



OFFICE USE

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STAFF INITIALS _____

FIRST ROUND OF APPLICATIONS TO MAKE URGENT REPAIRS TO ELIGIBLE HOMES IN ORANGE COUNTY ARE DUE BY OCTOBER 9, 2019

The Orange County Department of Housing and Community Development (DHCD) has been awarded \$80,000 by the North Carolina Housing Finance Agency (NCHFA) under the 2019 Urgent Repair Program (URP19). This program provides funds to assist very low and low income households with special needs, such as being elderly or disabled, in addressing housing conditions which pose imminent threats to their life and/or safety or to provide accessibility modifications or other repairs to prevent displacement of these households. The program is for emergency, urgent and critical repairs and not Single-Family Rehabilitation, which is another of the County's housing rehab programs available to low-income households. A total of 12 households will be assisted under URP19.

To be eligible for assistance under URP19, applicants must meet the following eligibility requirements:

1. Must reside within Orange County and own and occupy the house in need of repair.
2. Must have a household income which does not exceed 50% of the County median income for the household size.
3. Must have a special need (i.e. at least 62 years old; handicapped or disabled; single parent with a dependent child living at home; veteran; large family with at least 5 household members; or a household with a child younger than six with an elevated blood lead level).
4. Must have urgent repair needs which cannot be met through other state and federally funded housing assistance programs.

Household Income Limits at 50% Area Median Income for Orange County, 2019

One (1) person household:	\$29,700
Two (2) person household:	\$33,950
Three (3) person household:	\$38,200
Four (4) person household:	\$42,400
Five (5) person household:	\$45,800

Orange County will provide assistance to those whose homes are selected for repair in the form of an unsecured, zero percent (0%) loan, forgiven at a rate of \$2,000 per year until the principal balance is reduced to zero (0). The maximum loan amount is \$10,000.

Applications will be available to the public starting September 23, 2019 and must be submitted to DHCD by 5:00 PM on October 9, 2019.

Applications can be submitted by mail, email, fax or in person. Applications are available at the following locations:

Orange County Department of Housing and
Community Development
300 W. Tryon Street
P.O. Box 8181
Hillsborough, NC 27278
(919) 245-4358 (phone)
919-644-3056 (fax)
dbeecham@orangecountync.gov

Orange County Department of Housing and
Community Development
Satellite Office
Southern Human Services Center
2501 Homestead Road
Chapel Hill, NC 27516
919-245-2484

Orange County Public Library
137 W. Margaret Lane
Hillsborough, NC 27278

Chapel Hill Public Library
100 Library Drive
Chapel Hill, NC 27514

Cedar Grove Community Center
5800 NC Highway 86N
Hillsborough, NC 27278

Orange County website
www.orangecountync.gov

Efland-Cheeks Community Center
117 Richmond Road
Efland, NC 27243

Rogers Road Community Center
101 Edgar Street
Chapel Hill, NC 27516

Passmore Center
103 Meadowlands Drive
Hillsborough, NC 27278

Seymour Center
2551 Homestead Road
Chapel Hill, NC 27516

Town of Chapel Hill Town Hall
405 MLK Jr. Blvd.
Chapel Hill, NC 27514

Town of Carrboro Town Hall
301 W. Main Street
Carrboro, NC 27510

For more information please contact:

Orange County Department of Housing and Community Development
ATTN: Diane Beecham
Whitted Building
300 W. Tryon Street
P.O. Box 8181
Hillsborough, NC 27278
(919) 245-4358
dbeecham@orangecountync.gov

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 only)	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

URGENT REPAIR PROGRAM

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) 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.

CERTIFICATION OF INCOME

This form must be completed by each adult household member (18 years and older). If a household member has zero income, then that member must instead complete the attached Zero Income Affidavit. For this form, only the Applicant must complete Sections A and B; all other household members with income will complete Section 3 only.

Applicant Name: _____

A. Number and Name of Adults in the Household: _____

(Names): _____

B. Number and Name of Minor/Dependent Children in the Household: _____

(Names): _____

C. Check all source documents submitted to certify gross household income:

- Copy of last two (2) bi-weekly or last four (4) weekly paycheck stubs. They must be the most current and consecutive;
- Current year benefit award letters (social security, supplemental security income (SSI), benefits received on behalf of minors);
- Wages from employment including commissions, tips, bonuses;
- Income from the operation of a business, such as Mary Kay or landscaping services;
- Rental income from real or personal property;
- Unemployment or disability payments;
- Public assistance payments (excluding SNAP/food stamps);
- Alimony or child support;
- Any other source of income not name above.

Applicant(s) certify that the information presented along with this Certification is true and accurate. In addition, Applicant(s) further acknowledge and understand that providing false representation herein constitutes an act of fraud. Applicant(s) acknowledge and understand that false, misleading or incomplete information may result in the disapproval of this Application. Applicant(s) further understand that additional income documentation may be required to verify my household eligibility.

Applicant Signature

Printed Name

Date

ZERO INCOME AFFADAVIT

Must be completed by each adult household member (18 years and older) who has zero income

Name: _____

Address: _____

Relationship to Head of Household: _____

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

1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
2. Income from operation of a business;
3. Rental income from real or personal property;
4. Interest or dividends from assets;
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
6. Unemployment or disability payments;
7. Public assistance payments;
8. Periodic allowances such as alimony, child support, or gifts received from persons living in the household;
9. Sales from the operation of a business , such as Mary Kay or landscaping services;
10. Any other source not named above.

B. 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 twelve (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 herein constitutes an act of fraud, which may result in the repayment of the funds or assistance provided.

Applicant Signature

Printed Name

Date