

ATTENTION HOMEOWNERS!!!

Announcing the

NCHFA SINGLE FAMILY ESSENTIAL SINGLE-FAMILY REHABILITATION PROGRAM Kerr-Tar Regional Council of Governments



The Kerr-Tar Regional Council of Governments ("COG") has been granted Membership by the North Carolina Housing Finance Agency ("NCHFA") under the 2016 cycle of the Essential Single-Family Rehabilitation Loan Pool Program ("ESFRLP2016"). This program provides Members with funds via a "loan pool" to assist with the essential and critical repairs to single-family homes that are owned and occupied by lower-income households (less than 80% area median income) with one or more elderly, disabled or Veteran fulltime household members and/or a child under the age of 6 who is at risk from identified lead hazards in the home.

As an ESFRLP2016 Member, the COG has been allocated for Granville County an initial set-aside of \$175,000 which it plans to apply toward the rehabilitation of four or more houses within the County of Granville, and/or any of its municipalities. After the demonstrated successful use of the initial set-aside, the COG may access additional funds, depending on availability, on a unit-by-unit basis from the ESFRLP2016 loan pool.

The major requirements to be eligible for ESFRLP2016 assistance are:

- 1) The home must be located in Granville County
- 2) The home must be owner-occupied. Ownership is defined as having an executed Deed of Trust giving fee simple or 99 year leasehold interest. Rental units and life estates are not eligible.
- 3) Site built and off frame modular units will be eligible for consideration. Manufactured housing is not eligible for assistance.
- 4) The house must have a full-time household member who is elderly, disabled or a Veteran or a household with a child under the age of six whose health is threatened by the presence of lead hazards,
- 5) The gross annual household income must not exceed 80% of the area median income for Granville County.
- 6) The property cannot have been repaired or rehabilitated with public funding of \$5,000 or more within the past 10 years.
- 7) The cost of rehabilitation cannot exceed the ESFRLP2016 Program Guideline limit of \$25,000.

Applications may be picked up at locations listed below starting Monday, November 21, 2016 between the hours of 8:30 a.m. and 5:00 p.m.

Kerr-Tar Regional Council of Governments
1724 Graham Avenue
Henderson, NC 27536

Granville County Senior Center
107 Lanier Street
Oxford, NC 27565

Applications are also available online at www.kerrtarcog.org.

Homeowners must return their application for the property requested to be rehabilitated with a copy of the deed for said property and income documentation for the household. Applications should be returned as soon as possible, but no later than January 3, 2017, at 5:00 p.m. to the Kerr-Tar Regional Council of Governments, PO Box 709, Henderson, NC 27536 or to 1724 Graham Avenue, Henderson.

The Single Family Rehabilitation does not discriminate against persons due to race, sex, sexual orientation, handicap status, disability, color, national origin or religious preference.

Kerr-Tar Regional Council of Governments is an equal opportunity employer and service provider. Women, minorities, and underutilized businesses are invited to apply for contracts utilizing NCHFA Funding. Assistance or special aids for the handicapped or disabled are available upon request.

**KERR TAR REGIONAL COUNCIL OF GOVERNMENTS
NORTH CAROLINA HOUSING FINANCE AGENCY
GC ESFRP2016**

Application & Eligibility Certification

Applicant Data

Name of Homeowner(s) (First, MI, Last): _____
 Street Address: _____
 City: _____ County: Granville Zip Code: _____
 Home Phone: _____ Work Phone: _____

Ownership Information

Do you own this home? YES NO Do you live in this home? YES NO Year home built?
 What type of house? Manufactured home Modular Home Site Built home
 Do you have: Well water Public Water No Water Cesspool Septic Tank Public Sewer

PLEASE ATTACH A COPY OF THE DEED TO YOUR HOME

Household Membership

Name (First, MI, Last)	Sex	Birth Date	SS# (last 4 digits only)	*Race	Disabled	Relation to Homeowner
a.					yes no	
b.						
c.						
d.						
e.						

*Race: 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); Asian/Pacific Islander (21); and Hispanic (22).

Gross Income Work Table

Dollars / Household Member / MONTH

Source	a	b	c	d	e	Total
1) Wages						
2) Retirement/Pension						
3) Social Security						
4) Supplemental Security Income						
5) Public Assistance						
6) Child Support						
7) Interest						
8)						
9)						
Monthly Sub-Total (sum rows 1-9)						
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 above information is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for NCHFA SFR program assistance. The Program is intended to assist very low to moderate income owner-occupants in correcting substandard housing conditions which are in violation of the North Carolina Building Code, public health regulations and the Federal Lead Based Paint Standards.
- 4) I give permission for Kerr Tar Regional Council of Governments to access information to verify the contents of this application and to facilitate the repair of my home.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____