66 S. Union St., PO Box 308, Concord, NC 28026 ▪ www.ci.concord.nc.us

INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKET

1. Complete all of the Housing Rehabilitation Assistance Application, sign & date.

2. Each member of the household receiving income must also complete the Eligibility Release Form by placing initials in the highlighted areas. They must print their name, sign and date the form at bottom.

3. You have been provided with a checklist of documents that you must submit with your application. All items in the top portion of this list are required and only those items in the bottom portion that apply to you are required.

To be eligible for housing rehabilitation assistance, a family's household income may not exceed 80% of the area's median income. The maximum allowable household income is determined by household size and income as indicated in the chart below:

HUD 2010 Annual Income Limits	
1 person household	$37,650
2 person household	$43,000
3 person household	$48,400
4 person household	$53,750
5 person household	$58,050
6 person household	$62,350

If you have any difficulty completing any items or have any questions, please call me at any time and I will be glad to assist you.

Thank you,

Debbie Savage
Planning & Development Assistant
Business & Neighborhood Services
704-920-5146

Concord
NORTH CAROLINA
High Performance Living
66 Union Street South, PO Box 308, Concord, NC 28026 – www.ci.concord.nc.us

The following items must be submitted with your application or it cannot be processed:

- Copy of Driver's License or Photo ID
- Copy of Social Security Card (All members of household)
- Copy of deed to house
- Two current pay stubs if applicable
- Proof of Homeowner's Insurance
- Proof that City utilities & all property taxes are current

If you receive income from any of the following sources, please provide documentation verifying such income:

- Disability income
- Retirement income
- Social Security benefits
- Alimony
- Child Support
- Public Assistance
- Dividends from Stock
- Rent from Real Estate
- Any other source of income

*All of the above may not apply to you. Please attach only those that apply to you and/or others living in your home.

Business & Neighborhood Services
Phone (704) 920-5146 ● Fax (704) 795-0983

66 S. Union St., PO Box 308, Concord, NC 28026 ▪ www.ci.concord.nc.us

Housing Rehabilitation Assistance Application

Date: _____

Applicant's Name: _____

Telephone Number: _____ _____
Home Work

Current Address: _____

My residence is: _____ Single-family _____ Duplex _____ Other

Do you own your home? ____ Yes *(attach copy of deed)* ____ No

Are your property taxes current? ____ Yes *(attach copy of receipt)* ____ No

Are your City utilities current? ____ Yes *(attach copy of receipt)* ____ No

Do you have homeowner's insurance? ____ Yes *(attach copy of ins. policy)* ____ No

Co-Applicant's Name: _____

Current Address: _____

Telephone Number: _____ _____
Home Work

NAME OF EVERYONE LIVING IN THE HOME, INCLUDING YOURSELF.

Name	*Age*	*Relationship to Applicant*

CONFIDENTIAL APPLICANT INFORMATION

Applicant Name: _____

Social Security #: _____ Date of Birth: _____

Driver's License Number & State: _____

Co-applicant or Spouse Name: _____

Social Security #: _____ Date of Birth: _____

Driver's License Number & State: _____

Employment Information

Applicant's Occupation: _____

Employer's Name, address & phone #_____

_____

Co-Applicant or Spouse's Occupation: _____

Employer's Name & address & phone #_____

_____

Household Income

Applicant's Gross Monthly Salary: $_____

Co-Applicant or Spouse Gross Monthly Salary $_____

Do you receive income from any of the following sources? (List amounts)

			Monthly Amount
Retirement Pension	_____ Yes	_____ No	$ _____
Disability Income	_____ Yes	_____ No	$ _____
Social Security Income	_____ Yes	_____ No	$ _____
Public Assistance	_____ Yes	_____ No	$ _____
Child Support	_____ Yes	_____ No	$ _____
Alimony	_____ Yes	_____ No	$ _____
Other	_____ Yes	_____ No	$ _____

LIST ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER WHO ARE EMPLOYED

Name	Age	Source of Income	Gross Monthly Amount
		Total (Gross) Monthly Household Income	$

I/WE CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE UNDERSTAND THIS PROGRAM IS A JOINT PARTNERSHIP WITH OTHER AGENCIES, FUNDS AND RESOURCES MAY OR MAY NOT BE AVAILABLE ON AN ANNUAL BASIS. THEREFORE, BY SIGNING THIS APPLICATION, I/WE UNDERSTAND THERE IS NO GUARANTEE OF ACCEPTANCE INTO THIS PROGRAM.

_____ _____

APPLICANT'S SIGNATURE DATE

_____ _____

APPLICANT'S SIGNATURE DATE

Business and Neighborhood Services Department
Phone: 7049205146 Fax 7047950983

HOME Program
Eligibility Release Form

City of Concord
66 Union Street South
PO Box 308
Concord, NC 28026
704-920-5146

DATE: _____

PURPOSE: YOUR SIGNATURE ON THIS HOME PROGRAM ELIGIBILITY RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD PARTY RELATIVE TO YOUR ELIGIBILITY AND CONTINUED PARTICIPATION IN THE:

HOME TBRA PROGRAM
HOME HOMEBUYER PROGRAM
HOME RENTAL REHABILITATION PROGRAM
HOME HOMEOWNER REHABILITATION PROGRAM

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT'S ELIGIBILITY IN A HOME PROGRAM AND THE AMOUNT OF ASSISTANCE NECESSARY USING HOME FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT ON THE HOME PROGRAM; TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. THE DEPARTMENT IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN A HOME PROGRAM ELIGIBILITY RELEASE FOR PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES MUST BE OBTAINED FROM NEW ADULT MEMBERS WHENEVER THEY JOIN THE HOUSEHOLD OR WHENEVER MEMBERS OF THE HOUSEHOLD BECOME 18 YEARS OF AGE.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

INFORMATION COVERED: INQUIRIES MAY BE MADE ABOUT ITEMS INITIALED BY APPLICANT/TENANT.

	VERIFICATION REQUIRED	INITIALS
INCOME (ALL SOURCES)	X	
ASSETS (ALL SOURCES)		
CHILD CARE EXPENSE		
HANDICAP ASSISTANCE EXPENSE (IF APPLICABLE)		
MEDICAL EXPENSE (IF APPLICABLE)		
OTHER (LIST) _____ _____		
DEPENDENT DEDUCTION _____ FULL-TIME STUDENT _____ HANDICAP/DISABLED FAMILY MEMBER _____ MINOR CHILDREN		

AUTHORIZATION: I AUTHORIZE THE ABOVE-NAMED HOME PARTICIPATING JURISDICTION AND HUD TO OBTAIN INFORMATION ABOUT ME AND MY HOUSEHOLD THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN THE HOME PROGRAM.

I ACKNOWLEDGE THAT:

(1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL.

(2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME).

(3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

(4) ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE WITH THE OWNER IN THIS PROCESS

HEAD OF HOUSEHOLD

X

Printed Name & Signature

OTHER ADULT FAMILY MEMBER - #2

Printed Name & Signature

OTHER ADULT FAMILY MEMBER - #3

X

Printed Name & Signature

OTHER ADULT FAMILY MEMBER - #4

X

Printed Name & Signature