



CITY OF ROCKY MOUNT, NORTH CAROLINA Urgent Repair Program (URP21) 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 & Business 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 & Business 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**

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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 _____

NORTH CAROLINA HOUSING FINANCE AGENCY
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(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) Statewide non-metro 30%								
b) Statewide non-metro 50%								
c) County 30%								
d) County 50%								

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: Single-Parent Household

Owner 62+ Member Disabled EBLL Child Veteran*** Household Size 5+

Eligibility Certifications

I hereby certify that:

- 1) All of the above information has been reviewed or documented in accordance with the Program Guidelines.
- 2) The Applicant is eligible for assistance under the 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 Urgent Repair 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, and who was discharged or released therefrom under conditions other than dishonorable.

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

ZERO INCOME AFFIDAVIT

(To be completed by all homeowners in appropriate household)

Homeowner: _____

Homeowner address: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, etc.);
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations here-in constitutes an act of fraud, which may result in the repayment of the loan or promissory note.

PRINTED NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

ZERO INCOME AFFIDAVIT