Last updated 7/8/26

North Carolina Housing Finance Agency

Essential Single-Family Rehabilitation Loan Pool and Urgent Repair Program

Request for Project Amendment

Partner Organization		**Date**	
Project Amendment No* *Number as 01, 02, 03, etc.		**CM #1**	Select One
		CM #2	Select One

**CM = Case Manager*

1. **Program Requesting Amendment:**
   - ☐ Urgent Repair Program (URP)
   - ☐ Essential Single Family Loan Pool (ESFRLP)
2. **Project Award Number for Requested Change, URP and ESFR (separate with commas)**
3. **Project Contact Information (Please confirm information for the following roles with each submission):**

Project Administrator	☐ Check if this is an update
Name & Title	
Email	
Phone	
Public Contact/Intake	☐ Check if this is an update
Name & Title	
Email	
Phone	

4. **Project Role Change Request:**
   - ☐ The Member requests approval of changes in key personnel as indicated on the next page. A current resume is attached for all personnel named in Section 3 who was not named for a role in our approved application (not required for 'Other').

Instructions

1. This form should be completed in full for all cycles of open ESFR or URP projects your organization has a Funding Agreement with NCHFA.
2. Completed in full means all appropriate information is included in Sections 1 – 5.
3. Open means your organization has not received a close-out letter for a specific project.
4. When listing projects in Section 2, show all projects with changes. Make a statement about open projects with no changes.
5. This form will be returned if the following is not included: a resume for each new personnel proposed (no resume required for "Other" category), contact phone & email proposed, and no signatures or dates.
6. Duplicate Role Page is provided for circumstances where there are multiple projects with new/different people. Only one person should be assigned responsibility for a role/project. Indicate the Project #s the role changes pertain to at the top right in the space provided [example: FA#:____ESFRLP2652___].
7. If you need to reassign Portal Access, please contact your case manager for the separate form.

North Carolina Housing Finance Agency

Essential Single-Family Rehabilitation Loan Pool and Urgent Repair Program

Request for Project Amendment

4. Project Role Change Request Information: **applicable FA #:** _____

Project Role	As Approved in Application		Proposed Changes	
a. Project Administration	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
b. Financial management/loan administration	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
c. Attorney-legal services, recording, etc.	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
d. Rehabilitation Management	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
f. Interim inspections of work	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
g. Final inspections of work	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
h. Applicant intake/qualification	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
i. Client Counseling	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
j. Construction Manager (self-performing only)	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
k. Other: *(Identify below.)*	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	

5. Member Certifications:

The above-named Member organization hereby requests that its NCHFA ESFRLP and/or URP project(s),be approved as indicated above. I certify that all supporting information provided herein is accurate and the proposed changes are feasible and necessary to the success of the project.

_____ _____

Authorized Officer Signature *Date*

_____

Title

6. NCHFA Approval:

The North Carolina Housing Finance Agency hereby approves the above Funding Agreement changes

☐ as proposed, **or**

☐ as revised by Agency staff. Said changes are hereby made a part of the Funding Agreement by mutual consent.

_____ _____

Case Manager Signature *Authorized Officer Signature*

_____ _____

Title *Title*

_____ _____

Date *Date*

Duplicate Role Page

Last updated 7/8/26

North Carolina Housing Finance Agency

Essential Single-Family Rehabilitation Loan Pool and Urgent Repair Program

Request for Project Amendment

4. Project Role Change Request Information: **applicable FA #:** _____

Project Role	As Approved in Application		Proposed Changes	
a. Project Administration	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
b. Financial management/loan administration	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
c. Attorney-legal services, recording, etc.	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
d. Rehabilitation Management	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
f. Interim inspections of work	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
g. Final inspections of work	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
h. Applicant intake/qualification	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
i. Client Counseling	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
j. Construction Manager (self-performing only)	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	
k. Other: *(Identify below.)*	Name:		Name:	
Note:	Title:		Title:	
	Insert new contact email/phone:		Phone:	
			Email:	

5. Member Certifications:

The above-named Member organization hereby requests that its NCHFA ESFRLP and/or URP project(s),be approved as indicated above. I certify that all supporting information provided herein is accurate and the proposed changes are feasible and necessary to the success of the project.

_____ _____

Authorized Officer Signature *Date*

_____

Title

6. NCHFA Approval:

The North Carolina Housing Finance Agency hereby approves the above Funding Agreement changes

☐ as proposed, **or**

☐ as revised by Agency staff. Said changes are hereby made a part of the Funding Agreement by mutual consent.

_____ _____

Case Manager Signature *Authorized Officer Signature*

_____ _____

Title *Title*

_____ _____

Date *Date*