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| **AGENCY MODIFY** |
| **Essential Single-Family Rehabilitation Loan Pool** |
|  |  |  |  |  | ***Pre-Application & Eligibility Certification*** |  |  |  | (page 1 of 2) |
| **Applicant Data** |
| Name of Homeowner(s) (First, MI, Last): |  |
| Street Address: |  |  |  |  |  |
| City: |  |  |  |  | County: |  |  |  |  |  |  | Zip Code: |  |
| Home Phone: |  |  |  |  |  |  | Work Phone: |  |  |  |  |  |  |  |  |
| **If the Applicant was referred by someone other than self, complete the following:** |
| Contact Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: |  |  |  |  |  |  |  |  |
| Relationship to Owner: |  |
| Notes: |  |
| **Household Membership** |
| Name (First, MI, Last) | Sex | Birth Date | SS# (9 digits required) | Race Code\* | Hispanic\*\* | Relation to Homeowner |
| a. |  |  |  |  |  |  |
| b. |  |  |  |  |  |  |
| c. |  |  |  |  |  |  |
| d. |  |  |  |  |  |  |
| e. |  |  |  |  |  |  |
| f. |  |  |  |  |  |  |
| g. |  |  |  |  |  |  |
| **Gross Income Work Table** |  |  |  |  |  | **Dollars / Household Member / MONTH** |  |  |  |
| **Source** | a | b | c | d | e | f | g | Total |
| 1) Wages |  |  |  |  |  |  |  |  |
| 2) Retirement/Pension |  |  |  |  |  |  |  |  |
| 3) Social Security |  |  |  |  |  |  |  |  |
| 4) Supplemental Security Income |  |  |  |  |  |  |  |  |
| 5) Public Assistance |  |  |  |  |  |  |  |  |
| 6) Child Support |  |  |  |  |  |  |  |  |
| 7) Interest |  |  |  |  |  |  |  |  |
| 8) |  |  |  |  |  |  |  |  |
| 9) |  |  |  |  |  |  |  |  |
| 10) |  |  |  |  |  |  |  |  |
| Monthly Sub-Total (sum rows 1-10) |  |  |  |  |  |  |  |  |
| Annual Sub-Total (12 x row above) |  |  |  |  |  |  |  |  |
| Annual Gross Household Income (sum Annual Sub-Total for columns a-g): |
| **Applicant Certifications** |
| **I hereby certify that:** |
| 1) | I own and occupy the home described above as my primary residence; |  |  |  |  |  |  |  |  |  |
| 2) | The household and income information listed above is complete and true to the best of my knowledge; |  |  |  |  |
| 3) | This information is provided to qualify me for the Essential Single-Family Rehabilitation Loan Pool (ESFRLP). The Program is intended to |
| assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose a threat to life, |
| health or safety or in performing accessibility modifications or other repairs necessary to meet the Essential Rehabilitation Criteria of ESFRLP. |
| 4) | I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and NC Housing Finance Agency to access information to verify the |
| contents of this pre-application and to facilitate the rehabilitation of my home to meet Essential Property Standards or the Minimum Housing Code. |
| 5) | I understand that the secured, 0% interest, forgiven at the rate of $5000/year loan provided via the ESFRLP is secured with a Deed of Trust. |
|  |
| 6) | I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self-disclose |
|  | the information. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Applicant Signature Date |  | Co-Applicant Signature |  |  |  | Date |

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| **AGENCY MODIFY****ESFRLP PROGRAM*****Pre-Application & Eligibility Certification*** |  | (page 2 of 2) |
| **Applicant Data**Name of Homeowner(s) (First, MI, Last): Street Address: |
| **Qualifying Income Table (for reference) Maximum Gross Household Income** |
| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| a) County: 30% |  |  |  |  |  |  |  |  |
| b) County: 50% |  |  |  |  |  |  |  |  |
| c) County: 80% |  |  |  |  |  |  |  |  |
| Note: |
| **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: |  |  |
|  | **Owner 62+** |  | **Member Disabled** |  | **Veteran\*\*\*** |  | **EBLL threat to child under 6** |
| **Eligibility Certifications** |
| **I hereby certify that:**1. **All of the above information has been reviewed or documented in accordance with the ESFRLP Program Guidelines and the ESFRLP Assistance Policy.**
2. **The Applicant is eligible for assistance under the ESFRLP Program;**
3. **There is no other state or federal source of funds available now, or likely to be available within the next six months, which could pay for the proposed repairs.**

Authorized Officer Organization | Date |  |
| **Eligible ESFRLP Rehabilitation Needs:** |
| **Case Notes (for office use only)** Name of interviewer:Non-housing problems:Other: |
| \*Race Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaiian/Other Pacific 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, Asian/Pacific Islander (21).\*\*Hispanic: Yes or No.\*\*\*Veteran: A person who served in the active military as evidenced by a DD-214 form. |

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| Action taken for referrals? **YES** |  | **NO** |  | If yes, specify: |