



### **Program Information:**

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I, \_\_\_\_\_, wish to apply for the Robeson County FY 2022 Essential Single-Family Rehabilitation Loan Pool Program (ESFRLP). I understand that I must submit this completed application in order to be considered for assistance. I understand that if my dwelling is selected for assistance, the assistance made to rehabilitate the dwelling unit will be in the form of a zero-interest deferred forgivable loan. I understand that so long as I am not in default, the original note balance will automatically be reduced by \$8,000 on each anniversary of the date of the note such that on the Maturity Date, the principal balance will be zero. I understand that the loan will be secured with a deed of trust on the real property to be rehabilitated. I also understand that needed repairs will be performed by a third-party contractor selected through a bidding process coordinated by the county on my behalf.

To the best of my knowledge, I am either the principal owner or have interest in the property as an heir. I understand that the NC Housing Finance Agency will conduct a title search, to verify my ownership. If it is determined that I do not have legal title to the property, I will consider obtaining legal title at my expense in order to obtain ESFRLP assistance.

I further agree to furnish all additional information asked for by the county representatives in an effort to establish my eligibility for rehabilitation loan assistance. In conclusion, I realize that this information is to remain confidential and used only for the purpose expressed herein.

### **Eligible households must meet one of the following Program Requirements:**

- Household total gross income must be below 80% of the county median income, as determined by HUD;
- Manufactured homes that are considered Real Property are eligible for assistance if they meet all other program requirements;
- One or more elderly household members (62) years of age or order;
- One or more household members considered to be disabled;
- Children in the household below the age of (6) living in homes built before 1978, where lead hazards or the potential of those hazards exist;
- Household member who is a military veteran, as determined by NCHFA Program Guidelines.
- Household must require a minimum of \$5,000 in rehabilitation assistance, as determined by the Rehabilitation Specialist.

# ROBESON COUNTY

## FY 2022 Essential Single-Family Rehabilitation Housing Program



### Applicant Data:

**Occupant Type:** (Check One)  OWNER Occupant  RENTER Occupant

**Applicant Name:** \_\_\_\_\_

**Address:** (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

(Mailing if different) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**Phone:** (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

### Household Data: (List all household members)

**Head of Household:** (Name) \_\_\_\_\_ (Social Security #) \_\_\_\_\_

(Race) (Check One)  American Indian  Black  Hispanic  White  Other (list) \_\_\_\_\_

(Age) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Disabled?) (List Disability) \_\_\_\_\_

### Other Household Members:

Name	Sex	Age	Race	Disabled (Y or N)	Estimated Monthly Income
2)					
3)					
4)					
5)					
6)					
7)					
8)					

### Other Household Information:

Have you ever received rehabilitation or housing assistance from Robeson County? (Yes or No)

Do you have a homeowner's insurance policy on your home? (Yes or No)

What year was your home built? \_\_\_\_\_

What type of home do you live in? (Circle One)

Brick    Block    Vinyl    Wood frame    Double-wide Mobile    Single-Wide Mobile

# ROBESON COUNTY

## FY 2022 Essential Single-Family Rehabilitation Housing Program



**Income Data:** (List all household members)

*Income should be for 2021*

2021 YEARLY GROSS INCOME						
Name	Wages	Retirement / Pension	Social Security	Public Assistance	Other	TOTAL

**You must provide proof of Gross Income, if you filed a Tax Return, we need a copy of the Tax Return. If you receive Social Security, we must have the yearly statement showing the amount you received in 2021, or income verification from the Social Security office. Please do not send bank statements, they can not be used for income verification. Applications without Income Verification will be considered **INCOMPLETE** and may not be considered for housing assistance.**

I hereby Certify:

1. I own and occupy the home described above as my primary residence;
2. The above information is complete and true to the best of my knowledge;
3. I understand the loan is a forgiven loan, that does not require payment, unless I break the terms of the loan;
4. I understand the ESFRLP funding is limited and may not rectify all the deficiencies in my home, but it will confirm to the ESFR Rehab Standards or local minimum housing code, if applicable.
5. I will work with Robeson County or its' representatives to provide the necessary documents for verifying the information contained in this application, or any other information required to process my application with the County or the NC Housing Finance Agency.

\_\_\_\_\_  
Signature (Head of Household)

\_\_\_\_\_  
Date



**PLEASE RETURN APPLICATION TO ROBESON COUNTY:**

**Robeson County ESFR Housing  
Attention: Tammy Freeman  
550 North Chestnut Street  
Lumberton, NC 28358**

If you have questions concerning this application or the ESFRLP Housing Program, please contact **Adrian Lowery** at **(910) 827-1947**

**All applications must include income verification, if you filed a tax return, please include the tax return. If you received Social Security benefits, please include your Social Security Statement. If you receive retirement payments, please include the paperwork verifying your yearly amount. Applications received without income verification will be considered incomplete and the applicant will not be considered for the Robeson ESFRLP.**