

**City of Greensboro
Homeowner Application
For the
Emergency Repair Program and
Facilities for the Physically Disabled**

How did you hear about our program? _____

APPLICANT'S NAME _____ Date of Birth _____ SS# _____

CO-APPLICANT'S NAME _____ Date of Birth _____ SS# _____

ADDRESS: _____ YEARS LIVED HERE: _____

TELEPHONE NO: _____ WORK NO: _____

RACE*: _____ NO. IN HOUSEHOLD: _____ MARITAL STATUS: **M S W D** DIVORCED DATE: _____
(*For Statistical Purposes Only)

PROPERTY IN NAME OF: _____

RELATIONSHIP TO APPLICANT: _____

Will additional owner(s) sign documents for work to be done? **YES NO**
Please provide name, address and phone number for other owner(s) _____

HOMEOWNER'S INSURANCE INFORMATION

DO YOU HAVE HOMEOWNERS INSURANCE? YES ___ NO ___

LOCAL INSURANCE COMPANY: _____

ADDRESS: _____ PHONE NUMBER: _____

AMOUNT OF COVERAGE ON DWELLING: \$ _____ ANNUAL PREMIUM: \$ _____

RENEWAL DATE: _____

MORTGAGE INFORMATION

MORTGAGE COMPANY: _____

ADDRESS: _____ TELEPHONE NO.: _____

ORIGINAL LOAN AMOUNT: \$ _____

BALANCE: \$ _____ MONTHLY PAYMENT: \$ _____

DO YOU HAVE A SECOND OR THIRD MORTGAGE ON YOUR PROPERTY? YES ___ NO ___
HOW MUCH IS OWED? _____

MORTGAGE ON OTHER REAL ESTATE:

PROPERTY ADDRESS: _____

MORTGAGE COMPANY: _____

ORIGINAL LOAN AMOUNT: \$ _____

MONTHLY PAYMENT: \$ _____ BALANCE: \$ _____

ARE YOU IN BANKRUPTCY/CHAPTER 13 PROCEEDINGS? YES_____ NO_____

JUDGEMENT RECORD: Do you or your co-applicant have on record any unpaid judgments? **YES__ NO__**

UNPAID COLLECTIONS: Do you or your co-applicant have on record any unpaid collections in the Credit Bureau?
YES__ NO__

FORECLOSURE RECORD: Have you ever been obligated on a home loan or a home improvement loan, which resulted in foreclosure, deed in lieu of foreclosure, or judgment? **YES__ NO__**

HOUSEHOLD COMPOSITION *(If additional household members please include on separate sheet of paper):*

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

Children under the age of six that visit the home at least twice a week, at least 6 hours per week, and at least 60 hours per year *(If more please include on separate sheet of paper):*

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

EMPLOYMENT RECORD

ARE YOU EMPLOYED? **YES NO** YEARS EMPLOYED: _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ GROSS MONTHLY INCOME: \$ _____

CO-APPLICANT EMPLOYED? **YES NO** . YEARS EMPLOYED: _____

CO-APPLICANT'S EMPLOYER: _____ POSITION: _____

ADDRESS: _____ GROSS MONTHLY INCOME: \$ _____

ARE YOU / FAMILY MEMBER DISABLED? (Physically Impaired) **YES NO**

IF YES, PLEASE DESCRIBE: _____

DO YOU RECEIVE SOCIAL SECURITY BENEFITS? YES_____ NO_____
IF YES, PLEASE ATTACH A COPY OF YOUR MONTHLY BENEFIT PAGE.

**Lead Information, Inspections, Clearance Testing, Disclosure,
Lead Remediation and Ongoing Lead Hazard Monitoring**

I understand that the City of Greensboro will undertake lead-based paint testing on my home. If the test results reveal lead-based paint hazards, I understand that my scope of work will include the work necessary to make my home lead safe. Lead safe means that all lead-based paint hazards in my home have been stabilized and that my home passed a certified lead clearance test upon completion of work. For my home to remain lead safe, I understand that I must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were not identified as a present hazard. I will receive a copy of the results of the lead hazard reduction and clearance test within 15 days of their completion.

I have received a copy of the pamphlet "Protect Your Family From Lead in Your Home".
The interviewer has discussed the hazards of lead based paint with me and we have reviewed each item listed above.

The applicant(s)/owner(s) agrees that the City of Greensboro will do an inspection of the premises to determine the presence of lead-based paint hazards. Performing the inspection does not obligate the City of Greensboro to award a lead remediation grant. The applicant(s)/owner(s) will be informed of the results of the inspection. I understand that the results of the lead-based paint inspection and clearance test will be registered with the Department of Health and Human Services - Health Hazards Control Unit and will be a permanent part of my home's legal records. The applicant(s)/owner(s) is(are) required to disclose the inspection results and/or clearance results in the home in the event of future sale or lease of the property.

The applicant(s)/owner(s) further agrees that the City of Greensboro will not be held liable for any damages that may occur as a result of said inspection and subsequent disclosures.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Whoever knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be prosecuted as provided by the laws of the State of North Carolina.

SITE CONTAMINATION: The homeowner agrees that when lead work is performed on the homeowner's property and the property is prepared for clearance, the homeowner or other household member will not enter the property prior to clearance. Entering the property prior to clearance may contaminate the site. If either enters the property prior to clearance testing and the property does not pass clearance, then the homeowner is responsible for the cost of re-clearance. The signature(s) below signify that all information contained in this application is true and complete and that Housing Rehabilitation Program requirement and guidelines, Lead Information statement, and Site Contamination statement are understood and agreeable.

Homeowner Signature

Date

Homeowner Signature

Date

If married spouse must sign

City of Greensboro's Emergency Repair/Facilities for Physically Disabled Programs Acknowledgement Form

General Qualifications

Household Eligibility:

The gross annual household income must not exceed 80% of the area median income for Guilford County.

Owners cannot currently be in bankruptcy, foreclosure or pending foreclosure and must be current on their mortgage.

Property Eligibility:

The property shall be located within the corporate limits of the City of Greensboro and be in an area of predominately residential use.

The property shall be owner-occupied.

If the property is located in a flood hazard area flood insurance must be purchased.

All homes constructed prior to 1978 will be tested for the existence of lead-based paint hazards.

The property shall be capable of being brought into compliance with applicable City Minimum Housing Codes at a cost not exceeding the maximum assistance available through the program.

Each residential structure will be eligible for only one Emergency Repair or Facilities for Physically Disabled Program forgivable loan or grant over the life of the structure.

Emergency Repair Program Additional Qualifications

Only properties that have conditions that constitute an imminent threat to the health and/or safety of the residents are eligible for assistance. Examples include, but are not limited to:

- Asthma or other breathing condition triggered by mold, mildew, roaches, smoke or other home-based triggers
- Elevated blood lead levels of a child residing in the home
- Fall, burn or other serious injury to occupant due to identified housing hazard;
- Repairs necessary to accommodate emergency placement of a child in the home by the Guilford County Dept. of Social Services
- Other emergency situations as approved by the City's Loan Committee

Items not eligible for Emergency Repair assistance

- Storm windows and storm doors
- Insulation, unless it can be shown that the lack of insulation would cause a threat to the health or safety of the occupants.
- Interior/exterior painting.
- Aluminum or vinyl siding
- Gutters and downspouts
- Replacement of the furnace/central AC system that is repairable with three or more years of useful life remaining
- Soiled or deteriorated floor covering.
- Site improvements
- Any additional item that would be considered a cosmetic repair, or a repair that would not add to the structural integrity of the building or that is not addressing a health and/ or safety hazard as determined by city staff.

It is not the intent of the Emergency Repair Program to rehabilitate structures to the City's Minimum Housing code or to address accumulated deferred maintenance or repairs necessitated by a lack of homeowners insurance.

Facilities for Physically Disabled Additional Qualifications

Physically disabled persons are owners and other relatives of a residence who have permanent physical impairments which restrict mobility or require structurally-related alterations. Physical disabilities shall be certified as permanent by a qualified medical doctor.

Form and terms of assistance

All loans carry a 3% interest rate. All projects will be approved with a 15% contingency. Contingency funds cannot be used for items deemed to be cosmetic or decorative in nature.

Emergency Repair Program: Is a ten (10) year forgivable loan not to exceed \$15,000, unless the limit is waived by the city's loan committee.

Facilities for Physically Disable: Is a grant not to exceed \$15,000, unless the limit is waived by the city's loan committee.

Loan terms: The actual forgivable loan amount shall become repayable within the ten (10) years for emergency repair or three (3) years for facilities for physically disable when any of the following circumstances occur:

- Sales: The property is sold.
- Change of Status: The Owner's status changes from that of owner-occupant.
- Transfer of the property, excluding the death of the sole owner or all owners in entirety.

The loan shall be obligated by a deed of trust for ten (10) for emergency repair, after which time the deed of trust shall be canceled if all other terms of the forgivable loan have been met.

In the event the owner's status changes from that of owner-occupant or the property is transferred or sold, the outstanding balance of the mortgage shall be immediately due and payable in full. Loans may not be assumed.

***Medical verification from a physician, hospital or governmental agency will have to be provided. ***

Signed by _____ on _____
Owner's signature *date*

Signed by _____ on _____
Owner's signature *date*

*** All owners must sign. If married, spouse must sign. ***

City of Greensboro Lead Testing Release Form:

I acknowledge that by having my property at _____ tested for lead-based paint hazards by the City of Greensboro's Housing Program, I am required to disclose the testing results to all current and future tenants and potential buyers.

I also understand that if the property is tested for lead hazards the City of Greensboro's Housing Program might not be able to assist in the lead remediation of the above property if program limitations do not make the activities feasible and/or I do not agree and abide by the requirements of the programs.

Please check **one** of the following boxes.

I want the City of Greensboro to test my property for lead hazards ***if*** my property qualifies for the program.

I ***do not*** want the City of Greensboro to test my property for lead hazards. I am therefore withdrawing from the program.

Signed by _____ on _____
Owner's signature *date*

Signed by _____ on _____
Owner's signature *date*

****** All owners must sign. If married, spouse must sign******

ADDITIONAL FINANCIAL INFORMATION

NAME OF BANK(S): _____

CHECKING: **YES NO** SAVINGS: **YES NO** IRA ACCOUNTS: \$ _____

US SAVINGS BONDS: \$ _____ MARKETABLE SECURITIES: \$ _____
(PLEASE PROVIDE DOCUMENTATION)

CONSENT TO OBTAIN MORTGAGE VERIFICATION AND CREDIT HISTORY

I HEREBY GIVE MY CONSENT FOR THE NEIGHBORHOOD DEVELOPMENT DEPARTMENT OF THE CITY OF GREENSBORO TO REQUEST MORTGAGE VERIFICATION INFORMATION FROM FINANCIAL INSTITUTIONS WHICH HAVE LOANS OUTSTANDING ON THIS PROPERTY.

I HEREBY GIVE MY CONSENT FOR THE NEIGHBORHOOD DEVELOPMENT DEPARTMENT OF THE CITY OF GREENSBORO TO REQUEST MY CREDIT HISTORY FROM THE CREDIT BUREAU OF GREENSBORO FOR PURPOSES OF PROCESSING A REHABILITATION LOAN ON MY PROPERTY.

Homeowner's Signature

Homeowner's Signature

Date

If married spouse must sign

HUD Owner Information Form
Required Federal Data
 (Must be complete to qualify)

| | | |
|----------------------|-----------|--------------|
| Homeowner First Name | Last Name | Phone Number |
| | | |

| | | |
|---------------|-------------|----------|
| Street Number | Street Name | Zip Code |
| | | |

| | | |
|--------------------|--|---|
| Number of Bedrooms | Head of Household Marital Status: Choose one (Divorced, Married, Single, Widowed) | Head Household is: Choose one (Male or Female) |
| | | |

| | | |
|---|--|--|
| Head of Household is: Choose one (Single-Non-Elderly, Elderly, Single Parent, Two Parents, Other) | Household Size (Number who lives in house) | Number of children under 18 living in house |
| | | |

| | | |
|---|---|--|
| Number of adults living in the house | Number of children under 6 living in the house | Number of children under 6 who receives Medicaid: |
| | | |

Check box if head of household
is of Hispanic descent:

Check box if head of household is
Disabled

Check box if head of household is
receiving a Section 8
Homeownership Voucher

Race of head of household:

- 11-White
- 12-Black/African American
- 13-Asian
- 14-American Indian/Alaska Native and White
- 15-Native Hawaiian/Other Pacific Islander
- 16-American Indian/Alaska Native and White
- 17-Asian and White
- 18-Black/African American and White
- 19-American Indian/Alaska Native and
Black/African American
- 20-Other Multi Racial

| <u>Family Size</u> | 2019 Income Limits | | |
|--------------------|---------------------------|---------------|---------------|
| | 30% | 50% | 80% |
| | <u>MEDIAN</u> | <u>MEDIAN</u> | <u>MEDIAN</u> |
| 1 | 12,900 | 21,500 | 34,350 |
| 2 | 16,910 | 24,550 | 39,250 |
| 3 | 21,330 | 27,600 | 44,150 |
| 4 | 25,750 | 30,650 | 49,050 |
| 5 | 30,170 | 33,150 | 53,000 |
| 6 | 34,590 | 35,600 | 56,900 |
| 7 | 38,050 | 38,050 | 60,850 |
| 8 | 40,500 | 40,500 | 64,750 |

Asset Determination Form

Please complete ALL appropriate lines. For each line **please provide all necessary documentation verifying all assets.** Complete a separate form for each occupant.

Check box if you do not have any of the listed assets.

| | |
|-------------------------------------|-------------------------------------|
| Name: | |
| Address: | |
| | |
| <u>Assets</u> | <u>Account Balance/Value</u> |
| U.S. Saving Bonds | |
| Marketable Securities | |
| Real Estate Owned | |
| Treasury Bills | |
| Certificates of Deposit (CD) | |
| Mutual Funds | |
| Money Market Account | |
| IRA Retirement Account | |
| 401 K Retirement Account | |
| Other Retirement Account (Describe) | |
| Pension Fund | |
| Cash Value of Life Insurance Policy | |
| Lump-Sum Payments (Describe) | |
| | |
| | |
| | |

“I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Signed: _____ Date: _____

Asset Determination Form

Please complete ALL appropriate lines. For each line **please provide all necessary documentation verifying all assets.** Complete a separate form for each occupant.

Check box if you do not have any of the listed assets.

| | |
|-------------------------------------|-------------------------------------|
| Name: | |
| Address: | |
| | |
| <u>Assets</u> | <u>Account Balance/Value</u> |
| U.S. Saving Bonds | |
| Marketable Securities | |
| Real Estate Owned | |
| Treasury Bills | |
| Certificates of Deposit (CD) | |
| Mutual Funds | |
| Money Market Account | |
| IRA Retirement Account | |
| 401 K Retirement Account | |
| Other Retirement Account (Describe) | |
| Pension Fund | |
| Cash Value of Life Insurance Policy | |
| Lump-Sum Payments (Describe) | |
| | |
| | |
| | |

“I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Signed: _____ Date: _____

PLEASE SEND THE FOLLOWING TO THE CITY OF GREENSBORO:

- 1. COMPLETED AND SIGNED APPLICATION**
- 2. COPY OF HOMEOWNERS DECLARATIONS PAGE OF INSURANCE POLICY**
- 3. COMPLETED TAX RETURNS FROM EACH HOUSEHOLD MEMBER**
- 4. DOCUMENTATION OF ANY HOUSEHOLD INCOME (INTEREST ON SAVINGS OR INVESTMENT ACCOUNTS, SOCIAL SECURITY INCOME, DISABILITY INCOME, CHILD SUPPORT, VETERAN'S PENSION, RETIREMENT/PENSION, ETC.)**
- 5. TWO MONTHS OF PAYSTUBS FROM EACH HOUSEHOLD MEMBER**
- 6. SIX MONTHS OF BANK STATEMENTS FROM EACH HOUSEHOLD MEMBER**
- 7. LETTER FROM PHYSICIAN IF NEEDING HANDICAPPED ASSISTANCE.**

**RETURN TO:
Jennifer Freeman
300 W. WASHINGTON STREET
3RD FLOOR
GREENSBORO, NC 27402-3136**