



ROCKY MOUNT
COMMUNITY DEVELOPMENT
THE CENTER OF IT ALL

**CITY OF ROCKY MOUNT, NORTH CAROLINA
Urgent Repair Program (URP22) Applicant Checklist**

How To Apply:

- Owner occupied homeowners may apply via mail or in person for the City of Rocky Mount's Urgent 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 and ranked by the Department of Community Development based on the priority system outlined on page 2 of the Urgent Repair Program Assistance Policy. The households to be assisted will be selected within 60 days of receipt of application.

Additional Required Documentation for Application Submittal:

Below is a listing of the documentation that will be requested by City staff upon notification of selection to receive a grant:

- 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 taxes are current.
- 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. **The income of household members, other than the applicant, who are under 18 years of age or who are full time students, is excluded.**
- 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.

NORTH CAROLINA HOUSING FINANCE AGENCY
URGENT REPAIR PROGRAM
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# (last 4 digits)	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 Urgent Repair Program (Program). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety or in performing accessibility modifications or other repairs necessary to prevent imminent displacement.
- 4) I give permission for _____ to access information to verify the contents of this application and to facilitate the repair of my home.
- 5) I understand that this Program grant may not rectify all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
- 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 _____

Urgent Repair Program

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**
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