the event my term, covenant or condition of this Agreement shall to any extent be invalid or unesdorceable, the resamder shall not be affected thereby and each term, covenant or conditions shall be valid and endorceable to the full extent permitted by law.	
	THIS MODUFIC ATION AGREEMENT (the "Agreement"), is made and entered into by and between	 Successors and Assigns. This Agreement shall apply to, assure to the benefit of, and be bunking upon the parties hereto and upon their respective heirs, legal representatives, successors and permitted usigns, except as otherwise provided herein. 	
	WITNESSETH:	10 Full Force and Effect. Except as modified hereby, the Note remain unmodified and in full force and effect.	
	WHEREAS, Borrower has exacuted a Prominsory Note (the "Note") dated and psysble to Lender in the cognal principal ansatz of Dallas: ()) = ovidencing a loss from Lender to Borrower (the "Loss"),	 Effective Detr. The provisions of this Agreement shall be and become effective as of the date hereof. 	
	WHEREAS, Borrower and Lender desize to modify the Note to change the principal amount of the Lean to, and change	 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina. 	
	the Manuny Due to	IN WITNESS WHEREOF, the parties hereto have hereunto executed this Agreement under seal as of the day and year first above written.	
	hereby agree as follows: 1. Definition of Terms: All capitalized items contained herein and not otherwise defined thall be defined as a rounded in the Nete.	LENDER: BORROWER(S):	
	 Assessor of Leen. The maximum principal suscent of the Loan evidenced by the Note, including present and future solvances, is changed in	(SEAL) (SEAL)	
	3 Method the Maturity Date as stated on the Note is changed to () years from the Note date.	Printed Name Printed Name	
	4. Approvement of Short events: Summers have been yackneer longs and the continuent existence of the analyteteness relationship by the Neuran of an entranse discoursed by the Neuran of an entranse discourse of the protects in software of the two of the material entranse. The protect is a specific and the comparison of the compariso	Tide (SEAL) Pitzed Name	
HOUS	Pape 1 at 2	Page 2 of 2	

COMPLETING THE DOCUMENTS	
NORTH CAROLINA HOUSING FINANCE AGENCY URGENT REPAIR PROGRAM Modification Agreement	
Property Address: Address of where Date: Date borrower signs work was done. Modification Agreement (Street address, city, state and zip code) Modification Agreement	
THIS MODIFICATION AGREEMENT (the "Agreement"), is made and entered into by and between Borrower(s) Name as it appears on the Promissory Note (hereinafter referred to as "Borrower") and Your organization name (hereinafter referred to as "Lender");	
WITNESSETH: Date Borrower Signed	
WHEREAS, Borrower has executed a Promissory Note (the "Note") dated the Promissory Note and payable to Lender in the original principal amount of <u>Original loan amount - Written</u> Dollars (Loan Amount) evidencing a loan from Lender to Borrower (the "Loan");	
CARCELINA Numeric Should match the FINANCE AGENCY Ioan amount on the HousingBuildsNC.com Promissory Note	Ł 🗈



	COMPLETING THE IN WITNESS WHEREOF , the parties seal as of the day and year first above written.	E DOCUMENTS s hereto have hereunto executed this Agreement under	
	LENDER: <u>Authorized Person's Signature</u> (SEAL) <u>Authorized Person's Name</u> Printed Name Authorized Person's Title (i.e. President, Vice President, THE.)	BORROWER(S): John Doe (SEAL) John Doe Printed Name (SEAL) Jane Doe Printed Name	
HousingBuildsNC.com	a	Page 2 of 2	よ合











