|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | | | | | | | |

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