

Housing Repair Loan Program



Please complete this application in its entirety and attach all required documents.

Housing Repair Loan Program Application				
Homeowner/Applicant Name	Last Name	First Name	Middle Initial	
Co-owner/Applicant Name				
Applicant Address	Physical Address of Property		Mailing Address	
City/State/Zip				County
Homeowners Hazard Insurance Company Name & Policy No. <i>(attach proof of policy)</i>				
Phone Number	Home	Mobile	Work	
Email Address				
Year Home Was Built	(Must be prior to 1968)	Type of Home	Single-family <input type="checkbox"/>	Duplex <input type="checkbox"/>

Please attach copy of deed and recent tax bill indicating home ownership in applicant(s) name(s) and proof of home's age.

Eligible Repairs Needed	

[Type here]

Household Membership Information				
Name (First, MI, Last)	Birthdate	SSN (last 4 digits)	Relation to Homeowner	Income
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				

Please attach valid identification for all household members (i.e. driver's license, birth certification for child, military ID, government issued photo ID)

Gross Income Table										
Dollars/Month/Household Member										
Source	a.	b.	c.	d.	e.	f.	g.	h.	TOTAL	
Wages										
Retirement/Pension										
Social Security										
SSI/Disability										
Child Support										
Public Assistance										
Other:										
Monthly subtotal (sum of rows 1-10)										
Annual subtotal (12xrow above)										
Annual Gross Household Income (sum of Annual Subtotals a-h)									Total:	

Please attach all proofs of income including 3 months of bank statements, current pay stubs, recent W-2s and tax returns, statement from Social Security office regarding benefits, child support orders and proof of all public assistance for all members of the household.

TO QUALIFY, YOUR INCOME MUST FALL BETWEEN 50-100% OF AMI FOR YOUR FAMILY SIZE								
Area Median Income (AMI)	Number of Persons in Family							
	1	2	3	4	5	6	7	8
50%	\$18,550	\$21,200	\$23,850	\$26,500	\$28,650	\$30,750	\$32,900	\$35,000
100%	\$37,100	\$42,400	\$47,700	\$53,000	\$57,300	\$61,500	\$65,800	\$70,000

[Type here]

Applicant Certifications:

I understand the terms and conditions of the Housing Repair Loan Program and I certify that:

- 1) I own and occupy the home described on my application as my primary residence.
- 2) All information submitted on my application is accurate and complete.
- 3) I understand that the Housing Repair Loan Program grant may not address all deficiencies in my home.

_____ *Applicant Signature*

_____ *Date*

_____ *(Co)Applicant Signature*

_____ *Date*

_____ *Staff Signature*

_____ *Date*

To obtain more information, contact:

City of Rocky Mount
Department of Community and Business Development, City Hall, 2nd Floor
331 S. Franklin Street – P.O. Box 1180
Rocky Mount, NC 27802
(252) 972-1100 (Office)
(252) 972-1581 (Fax)

INCOME VERIFICATION FORM

Applicant: _____

SSN: _____

Address: _____

Telephone: _____

I authorize the Social Security Administration, Department of Social Services, Unemployment Security Administration, Retirement/Pension Agency, employer, or _____ to release to the City of Rocky Mount all information concerning benefits or salary payable to me. This includes all benefits for me/my family.

Applicant Signature

Date

THIS SECTION FOR EMPLOYERS OR SOCIAL SECURITY ADMINISTRATION, ETC. ONLY

The person above is an applicant for a City of Rocky Mount Community Development Program. Federal law requires us to obtain a verification of income on each applicant to determine the benefit to low-to-moderate income households. The information requested will be kept in strict confidence. **Please provide a copy of 1099 or W-2 if available.** Thank you for your cooperation in returning this form to the address below.

The above receives \$ _____ per HR/WK/MO/YR

Estimated yearly income \$ _____ (Note variations below)

Expected Increase/Decrease for the Upcoming Year \$ _____

Type of benefits: _____

Agency/Employer: _____

Title: _____

Phone _____

Signature _____

Date _____

Remarks: _____

Return to: **City of Rocky Mount**
Attn: Department of Community and Business Development
331 S Franklin Street – P.O. Box 1180
Rocky Mount, NC 27802