

North Carolina Hurricane Matthew CDBG-DR Housing Recovery Programs Application

**Traducción al español está disponible a petición/
Spanish translation is available upon request.**

Instructions for Application

General Instructions

- Read the instructions for this application.
- Please type or use Blue or Black ink. Do not use pencil. All blanks must be completed or have N/A written in.
- Please fill out this entire application. Submit copies of required documents for all household members, at the time of the first interview with the Case Manager. Incomplete applications and those missing documentation cannot be fully processed until all required paperwork has been submitted. Please refer to the attached Required Document Checklist for a list of all required paperwork.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date this application. Submit the application with copies of all required documents for all household members to the Case Manager during the first scheduled session:

Processing Your Application:

The application review process will take some time after you complete and submit this application. The application will be reviewed during your interview with a Case Manager who will verify your documentation. ***Completing this application does not guarantee that you will be eligible for or will receive funding from the Housing Recovery Program.*** All applicants will be notified in writing of their eligibility.

Income Calculation: IRS Form 1040 Adjusted Gross Income

Citizens of the United States and resident aliens, except those with gross incomes that fall below a certain level, are required to file an income tax return with the Department of Treasury's Internal Revenue Service (IRS) each year. The tax return is officially referred to as IRS Form 1040. The definition of adjusted gross income is based on this form, also commonly referred to as "the long form."

The Adjusted Gross Income (AGI) is listed on the 1040 tax form and is the dollar figured used to determine an applicant's income eligibility for participation in the Housing Recovery Program. Households must certify that their current income has not increased more than 20% over the reported adjusted gross income on their most recent Form 1040. If a household's income has increased more over 20% of the reported Adjusted Gross Income, the household must submit current income verification for their eligibility to be determined. A list of documents to be submitted is included in this application.

For households who are not required to file federal taxes because their gross income falls below a certain level, the Case Manager will calculate income based on the current income received by the household. A list of documents required to be submitted is also included in this application.

****Please note****

❖ **Priority for assistance** will be given to households who are/were living in manufactured housing (mobile home units, elderly, disabled and low-to-moderate income household. The Housing Recovery Program is for **owner-occupied or renter-occupied homes at the time of the October 8, 2016 disaster**. To be considered a “homeowner”, at least one person listed on the warranty deed or title to the home must have been living in the home at the time of the disaster. To be considered a “renter”, the tenant must be named on a lease that was valid and in effect at the time of the disaster (i.e., lease was not in default and/or an eviction notice had not been issued). Whether a homeowner or renter, all persons living in the unit as their primary residence are considered “household” member whether or not they are related. Exceptions apply for permanently absent household members and rental units.

Applicant Information

Instructions: Please complete this entire application and submit with copies of required documents.

Section A: ELIGIBILITY INFORMATION	
A1 - Was the unit damaged or destroyed by Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A2 - Was the unit a single-family residence (A single family residence 1-4 units and includes manufactured housing units)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A3 - At the time of Hurricane Matthew (October 8, 2016) did you own or rent this residence?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
A3.1 - If you are a renter, are you living in Public Housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
A4 - Are you currently displaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5 - At the time of Hurricane Matthew (October 8, 2016) did you own this as a rental property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5.1 - If Yes, what is the # of units on the rental property?	
A6 - Was the unit the primary residence of the applicant on the date of the disaster (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A7 - Did you occupy the property at the time of the disaster (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A8 - Did you register with FEMA for disaster related assistance related to Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
A9 - Did you apply to the HMGP(Hazard Mitigation Grant Program) for disaster related assistance related to Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
A10 - Are you Lawfully Present in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A11 - Are you currently receiving subsidized housing assistance? (Section 8, Housing Choice Voucher, or any other subsidized housing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
A11.1 - If Yes, please explain.	

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Section B: DAMAGED PROPERTY INFORMATION - Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed).		
B1.1 - Damaged Property Address:		
B1.2 - Damaged Property Address Line 2:		
B1.3 - City:	B1.4 - County:	B1.6 - Zip:
B2 - What type of structure is the property? (Select One)	<input type="checkbox"/> Single Family House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Modular <input type="checkbox"/> Apartment <input type="checkbox"/> Other (B2.1 Describe):	
B3 - Year Built:		
B3.1 - Is Year Built Unknown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B4 - Are you currently living in the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B4.1 - If no, explain your current living situation:		
B5 - Is this a second home (i.e., not primary residence or rental property)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
B6 - Is the damaged property in a Flood Plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
B7 - Do you own the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
B8 - Are you renting the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
B9 - Do you have a deed or lease on the damaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
B10 - Are there any other names on the deed or lease for the damaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
B10.1 - If yes, describe what deed or lease information you have on the damaged property (including any entity, for example, a Trust):		

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<p>B11 - Please describe any specific issues with the ownership of the property that you are aware of and believe may be important for the Program to know: _</p>	
<p>B12 - Were you renting any portion of your damaged property to another person at the time of the flood?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B12.1 - If yes, Is the renter(s) still living on the damaged property?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B12.2 - If the renters have moved please provide the name and contact information here:</p>	
<p>B13 - Was any portion of the home used as a business?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B14.1 - If Yes, Please Explain</p>	
<p>B14 – Is there a Mortgage or any other Liens on the property? (Please list all that apply below)</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No (if No, Skip to Next Page)</p>	
<p>B14.11 - Name of Mortgage / Lien Holder 1</p>	<p>B14.12 – Are you current on your payments for Mortgage / Lien 1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B14.13 – Please provide any information that you are aware of and believe may be important for the Program to know regarding Mortgage / Lien 1</p>	
<p>B14.21 - Name of Mortgage / Lien Holder 2 (if necessary)</p>	<p>B14.22 – Are you current on your payments for Mortgage / Lien 2 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B14.23 – Please provide any information that you are aware of and believe may be important for the Program to know regarding Mortgage / Lien 2</p>	
<p>B14.31 - Name of Mortgage / Lien Holder 3 (if necessary)</p>	<p>B14.32 – Are you current on your payments for Mortgage / Lien 3 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B14.33 – Please provide any information that you are aware of and believe may be important for the Program to know regarding Mortgage / Lien 3</p>	
<p>B14.4 - Please provide any additional information that you are aware of and believe may be important for the Program to know regarding any other Mortgages or Liens:</p>	

Section C: REMAINING AND COMPLETED REPAIRS TO DAMAGED PROPERTY		
Roof	C1.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C1.2 - Explain any work completed or remaining repairs needed.
Electric	C2.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C2.2 - Explain any work completed or remaining repairs needed.
Plumbing	C3.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C3.2 - Explain any work completed or remaining repairs needed.
Heating	C4.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C4.2 - Explain any work completed or remaining repairs needed.
Flooring	C5.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C5.2 - Explain any work completed or remaining repairs needed.
Structural	C6.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed <input type="checkbox"/> Do Not Know	C6.2 - Explain any work completed or remaining repairs needed.
Bathroom	C7.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C7.2 - Explain any work completed or remaining repairs needed.
Septic System	C8.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C8.2 - Explain any work completed or remaining repairs needed.
Walls/ Drywall	C9.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C9.2 - Explain any work completed or remaining repairs needed.
Foundation	C10.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed <input type="checkbox"/> Do Not Know	C10.2 - Explain any work completed or remaining repairs needed.

Section C: REMAINING AND COMPLETED REPAIRS TO DAMAGED PROPERTY - CONTINUED		
Drainage	C11.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C11.2 - Explain any work completed or remaining repairs needed.
Attached Deck	C12.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C12.2 - Explain any work completed or remaining repairs needed.
Basement	C13.1 (Select One) <input type="checkbox"/> Repairs Needed <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> Repairs Completed	C13.2 - Explain any work completed or remaining repairs needed.
Other Repairs	C14 - Explain any other work completed or remaining repairs needed.	
C15 - Are you currently under contract with a contractor for repairs to items noted in Section C: REPAIRS TO DAMAGED PROPERTY?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C15.1 - If yes, explain:		
C15.2 - If yes, Contractor Name		C15.3 - If yes, Contractor Phone (____) _____ - _____
C15.4 - If yes, Contractor Street Address		
C15.5 - If yes, Contractor City	C15.6 - If yes, Contractor State	C15.7 - If yes, Contractor Zip
C15.8 - If yes, Contractor Primary Contact First Name		C15.9 - If yes, Contractor Primary Contact Last Name
C15.10 - If yes, Contractor Primary Contact Email		

<p><u>Section D: HOMEOWNERS REQUESTING REIMBURSEMENT FOR HOME REPAIRS ALREADY COMPLETED</u> - If your home was damaged by the flood and you paid for the repairs with your <u>own</u> funds (e.g., savings, credit cards, home equity line of credit, withdrawals from retirement accounts) please complete the following information. The Housing Recovery Program will only reimburse homeowners for eligible repairs completed within one year of the October 8, 2016 disaster.</p>	
<p>D1 - Is the homeowner seeking reimbursement for repairs with your <u>own</u> funds?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (if No, Skip to Next Page)</p>
<p>D1 - Please describe the repair work that was done and provide the cost for each repair.</p>	
<p>D2 - Who completed the repairs?</p>	
<p>D3 - How were the costs for the repairs covered? (e.g., credit card or loan from retirement account)</p>	
<p>D4 - What was the total amount for completed repairs?</p>	<p>\$ _____</p>

To be considered for reimbursement, verification must be for work that has been completed and paid for in full. Verification includes:

- Copies of receipts showing the cost of each repair and/or of materials purchased and a written description of the work done with photos of before and after repairs (if possible)
- Copies of cancelled checks for invoices showing work completed.

Section E: Primary Applicant (Head of Household) - Complete the following section for the Primary Applicant		
E1 - Name		
E2 - Date of Birth ____/____/____	E3 - Gender	
E4 - Phone (____) _____ - _____	E5 - Email	
E4.1 - Receives Texts <input type="checkbox"/> Yes <input type="checkbox"/> No		
E6.1 - Mailing Address:		
E6.2 - Mailing Address Line 2:		
E6.3 - City:	E6.4 - State:	E6.5 - Zip:
E7 - Is this person disabled? (<i>Disability will be documented by the receipt of Social Security Disability Income or a form completed by a licensed medical professional</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E8 - Is the person over the age of 65?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E9 - Is the person a full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E10 - Is the person currently in the Military or a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E11 - Is the person currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E11.1 - If yes, who is the Employer:	E11.2 - If yes, what is this person's Occupation:	
E12 - What is this person's total monthly income from all sources?		
E12.1 - Does this person receive any other income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E12.2 - If yes, please list all sources of income:		

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.	
E16 - RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one):	
<input type="checkbox"/> White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other multi-racial
E17 - ETHNICITY FOR HEAD of HOUSEHOLD (Check one):	
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."	
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
E18 - Is the Head of Household female?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Form 4 - Other Adult Household Member who Occupies the Property

Section E: Other Adult Household Member - Complete the following section for all household members age 18 or older who occupy the property as their primary residence. Make copies, if necessary, for any additional household members.	
E1 - Name	
E2 - Date of Birth ____/____/____	E3 - Gender
E4 - Phone (____) _____ - _____	E5 - Email
E4.1 - Receives Texts <input type="checkbox"/> Yes <input type="checkbox"/> No	
E7 - Is this person disabled? (<i>Disability will be documented by the receipt of Social Security Disability Income or a form completed by a licensed medical professional</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E8 - Is the person over the age of 65?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E9 - Is the person a full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E10 - Is the person currently in the Military or a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E11 - Is the person currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E11.1 - If yes, who is the Employer:	E11.2 - If yes, what is this person's Occupation:
E12 - What is this person's total monthly income from all sources?	
E12 - Does this person receive any other income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E12.1 - If yes, please list all sources of income:	
E13 - Does the applicant have a Power of Attorney for this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.	
E16 - RACE AND ETHNICITY FOR OTHER ADULT HOUSEHOLD MEMBER (Check one):	
<input type="checkbox"/> White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other multi-racial
E17 - ETHNICITY FOR OTHER ADULT HOUSEHOLD MEMBER (Check one):	
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."	
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	

Form 4 - Other Adult Household Member who Occupies the Property

Section E: Other Adult Household Member - Complete the following section for all household members age 18 or older who occupy the property as their primary residence. Make copies, if necessary, for any additional household members.	
E1 - Name	
E2 - Date of Birth ____/____/____	E3 - Gender
E4 - Phone (____) _____ - _____	E5 - Email
E4.1 - Receives Texts <input type="checkbox"/> Yes <input type="checkbox"/> No	
E7 - Is this person disabled? <i>(Disability will be documented by the receipt of Social Security Disability Income or a form completed by a licensed medical professional)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E8.1 - Is the person over the age of 65?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E9 - Is the person a full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E10 - Is the person currently in the Military or a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E11 - Is the person currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E11.1 - If yes, who is the Employer:	E11.2 - If yes, what is this person's Occupation:
E12 - What is this person's total monthly income from all sources?	
E12 - Does this person receive any other income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E12.1 - If yes, please list all sources of income:	
E13 - Does the applicant have a Power of Attorney for this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.	
E16 - RACE AND ETHNICITY FOR OTHER ADULT HOUSEHOLD MEMBER (Check one):	
<input type="checkbox"/> White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other multi-racial
E17 - ETHNICITY FOR OTHER ADULT HOUSEHOLD MEMBER (Check one):	
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."	
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	

Form 5 - Other Child Household Member who Occupies the Property

Section E: Other Child Household Member - For household members 17 years old and younger, please complete the information. Make copies, if necessary, for any additional household members.	
E1 - Name	
E2 - Date of Birth _____/_____/_____	E3 - Gender
E7 - Is this person disabled? (<i>Disability will be documented by the receipt of Social Security Disability Income or a form completed by a licensed medical professional</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E14 - Number of months during the year the child lives in the Household?	

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.	
E16 - RACE AND ETHNICITY FOR OTHER CHILD HOUSEHOLD MEMBER (Check one):	
<input type="checkbox"/> White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other multi-racial
E17 - ETHNICITY FOR OTHER CHILD HOUSEHOLD MEMBER (Check one):	
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."	
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	

Form 5 - Other Child Household Member who Occupies the Property

Section E: Other Child Household Member - For household members 17 years old and younger, please complete the information. Make copies, if necessary, for any additional household members.	
E1 - Name	
E2 - Date of Birth _____/_____/_____	E3 - Gender
E7 - Is this person disabled? <i>(Disability will be documented by the receipt of Social Security Disability Income or a form completed by a licensed medical professional)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E13 - Number of months during the year the child lives in the Household?	

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.	
E14 - RACE AND ETHNICITY FOR OTHER CHILD HOUSEHOLD MEMBER (Check one):	
<input type="checkbox"/> White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other multi-racial
E15 - ETHNICITY FOR OTHER CHILD HOUSEHOLD MEMBER (Check one):	
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."	
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	

Form 6 - Damaged Property Owners Not Occupying the Property

Section E: Damaged Property Owners Not Occupying the Property - For other people with any ownership interest in the damaged property who do not occupy the property. Make copies, if necessary, for any additional property owners.		
E1 - Name		
E4 - Phone () -		E5 - Email
E4.1 - Receives Texts <input type="checkbox"/> Yes <input type="checkbox"/> No		
E6.1 - Mailing Address:		
E6.2 - Mailing Address Line 2:		
E6.3 - City:	E6.4 - State:	E6.5 - Zip:
E13 - Does the applicant have a Power of Attorney for this property owner?		<input type="checkbox"/> Yes <input type="checkbox"/> No
E15 - Is this property owner deceased?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Section E: Alternate Contacts - This information is being collected to assist in locating you in the event that you move or are living temporarily in another location. You may also list a contact that is helping you through this process.</p>		
<p>Alternate Contact 1</p>		
<p>E1 - Name</p>		
<p>E4 - Phone () -</p>	<p>E5 - Email</p>	
<p>E4.1 – Receives Texts <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>E6.1 - Mailing Address:</p>		
<p>E6.2 - Mailing Address Line 2:</p>		
<p>E6.3 - City:</p>	<p>E6.4 - State:</p>	<p>E6.5 – Zip:</p>
<p>Alternate Contact 2 (Optional)</p>		
<p>E1 – Name</p>		
<p>E4 – Phone () -</p>	<p>E5 - Email</p>	
<p>E4.1 – Receives Texts <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>E6.1 - Mailing Address:</p>		
<p>E6.2 - Mailing Address Line 2:</p>		
<p>E6.3 - City:</p>	<p>E6.4 - State:</p>	<p>E6.5 – Zip:</p>

Section F: Homeowners Insurance - List all insurance companies currently covering your real property on date of disaster.	
F1.1 - Was there an active Homeowner's Insurance for the Damaged Property at time of Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, Skip to Next Page)
F2 - If yes, who was this insurance company:	F3 - If yes, what was the Policy #:
F4 - If yes, what is the contact number for this insurance company:	(____) _____ - _____
F5 - Is this insurance policy currently in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.1 - If Yes, what date does this policy expire?	____ / ____ / _____
F6 - Was a claim filed with this insurance company for damages associated with Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F6.1 - If yes, was the claim approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F6.2 - If yes, what was the claim amount received?	\$ _____
F6.3 - If yes, what was the claim for?	
F7 -Are you involved in an appeal or a lawsuit against this insurance company for damages associated with Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F7.1 - If yes, what is the status of your insurance appeal/lawsuit?	

Section F: Flood Insurance - List all insurance companies currently covering your real property on date of disaster.	
F1.2 - Was there an active Flood Insurance for the Damaged Property at time of Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, Skip to Next Page)
F2 - If yes, who was this insurance company:	F3 - If yes, what was the Policy #:
F4 - If yes, what is the contact number for this insurance company:	(____) _____ - _____
F5 - Is this insurance policy currently in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.1 - If Yes, what date does this policy expire?	____ / ____ / _____
F6 - Was a claim filed with this insurance company for damages associated with Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F6.1 - If yes, was the claim approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F6.2 - If yes, what was the claim amount received?	\$ _____
F6.3 - If yes, what was the claim for?	
F7 - Are you involved in an appeal or a lawsuit against this insurance company for damages associated with Hurricane Matthew (October 8, 2016)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F7.1 - If yes, what is the status of your insurance appeal/lawsuit?	

<p>Section F: Other Insurance – - List all insurance companies currently covering your real property on date of disaster. If necessary, make copies for any additional insurance policies.</p>	
<p>F1.3 - Was there any other insurance policies for the Damaged Property at time of Hurricane Matthew (October 8, 2016)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (if No, Skip to Next Page)</p>
<p>F1.4 - If yes, What type of other insurance</p>	
<p>F2 - If yes, who was this insurance company:</p>	<p>F3 - If yes, what was the Policy #:</p>
<p>F4 - If yes, what is the contact number for this insurance company:</p>	<p>(____) _____ - _____</p>
<p>F5 - Is this insurance policy currently in effect?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>F5.1 - If Yes, what date does this policy expire?</p>	<p>_____ / _____ / _____</p>
<p>F6 - Was a claim filed with this insurance company for damages associated with Hurricane Matthew (October 8, 2016)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>F6.1 - If yes, was the claim approved?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>F6.2 - If yes, what was the claim amount received?</p>	<p>\$ _____</p>
<p>F6.3 - If yes, what was the claim for?</p>	
<p>F7 -Are you involved in an appeal or a lawsuit against this insurance company for damages associated with Hurricane Matthew (October 8, 2016)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>F7.1 - If yes, what is the status of your insurance appeal/lawsuit?</p>	

Section G: Other Disaster Assistance Sources - List all other sources of financial or housing assistance received (local, state, federal, and private sources).	
G1 – Have you applied for any Hurricane Matthew (October 8, 2016) related assistance for damage to your home from any source (local, state, federal, private)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, Skip Section G)
Section G: FEMA	
G2.1 - Have you applied for any Hurricane Matthew (October 8, 2016) related assistance for damage to your home from FEMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G3 - Please list all FEMA Registration Number(s) related to the damaged property.	G3.1 - FEMA Registration # 1
	G3.2 - FEMA Registration # 2
	G3.3 - FEMA Registration # 3
G4 – Were you approved for any Hurricane Matthew (October 8, 2016) related assistance from FEMA for structural damage to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G4.1 –If yes, how much were you approved for?	\$ _____
G4.2 –If yes, how much have you received to date?	\$ _____
G5 – Were you approved for any Hurricane Matthew (October 8, 2016) related assistance from FEMA temporary rental assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G5.1 –If yes, how much were you approved for?	\$ _____
G5.2 –If yes, how much have you received to date?	\$ _____
G6 – Were you approved for any other Hurricane Matthew (October 8, 2016) related assistance from FEMA assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G6.1 –If yes, what was the purpose of this assistance?	
G6.2 –If yes, how much were you approved for?	\$ _____
G6.3 –If yes, how much have you received to date?	\$ _____

Section G: SBA	
G2.2 - Have you applied for any Hurricane Matthew (October 8, 2016) related assistance for damage to your home from SBA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G3 - Please list all SBA Application Number(s) related to the damaged property.	G3.1 - SBA Application # 1
	G3.2 - SBA Application # 2
	G3.2 - SBA Application # 3
G4 - Please list all SBA Loan Number(s) related to the damaged property.	G4.1 - SBA Loan # 1
	G4.2 - SBA Loan # 2
	G4.2 - SBA Loan # 3
G5 – Were you approved for any Hurricane Matthew (October 8, 2016) related loans from SBA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G5.1 –If yes, what was the purpose of the loans?	
G5.2 –If yes, how much were you approved for?	\$ _____
G5.3 –If yes, how much have you received to date?	\$ _____
Section G: Other Sources	
G2.3 – Were you approved for any other Hurricane Matthew (October 8, 2016) related disaster assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G3.1 –If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous CDBG Home repair, etc	
G3.2 –If yes, what was the purpose of this assistance e.g. Home Repair or Rental Assistance?	
G3.3 –If yes, how much have you received for Housing Repair?	\$ _____
G3.4 –If yes, how much have you received for Rental Assistance?	\$ _____
G3.5 –If yes, how much have you received for any other purpose?	\$ _____

DECLARATION OF LAWFUL PRESENCE

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, _____, swear or affirm under penalty of perjury that
(check one):

I am a United States citizen, or

I am a non-citizen national of the United States, or

I have an immigration status that makes me a "qualified alien"

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, North Carolina laws and regulations, if the North Carolina laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of North Carolina as perjury in the second degree under North Carolina Revised Statute 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Name (Please Print)

North Carolina Housing Recovery Program Application

Applicant's Authorization:

I authorize the State, Unit of General Local Government, or Contractor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

<i>Signatures:</i>		
<i>Signature-Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Adult Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Adult Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Adult Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Adult Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Adult Household Member</i>	<i>Print Name</i>	<i>Date</i>

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the NC Housing Recovery Program (HRP) policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The Housing Recovery Program Grantees and subcontractors are committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program.

Confidentiality: In order to process an application, the Housing Recovery Program may supply and receive information as detailed in the "Consent to Release" clause that you will execute. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.



CERTIFICATION OF APPLICANT(S)

It is the of the Division of Emergency Management (NCEM) policy that all information contained in this application will be verified by the Unit of General Local Government (UGLG) Grantee. Please read the following carefully and in acknowledgement of this policy, please sign your name(s) and date where indicated.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the North Carolina (NC) Housing Recovery Program (HRP) and may result in legal action against me/us.
- I/We understand that completion of this application does not guarantee that my/our eligibility for the Housing Recovery Program.
- I/We certify that the property damaged by the October 8, 2016 disaster and for which I/we am/are applying for repair assistance, is my/our primary residence. If the property is presently uninhabitable, I/we certify that I/we will occupy the home as my/our primary residence once repair work has been completed and/or replacement housing has been provided.
- I/We will accept the contractor(s) that submit the lowest qualified responsive bid for the work to be performed on my property or the contractor(s) assigned by the NC HRP Grantee to perform the work.
- I/We accept the services of the HRP and authorize the NC HRP Grantee to act as a technical assistant and advisor in connection with repair, remodeling, or rehabilitation services on my/our property. I/We further agree to hold harmless the employees, members and officers of the HRP Grantee in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection, and other related activities.
- I/We give permission and right of access to NC HRP and NC HRP Grantees, and any other of their agents, representatives, or contractors to enter the property to conduct any physical inspections or surveys (included but not limited to, performing an environmental assessment) required by the program(s) for which I am applying or by Municipal, State, or Federal law.
- I/We authorize the staff of the HRP Grantee to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions. I/We understand that information in this application may be shared with funders for the purpose of 3rd Party verification and funding compliance.
- My/Our signature below indicates that I/we have read, understood, and agree to all statements on this application. I/We agree to allow the HRP Grantee and its subcontractors to enter my/our home as needed to perform rehabilitation inspections and work at mutually agreeable times. I/We also agree, on behalf of all who stand in my/our stead that the HRP Grantee will not be held liable for any injury or expense incurred by me/us while participating in this Program. Upon completion of the work, I/we will permit the HRP Grantee and its subcontractors to inspect said work at mutually agreed times.

Applicant Signature/Date

Co-Applicant Signature/Date

Required Document Checklist for Disaster Recovery Rehabilitation Program

Copies of the following documentation must be turned in with the completed application.

- Completed application, signed and dated.
- Verification of ownership (copy of recorded deed of trust or title) of damaged property.
- Recent mortgage statement for all deeds on the property showing current principal loan balance and that homeowner is current on loan payments.
- Verification that property taxes are current and up-to-date (stick built and mobile homes).
- Homeowner insurance approval or denial letter for repairs due to the flood.
- Copy of current Homeowner's Insurance policy. If you do not currently have a policy, complete the Affidavit of No Insurance at the initial meeting with case manager. This affidavit is required to be notarized by a public notary. You may schedule a time with the case manager to have this affidavit notarized.
- A completed Declaration of Section 214 Status. The Program is required to document the lawful presence of one owner applicant household member, who resided in the damage home at the time of the October 8, 2016 disaster.

Lawful Presence Acceptable Documentation: Requires a photocopy of an approved residency document(s). Acceptable documentation includes, but is not limited to, the following:

- I. Requires that one item from the list below is provided by one owner/applicant who resided in the home at the time of the October 8, 2016 disaster:
 - US Birth Certificate or US Passport, or US Citizen Identification Card (I-197) or Certificate of Naturalization (N-550 or N-570) or Certificate of Citizenship (N-560 or N-561)
or
 - II. If the owner/applicant cannot provide one of the above documents, then submit a document from both 1 and 2 below:
 - 1) Copy of Driver's License or State issued photo ID; **AND**
 - 2) Social Security card
 - Copy of most recent federal tax returns for all household members, including any amended returns. For applications received between 04/16/2018 until 12/31/2018 the 2017 tax return is required. If a household has filed for an extension, the 2016 taxes plus a copy of the IRS's approval for an extension is required.
 - Verification that the federal tax returns have been filed and accepted by the IRS. Verification can include:
 - Signed and completed IRS form 4506t
 - 1040 transcript of tax return.
 - proof of refund received that matches the 1040
 - proof of taxes paid that match the 1040
- For household members not required to not file federal taxes or for households with income that has increased more than 20% over the most recent adjusted gross income:**
- 6 current and consecutive check stubs unless paid monthly, then only 3 concurr`ent consecutive stubs required.
 - Pension statement showing current monthly or yearly gross amount received.
 - Social Security Statement or most recent Form 1099.
 - Unemployment benefits statement.
 - Affidavit of Zero Income if the household member does not have any income. Supplied at intake.
- Signed and completed Income Self-Certification.
 - Signed the Confirmation Receipt of "Protect Your Family from Lead in Your Home" pamphlet.
 - Signed and completed Duplication of Benefits Certification.
 - Signed and completed Consent to Release Form.

North Carolina Housing Recovery Program Application

- Signed and completed Guidance to Property Owners.
- Signed and completed Affidavit of Zero Income (if applicable).
- Signed and completed N. C. Income Tax Affidavit Form (if applicable).
- Signed and completed Right of Entry Permit.
- Signed and completed Acknowledgement of Limited Availability of Funding.
- Affidavit of No Insurance.
- A printout of your FEMA account. Instructions for creating your online account are included below. You must also provide documentation that ties your name to your FEMA registration number (e.g., copy of FEMA application or correspondence to you from FEMA).
- Documentation showing any repair work completed and paid for with FEMA, SBA, homeowner insurance, or any other financial assistance for repairs to the home damaged by the October 8, 2016 disaster.
- If requesting reimbursement for repairs paid for by your funds, provide documentation of the cost of the repairs and that the work has been paid in-full.

How do I create an account to access my FEMA registration online?

For applicants applying to the North Carolina Housing Recovery Programs

To create an online account:

1. Visit www.DisasterAssistance.gov
2. On the left side of the Home page, you will see an area that says **Check Your Status**
 - Click the button at the bottom of the page that says **Create account**
 1. A form will appear to confirm your identity before allowing you to access your FEMA information online.
 1. You will need to provide your birthday and social security number. You do not need to provide your FEMA account number
3. You will then take a short security quiz with 4 questions. This ensures your personal information is secure. Click **Submit** when completed.
4. After completing the security quiz, you will be asked to create a User ID and Password and provide a valid email address.
 - You will be emailed a temporary PIN number to the e-mail address provided at the time of the request. You should receive your temporary PIN within 24 hours of the request for a PIN.
5. It may take up to 24 hours after receiving your temporary PIN via e-mail before you are allowed to access your personal account. When you first login using your temporary PIN, you will be asked to change the temporary PIN to one of your choosing.
 - It is required you have your User ID, Password and PIN to access your application. Once you login with your temporary PIN, you will be prompted to change this PIN. Type these exactly as shown as they are case sensitive.
 - Please keep your new PIN safe.
 - When you login with your new PIN, the system will access your registration.
 1. Print out the page that says **Your Application Status**, which will list the assistance requested, the assistance type, the status and the amount of assistance.

Please ensure that the date the page was printed is listed on the bottom right-hand corner of the page.