



COMMUNITY DEVELOPMENT
THE CENTER OF IT ALL

Housing Repair Program Applicant Checklist

How To Apply:

- Owner occupied homeowners may apply via mail or in person for the City of Rocky Mount's Housing Repair Program at the following address:

Department of Community Development
City Hall, 2nd Floor
331 S. Franklin Street
Post Office Box 1180
Rocky Mount, North Carolina 27802
(252) 972-1100

- Applications will be reviewed by the Department of Community Development. Eligible applicants will be selected on a first come, first serve basis. No property shall be eligible for more than one (1) grant award in any three (3) year period.

Additional Required Documentation for Application Submittal:

Copies of the following required documents must be provided along with the application:

- Proof of homeownership (copy of deed).
- Proof of primary residence (copy of utility bill, address on pay stub, etc.).
- Proof that both City and County property taxes are current. No liens against the property for weed abatement or improvements such as a sidewalk, curb, and gutter or water and sewer line fees.
- Proof of gross annual income of all household members. Household income includes wages, salary, overtime pay, commission, fees, tips, bonuses, interest, dividends, Social Security, annuities, pensions, retirement funds, insurance policy dividends, disability benefits, alimony, child support, regular contributions from persons not occupying the unit, and public assistance allowance.
- Proof of liability and casualty insurance and flood insurance if in a floodplain area.
- A copy of social security statement for every occupant.
- A copy of the applicant's government-issued identification card or driver's license.
- A copy of social security card for every occupant.



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City of Rocky Mount Housing Repair Program

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

Housing Repair 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 1982)	Type of Home	Single-family <input type="checkbox"/>	Duplex <input type="checkbox"/>

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

Eligible Repairs Needed	

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:									
Other:									
Monthly subtotal (sum of rows 1-10)									
Annual subtotal (12 x row above)									
Annual Gross Household Income (sum of Annual Subtotals a-h)									Total:

Please attach all proofs of income including 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 BE LESS THAN 80% OF AMI FOR YOUR FAMILY SIZE								
Area Median Income (AMI)	Number of Persons in Family							
	1	2	3	4	5	6	7	8
30%	\$14,050	\$16,050	\$18,050	\$20,050	\$21,700	\$23,300	\$24,900	\$26,500
50%	\$23,450	\$26,800	\$30,150	\$33,450	\$36,150	\$38,850	\$41,500	\$44,200
80%	\$37,450	\$42,800	\$48,150	\$53,500	\$57,800	\$62,100	\$66,350	\$70,650

Applicant Certifications:

I understand the terms and conditions of the Housing Repair 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 Program grant may not address all deficiencies in my home.

Applicant Signature

Date

(Co)Applicant Signature

Date

Staff Signature

Date

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 Development
331 S Franklin Street
P.O. Box 1180
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Signed During Business Continuity 2020
Please validate with customer's id prior to signature

Accepted by: _____ (initials)



ROCKY MOUNT
BUSINESS AND COLLECTIONS SERVICES
THE CENTER OF IT ALL

Utility Assistance Disclosure Agreement & Release of Information

Account holder Name: _____

Service Address: _____

Customer/ Account #: _____

I, _____ give the City of Rocky Mount/Business and Collections Services permission to help me obtain services through the process of case management. I understand that sharing personal information about my situation with other agencies/individuals is necessary for the process of helping me secure assistance to avoid the disconnection of utility services. I give consent for the Assistance Office to release/receive information on my behalf as necessary to secure assistance. I understand that I need to be an active participant in the eligibility determination process and agree to meet all necessary payment requirements.

I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent.

This consent is valid only until 11/30/2023 (Date Consent Expires).

This consent is not automatically renewable. It expires automatically at the end of the period specified above unless revoked in writing sooner. My signature below affirms that I am the account owner, I have read this release, or it has been read to me, and I understand its content and purpose.

Printed Name on Account: _____

Signature of Account Holder: _____

Date: _____