

**NORTH CAROLINA HOUSING FINANCE AGENCY**  
**Nash County's Housing Rehabilitation Assistance Program**  
**Application & Eligibility Certification**

**Applicant Data:**

Name of Homeowner(s) (First, MI, Last): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Check Marriage Status:  Married  Single  Divorced. Relationship to Owner: \_\_\_\_\_

**Household Membership:** (If more than 6 household members, attach additional pages.)

Name (First, MI, Last)	Sex (M/F)	Birth Date	Race	Hispanic (Y/N)	SS# (Last 4 digits only)	Disabled (Y/N)	Veteran (w/DD214)	Relation to Homeowner
a.								
b.								
c.								
d.								
e.								
f.								

Is a member in your household a full-time student? (Circle One) Yes No  
 If so, please state their name. \_\_\_\_\_

**Gross Income**

(letters = persons above)

**Monthly Income Dollars / Household Member**

Source:	a	b	c	d	e	f	Total
1. Wages							
2. Retirement/Pension							
3. Social Security							
4. Supplemental Security Income							
5. Public Assistance							
6. Child Support							
7. Interest							
8. Rent(s) Received							
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-f):  
 \_\_\_\_\_

**Applicant Certifications:**

I hereby certify that:

- 1) I own and occupy the home described above as my primary residence;
- 2) The above information is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for the Urgent Repair Program 2020 (URP 20) and the Essential Single-Family Rehabilitation Loan Pool 2020 (ESFRLP20) program;
- 4) 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;
- 5) I acknowledge that copies of the assistance policy are available at the Nash County Administration Building and online at nashcountync.gov, and that I have reviewed a copy of the assistance policy;
- 6) I acknowledge that all property taxes **must** be paid in full, **unless** a payment plan has been established **and** payments are current, in order to be considered for the URP20 and ESFRLP20 programs.

	/ /		/ /
Applicant Signature	Date	Co-Applicant Signature	Date

**Please Note:** Income and Ownership Documentation is Required. No application is complete without satisfactory proof of income and proof of ownership. Be sure to send proof of the income that is listed for each adult, including Social Security, Wages, Pensions, Public Assistance, Rents, Alimony, Child Support, etc. (Bank statements will not be used for income verification.)

**Applicant Data:**

Name of Homeowner(s) (First, MI, Last):

Street Address:

<b>ESFRLP2020 Qualifying Income Table</b> (For Reference) <b>2020 Median Income for Nash County is \$57,700</b>								
<b>Household Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>30%</b> of the County Median Household Income.	<b>\$12,250</b>	<b>\$14,000</b>	<b>\$15,750</b>	<b>\$17,450</b>	<b>\$18,850</b>	<b>\$20,250</b>	<b>\$21,650</b>	<b>\$23,050</b>
<b>50%</b> of the County Median Household Income.	<b>\$20,350</b>	<b>\$23,250</b>	<b>\$26,150</b>	<b>\$29,050</b>	<b>\$31,400</b>	<b>\$33,700</b>	<b>\$36,050</b>	<b>\$38,350</b>
<b>80%</b> of the County Median Household Income.	<b>\$32,550</b>	<b>\$37,200</b>	<b>\$41,850</b>	<b>\$46,500</b>	<b>\$50,250</b>	<b>\$53,950</b>	<b>\$57,700</b>	<b>\$61,400</b>

<b>URP20 Qualifying Income Table</b> (For Reference) <b>2020 State-wide Median Income for North Carolina is \$70,000</b>								
<b>Household Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>30%</b> of the State Median Household Income.	<b>\$14,700</b>	<b>\$16,800</b>	<b>\$18,900</b>	<b>\$21,000</b>	<b>\$22,700</b>	<b>\$24,350</b>	<b>\$26,050</b>	<b>\$27,700</b>
<b>50%</b> of the State Median Household Income.	<b>\$24,500</b>	<b>\$28,000</b>	<b>\$31,500</b>	<b>\$35,000</b>	<b>\$37,800</b>	<b>\$40,600</b>	<b>\$43,400</b>	<b>\$46,200</b>

**Applicant Questionnaire**

- Have you remembered to include proof of income for each household member with your application? (Benefit statements, W2's, pay stubs, retirement statements, tax returns, etc.), and any proof of disabilities?  
(Circle one) Yes No
- In order to prove ownership you will provide ESFRLP20 and URP20 administrators with:  
(Circle one) Deed Tax Card Other \_\_\_\_\_
- What type of home/house do you live in?  
(Circle one) Mobile Home Modular Home Site Built
- When was the home built? \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_
- Are you living in the house right now?  
(Circle one) Yes No

Date Initiated \_\_\_\_\_  
Date Completed \_\_\_\_\_  
Staff Initials \_\_\_\_\_

6. Do you owe a mortgage?  
(Circle one) Yes No
  
7. Are Nash County *and* municipal property taxes (if applicable) paid in full?  
(Taxes must be paid or applicant must be on a Tax Administrator approved payment plan in order to qualify.)  
(Circle one) Yes No
  
8. Do any of the children in the home have elevated blood lead levels?  
(Circle one) Yes No
  
9. Have you had any housing repair assistance from a local government in the past 10 years, or a Deed of Trust on your home for housing assistance within the past 10 years?  
(Circle one) Yes No If yes, describe \_\_\_\_\_
  
10. Do you believe your property requires at least \$5,000 in repairs?  
(Circle one) Yes No

**Types of essential repairs needed:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Roof/ Ceiling (leaks) | <input type="checkbox"/> Plumbing/ Fixtures | <input type="checkbox"/> Floors                 | <input type="checkbox"/> HVAC             |
| <input type="checkbox"/> Windows (leaks)       | <input type="checkbox"/> Door(s)            | <input type="checkbox"/> Ramps/ Railing         | <input type="checkbox"/> Insulation       |
| <input type="checkbox"/> Electric/ Lighting    | <input type="checkbox"/> Septic/ Water      | <input type="checkbox"/> Bathroom accessibility | <input type="checkbox"/> Mold/ Rot/ Pests |
| <input type="checkbox"/> Other: _____          |   |   |   |

Return completed form to: Nash County  
Attn: Housing Rehabilitation Assistance Program  
120 West Washington Street, Suite 3040  
Nashville, North Carolina 27856

**Please return at your earliest convenience, but no later than 5:00 p.m. on July 10, 2020.**

*OFFICE USE ONLY*

PIN \_\_\_\_\_ PARID \_\_\_\_\_ Flood Zone \_\_\_\_\_  
DB/Pg \_\_\_\_\_ Est Annual Income % \_\_\_\_\_ Prior Asst \_\_\_\_\_