



Edgecombe County  
Planning, Inspections, & E-911  
201 St. Andrew St. – PO Box 10 Tarboro, NC 27886  
Phone (252) 641-7802 Fax (252) 641-6913

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May 16, 2013

Dear Interested Applicant:

Enclosed you will find information and an application for Housing Rehabilitation under the CDBG Scattered Site Housing Rehabilitation program. Carefully read the eligibility requirements included. **If you qualify**, complete the application and other forms and return to:

Brian Hassell, Director  
Planning, Inspections, & E-911  
201 St. Andrew St. Suite 421 - PO Box 10  
Tarboro, NC 27886

**DEADLINE TO APPLY IS June 14, 2013 AT 5:00 PM**

Please note that there will be other documents to sign as we get further along in the application process. Also, understand that a completed application will not guarantee that you will receive assistance from Edgecombe County.

**Please submit the following documentation with the application:**

- Completed and signed application (must be signed by all who have ownership interest in the home)
- Copy of deed or title ( to prove that you own the home)
- Verification of income for all household members  
(use enclosed "income verification form" for anyone who receives any type of government assistance; if employed, provide two most recent check stubs.)
- Signed "authorization to release information form" (enclosed)

If you have any questions, please feel free to call me at (252) 641-7802.

Sincerely,

Brian Hassell, Director

# EDGECOMBE COUNTY

## Is taking applications for the SCATTERED SITE HOUSING REHABILITATION

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Edgecombe County is now taking applications for its **Scattered Site Housing Rehabilitation Program** through **June 14, 2013**. Edgecombe County has received \$225,000 under the 2012 cycle of the Scattered Site Housing Program from the North Carolina Division of Community Assistance. This program will provide funds to assist with the rehabilitation of qualifying homes that are owned and occupied by households at or below 50% of the area median income.

**The program is available to the residents of Edgecombe County** (excluding residents within the city limits of Rocky Mount).

**Who is eligible to apply?** There are two major requirements to be eligible for assistance.

- You must **own** and **live in** the unit. A person with legal life estate (lifetime rights) does qualify as an owner.
- Your household income must be at or below 50% of the area median income. (see income chart below)

### INCOME LIMITS

Your total household income must be at or below these limits based on the number of people in your household. Income for anyone 18 or older must be counted.

# in home	1	2	3	4	5	6	7	8
<b>Income limit</b>	\$28150	\$32150	\$36150	\$40150	\$43400	\$46600	\$49800	\$53000

### **Other Eligibility Requirements:**

- The property must be free of any back taxes, judgments or excessive liens.
  - Manufactured homes must be deeded as real property, have a permanent foundation and built after 1978.
  - Any home within the designated 100-year flood zone must have flood insurance.
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### **FOR AN APPLICATION, CONTACT:**

Edgecombe County Planning Office  
201 St. Andrew St. Room 205  
PO Box 10  
Tarboro, NC 27886  
(252) 641-7802

Edgecombe County does not discriminate on the basis of race, color, sex, religion, national origin, handicap, or family status in the selection of participants in this program.

**Edgecombe County**  
**Application for**

**CDBG Scattered Site Housing Rehabilitation**

**I. Applicant/ Head of Household**

A. \_\_\_\_\_  
FIRST NAME M.I. LAST NAME  
SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
GENDER \_\_\_\_\_ RACE \_\_\_\_\_ SINGLE PARENT \_\_\_\_\_ US CITIZEN \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Handicap: \_\_\_\_\_

**Co-Applicant**

B. \_\_\_\_\_  
FIRST NAME M.I. LAST NAME  
SSN# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
GENDER \_\_\_\_\_ RACE \_\_\_\_\_ SINGLE PARENT \_\_\_\_\_ US CITIZEN \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Handicap: \_\_\_\_\_

**II. ADDRESS:**

CURRENT:

\_\_\_\_\_  
STREET ADDRESS MAILING ADDRESS City  
\_\_\_\_\_  
STATE ZIP CODE COUNTY LENGTH OF RESIDENCY

DAMAGED PROPERTY ADDRESS (If different from above):

\_\_\_\_\_  
STREET ADDRESS City  
\_\_\_\_\_  
STATE ZIP CODE COUNTY LENGTH OF RESIDENCY

YEAR HOUSE WAS BUILT \_\_\_\_\_ MORTGAGE COMPANY \_\_\_\_\_  
MONTHLY PMT \_\_\_\_\_ PMT CURRENT Y/N AMT. OF ARREARS \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ ALTERNATE # \_\_\_\_\_

**III. OWNERSHIP INTEREST:**

Please list the names and contact information for anyone who has some ownership interest in the home but does not live at this address:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. Household Members:** Please list all household members including the head of household and co-applicant.

Name	Sex	Birth Date	Social Security #	Race	Relation to Homeowner	Handicap?
a.					Head of Household	
b.						
c.						
d.						
e.						
f.						
g.						

**V. HOUSEHOLD INCOME**

*Please list income on monthly basis (must be verified)*

Source	a.	b.	c.	d.	e.	f.	g.
1) Wages							
2) Retirement/Pension							
3) Social Security							
4) Public Assistance							
6) Child Support							
7) Interest							
8)							
Monthly Subtotal							
Annual Subtotal							
Annual Household Income						\$	

-----(*Applicant Certification*)-----

I/We, the undersigned, hereby certify that the information provided in this application and related documents is true to the best of my knowledge. I/We understand that the willful misrepresentation of information will render this application void. I/We also, understand that submission of this application does not guarantee that I/we will receive assistance from Edgecombe County. Other factors include my eligibility and the availability of funds.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**APPLICATION FOR REHABILITATION ASSISTANCE AGREEMENT**

I/We agree to participate in the Housing Rehabilitation program of Edgecombe County. I/We understand that this program will provide me/us with a interest-free deferred payment, forgivable rehabilitation loan. (The specific terms will depend on program funding)

I/We understand that Edgecombe County will verify my/our income, liabilities and ownership interest in the property located at \_\_\_\_\_. I/We certify that all of the information given is true and that if I/we have misrepresented my/ourselves that I/we will be disqualified from the program and unable to reapply in the future.

I/We understand that the CDBG program requires that I/we have proper and adequate insurance in place on my/our property. I/we will be required to show proof of homeowners and/or flood insurance.

I/We also understand that once my/our application has been approved, Edgecombe County will have a Rehabilitation Specialist perform an inspection and complete a work write-up. I/We further understand that it is my/our responsibility to bring to the Rehab Specialist attention any repairs that I/we want done (per program guidelines). I/we also have the right to review and approve the work write-up prior to the contractor bid process.

I/We also understand that Edgecombe County will solicit bids to complete the repairs as noted in the work write-up. The Contract will be awarded to the lowest, responsible bidder. Our representative will inspect the work on a regular basis to insure program compliance. Once the work is complete the Rehabilitation Specialist and I/we will complete a final inspection.

I/We understand that there may be some fees involved for which I/we will be responsible (for example, gas hookup fees.)

I/We understand that the contractor will not receive final payment until the work is complete and passes inspection. I/We further understand that Edgecombe County will require the contractor to provide me/us with a one-year warranty. If I/we have any problems with the work within that one-year period I/we **must** contact Edgecombe County to verify and coordinate the repair work.

I/We understand that the intent of the program is to correct structural deficiencies, bring the house up to minimum housing code and housing quality standards, and/or make the home more energy efficient. I/we also understand that any items that do not contribute to any of these intended goals, and only add aesthetic value to the home are not allowable under the programs of Edgecombe County. Further, I/we understand that structures not a part of the habitable dwelling are not eligible for repairs.

I/We also understand that this program is provided with funding from The NC Dept. of Commerce. The program requires that statistical data about me/us be included in monthly and annual reports. I/We understand that these reports may include pictures of my/our home before and after rehabilitation.

I/We understand that it is the policy of Edgecombe County to administer and offer its services to all individuals regardless of race, color, religion, sex, marital status, national origin, handicap, or familial status; and that Edgecombe County encourages and supports affirmative advertising and marketing.

By signing this agreement, I/We understand and agree with the terms contained above.

Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

**WHAT TO EXPECT AND NOT EXPECT FROM  
THE HOUSING REHABILITATION PROGRAMS**

**THINGS PROPERTY OWNERS DO IN THE REHABILITATION PROGRAM**

The program will help property owners during the housing rehabilitation process, but property owners are responsible for making choices and are responsible for the following:

1. Help inspect your house and point out problems.
2. Allow access to your property for viewing by the program staff and by contractors for bidding purposes.
3. Be responsible for providing access to your property for the contractor to perform the work during normal business hours.
4. Be responsible for securing personal belongings (for example, furniture, pictures on the wall , items in the cabinets, knickknacks on shelves, and clothes in the closets) when the area is being affected by the work.
5. Inspect and approve the work performed by the contractor.
6. Contact us regarding problems covered by the contractor warranty during the warranty period following completion of the work. It is suggested that you write to the Planning Office and keep a copy of the correspondence.
7. Be willing to sign a deed of trust and promissory note (a lien) to secure the forgivable/deferred loan
8. Maintain homeowners insurance

**THINGS PROPERTY OWNERS SHOULD THINK ABOUT BEFORE TAKING ON A  
REHABILITATION PROJECT**

1. Not all work that you may want can be completed with the funds available.
2. It can be stressful living in a house while a contractor is performing work. Furniture may be rearranged or stacked up and everything is in general disorder. It can also be very messy, noisy, and dusty.
3. If during the life of the loan the property is no longer your primary residence the loan may become due and payable
4. Houses always need maintenance. It is a good idea for you to save a little each month for future repairs and maintenance.
5. The application process can be slow as so much paperwork is required from so many sources. It is important that you be patient.
6. The program is not designed to make your house look new, but to make it more structurally sound, safe and energy efficient. Components that will be added to your home (for example, doors, carpet, cabinets) will be of good quality and will meet our program guidelines. You will have some choices, but choices will be limited. If you desire a brand, style or feature above what the program allows, you will be responsible for paying any additional costs.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**Edgecombe County  
INCOME VERIFICATION**

Applicant: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_. Telephone \_\_\_\_\_

I authorize the Social Security Administration, Department of Social Services, Unemployment Security Administration, Retirement/Pension Agency, employer, or \_\_\_\_\_ to release to Edgecombe County all information concerning benefits or salary payable to me. This includes all benefits for me/my family.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**THIS SECTION FOR EMPLOYERS OR SOCIAL SECURITY ADMINISTRATION ONLY**

The person above is an applicant for an Edgecombe County Housing Rehabilitation Program. Federal law requires us to obtain a verification of income on each applicant to determine the benefit to low-to-moderate income households. The information requested will be kept in strict confidence. **Please provide a copy of 1099 or W-2 if available.** Thank you for your cooperation in returning this form to the address below.

The above receives \$ \_\_\_\_\_ per HR/WK/MO/YR

Estimated yearly income \$ \_\_\_\_\_ (Note variations below)

Expected Increase/Decrease For the Upcoming Year \$ \_\_\_\_\_

Type of benefits: \_\_\_\_\_

Agency/Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Remarks: \_\_\_\_\_

Return to: **Brian Hassell, Director**  
**Planning, Inspections, E-911**  
**P.O. Box 10**  
**Tarboro, NC 27886**

**Edgecombe County  
INCOME VERIFICATION**

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Agency/Employer: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Remarks: \_\_\_\_\_

Return to: **Brian Hassell, Director**  
**Planning, Inspections, E-911**  
**P.O. Box 10**  
**Tarboro, NC 27886**

## Authorization to Release Information

To Whom it May Concern:

1. I/we have applied for Housing Rehabilitation from Edgecombe County.
2. As part of the process, Edgecombe County may verify information contained in my/our personal records and any documents required in connection with the rehabilitation process.
3. I/we authorize you to provide to the Edgecombe County any and all information and documentation that is requested. Such information includes, but is not limited to, employment history and income verification, credit history, copies of income tax returns, tax records, death records and title search.
4. Edgecombe County may address this authorization to any party named on my application.
5. A copy of this authorization may be accepted as original.

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Applicant's signature

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Date

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Applicant's signature

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Date