

C2. Request for Waiver of ESFRLP Property Standard Requirement

Date: _____

Agency: _____

Contact: _____

Phone: _____

Owner: _____

Phone: _____

Project Address: _____

City/State/Zip: _____

County: _____

By signing this document, the undersigned acknowledges NCHFA's Minimum Requirements of the Essential Single-Family Rehabilitation Loan Pool (ESFRLP) are for the benefit of meeting and/or exceeding building codes and the design standard is intended to promote minimum housing code construction for this project address.

I, _____, affirm I am the authorized representative of the funded entity for this project and do hereby request a waiver of the following Minimum Requirement for my project:

[Enter ESFRLP Minimum Property Standard Section Reference Number/s]

Please state how this waiver will meet or exceed the above ESFRLP Minimum Property Standard requirement for this project:

I hereby acknowledge that by requesting this waiver, I will hold harmless any party providing funding, administration, or construction, due to omission of this provision of the North Carolina Housing Finance Agency's ESFR Property Standard and that implementation of this request will not violate any state or local codes or ordinances.

Homeowner's Name: _____
(print full name and sign)

Rehabilitation Specialist's Name: _____
(print full name and sign)

Funded Member/Community Partner Contact: _____
(print full name and sign)

Date: _____

For NCHFA use only below this Line

NCHFA Case Manager Comments:

Case Manager: _____ Date reviewed: _____

NCHFA Manager of Housing Rehab Comments:

NCHFA Manager of Housing Rehab: _____ Review Date: _____
Date of: Approval _____ Denial _____