

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: _____

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

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.

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 _____