



## REHABILITATION PROGRAM DOCUMENTATION

In addition to the application, the Community Development Department is also required by the Department of Housing and Urban Development (HUD) to obtain the following documentation from each applicant:

1. **Last 3 check stubs of anyone living in your home that is employed.**
2. **Proof of any supplemental income such as child support, retirement, rent income, etc.**
3. **Last 2 years 1040 tax forms**
4. **Last 2 checking/savings account statement.**
5. **Current mortgage statement(s).**
6. **Homeowners' insurance policy.**
7. **Current utility bill.**
8. **Receipt that taxes on property have been paid.**
9. **General Warranty Deed (we will obtain this in the office).**
10. **Credit Bureau report (we will obtain this in the office).**

Once you've gathered all the above documents and completed the application please call Nicki Brown at 704-216-2738 to schedule an appointment.

*NOTE: It should be noted that eligibility does not necessarily ensure the receipt of financial assistance.*

To be eligible for housing improvement assistance, an applicant must:

1. **Be the owner of the property to be assisted;**
2. **Be low/moderate income based on the area median family income provided by HUD.**

We do place a lien on the property in the form of a first or second lien – secured by a Deed of Trust and Promissory Note.



Administered on behalf of Rowan County - Salisbury, NC



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**ROWAN COUNTY  
REHABILITATION PROGRAM APPLICATION**

**CASE NO.**

**Type of Assistance: Grant / Loan**

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**Type of Assistance Requested:**

Roofing \_\_\_\_\_ Window Repair/Replacement \_\_\_\_\_ Plumbing Repairs \_\_\_\_\_  
HVAC/AC \_\_\_\_\_ Floor Repairs \_\_\_\_\_ Other: \_\_\_\_\_

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**Head of Household:**

**Spouse/Other:**

Name:

Name:

Present Address:

Present Address:

City:

City:

State, Zip Code:

State, Zip Code:

Telephone No:

Telephone No:

Date of Birth:

Date of Birth:

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security No:

Social Security No:

**Name and Address of Employer:**

**Name and Address of Employer:**

Years Employed:

Years Employed:

Total # persons living in the household: \_\_\_\_\_

Female Head of Household: Yes \_\_\_\_\_ No \_\_\_\_\_

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**PROPERTY INFORMATION**

Home Owners Insurance: Yes\_\_\_\_\_ No \_ Insurance Company \_\_\_\_\_

Is This Your Primary Residence? Permanent Foundation? \_\_\_\_\_

Owner Occupied? Deed in Name of \_\_\_\_\_

Address of Owner (if different from above) \_\_\_\_\_

Heir to Property? Name of Heir \_\_\_\_\_

Address of Heir \_\_\_\_\_

Date/Ownership? Date/Occupancy? \_\_\_\_\_

Year Built No. Rooms No. Bedrooms No. Baths \_\_\_\_\_

Family Room/Den Living Area SF Garage/Carport \_\_\_\_\_ AC

Other Real Estate Value \$ \_\_\_\_\_

Is there an existing mortgage on the property? \_\_\_\_\_

Original Mortgage Amount \$ \_\_\_\_\_ Unpaid balance \$ \_\_\_\_\_

Name and Address of Mortgagee/Lender \_\_\_\_\_

Have you ever been obligated on a home loan, or a home improvement loan, which resulted in foreclosure, deed in lieu of foreclosure, or judgement?

If yes, Property Address and Name of Lender: \_\_\_\_\_

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**Office Use Only**

Tax Map \_\_\_\_\_ Parcel No. \_\_\_\_\_

Tax Value of Property Per Tax Statement \$ \_\_\_\_\_ Female Head of Household? \_\_\_\_\_

Remaining economic life of structure \_\_\_\_\_

If new resident, has applicant occupied home 90 days or longer? \_\_\_\_\_

Is dwelling in designated Target Area?

Estimated cost of general property improvements included in request for assistance \$

Type of Assistance needed

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**INCOME INFORMATION**

The 24 CFR Part 5 definition of annual income is the gross amount of income of all adult household members that is anticipated to be received during the coming 12-month period.

Head of Household

Spouse or Other

Other Income

Job #1

Job #2

Social Security

Retirement

Public Assistance

V. A.

Rent Income

Interest/Investment  
Income

Other

TOTALS

TOTAL ALL PERSONS IN HOUSEHOLD \$

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**Dependents: (If over eighteen, please explain dependency)**

Name:		___ Name:	
Relationship:		___ Relationship:	
Age:	SS#	___ Age:	SS#
Name:		___ Name:	
Relationship:		___ Relationship:	
Age:	SS#	___ Age:	SS#

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**Other Income Producing Household Members:**

Name: SS No.  
 Name: SS No.

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**Nearest relative not living with you:**

Name: Relationship:  
 Address: Telephone:

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**Please list all monthly expenses**

Fixed Expense	
Rent / Mortgage	
2 <sup>nd</sup> mortgage / equity loan	
Property taxes	
Property / Renters Insurance	
Electricity	
Gas / Oil Heat	
Water / Garbage	
Internet	
Cable/ Satellite	
Landline / Cell phone	
Home Maintenance / Alarm System	
Toiletries / Cosmetics / Cleaning	
Dry Cleaning / Laundry	
Hair Care	
Pet Care	
Clothing Adult & Children	
Groceries	
Work Lunches	
School Lunches	
Eating Out	

Child Support	
Child Care	
Diapers / Formula / Supplies	
Allowances	
Car / Lease Payment	
Car / Lease Payment	
Car Insurance	
Gas / Fares / Parking	
Yearly Auto Taxes (County Taxes)	
Car Maintenance / Oil / Wash	
Life Insurance	
Medical Co-pays	
Vision	
Dental / Counseling	
Prescriptions / Vitamins / Medicine	
Entertainment	
Tobacco	
Alcohol	
Subscriptions / On-line	
Memberships / Dues / Spas	
Gifts (Holidays, Birthdays)	

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Offerings / Donations / Tithes	
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**ROWAN COUNTY**  
**NOTICE TO APPLICANTS**

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the County Wide rehabilitation loan program for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

City of Salisbury, Community Development      Applicant



**ROWAN COUNTY**

**EQUAL CREDIT OPPORTUNITY NOTICE**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicant on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law is the Department of Housing and Urban Development, 415 North Edgeworth Street, Greensboro, North Carolina 27401.

We are required to disclose to you that you need not disclose income from alimony, child support or separate maintenance payments if you choose not to do so.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

**FAIR CREDIT REPORTING ACT NOTICE**

We advise that an investigation may be made regarding information as to character, general reputation, personal

characteristics and mode of living. Information on the nature and scope of the report is available upon written request.

RECEIPT IS HEREBY ACKNOWLEDGED OF THE EQUAL CREDIT OPPORTUNITY ACT NOTICE AND THE FAIR CREDIT REPORTING ACT NOTICE.

Applicant

Co-applicant

Date

## **ROWAN COUNTY**

### **AUTHORIZATION FORM**

I hereby grant permission and authorize any bank, credit union, saving and loan association, insurance company, real estate company, United States Postal Savings, or financial institution to disclose to the City of Salisbury full and complete information regarding my past, present, or potential situation. This includes property ownership and rentals, bank and/or savings accounts, cash value of life insurance policies, stocks and bonds, and any other savings.

I also grant permission to authorize any employer, Rowan County Department of Social Services, Social Security Administration, Veteran's Administration, Railroad Retirements, or any other person to disclose full and complete information regarding my past, present, and potential financial situation. This would include wages, support payments, contributions, and all other income.

I also grant permission for the City of Salisbury to investigate any situation or contact any person at any time to verify necessary information as long as I am receiving assistance. This would include baby-sitter, person providing transportation, schools, relatives, neighbors, natural father or mother, retail stores, landlord, utility company, and/or fuel company.

I also grant permission for the City of Salisbury to obtain any needed medical information that is pertinent to my case.

It is understood that this information is confidential and will be used solely for the purpose of determining/redetermining my eligibility for assistance.

It should be noted that, according to the law, "Any person who willfully and knowingly, with the intent to deceive, makes a false statement or representation or fails to disclose a material fact in order to enable himself or another person to obtain or to continue to receive assistance to which he is not entitled, is guilty of a misdemeanor and upon conviction or plea of guilty shall be fined or imprisoned or both at the discretion of the court."

This form has been read and explained to me and I fully understand its meaning.

WITNESSES:

Signature

Signature

Date

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**ROWAN COUNTY**

**PERSONAL INFORMATION RELEASE AUTHORIZATION**

To Whom It May Concern:

I/We hereby authorize the release of any personal and financial information requested, including:

Employment and income records

Checking account & savings deposit records and balances

Mortgage loan balance and payment history

Consumer credit balances and payment records

A photographic copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Acknowledgment

I acknowledge that I have received a copy of Salisbury Community Development Corporation's Privacy Policy.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_



**Salisbury**  
**Community Development Corporation**

**Credit Report Authorization**

**Name:    DOB :    SSN:**

**Name:    DOB:    SSN:**

**Address:**

**City:    State:    Zip:**

**Assistance Needed:**

**I/We the undersigned do hereby give the Salisbury CDC permission to check my credit report through Equifax credit system.**

**Borrower's Signature    Print    Date**

**Co-Borrower's Signature    Print    Date**



# Salisbury

## Community Development Corporation

### Privacy Statement

**We recognize and respect the privacy expectations of today’s consumers and the requirements of applicable federal and state privacy laws. We believe that making you aware of how we use your non-public personal information (“Personal Information”), and to whom it is disclosed, will form the basis for a relationship of trust between us and the public that we serve. This Privacy Statement provides that explanation. We reserve the right to change this Privacy Statement from time to time consistent with applicable privacy laws.**

In the course of our business, we may collect Personal Information about you from the following sources:

- **From applications or other forms we receive from you or your authorized representative;**
- **From your transactions with, or from the services being performed by, us, our affiliates, or others;**
- **From our internet web sites;**
- **From the public records maintained by governmental entities that we either obtain directly from those entities, or from our affiliates or others; and**
- **From consumer or other reporting agencies.**

Our Policies Regarding the Protection of the Confidentiality and Security of Your Personal Information

**We maintain physical, electronic and procedural safeguards to protect your Personal Information from unauthorized access or intrusion. We limit access to the Personal Information only to those employees who need such access in connection with providing products or services to you or for other legitimate business purposes.**

Our Policies and Practices Regarding the Sharing of Your Personal Information

**We may share your Personal Information with our affiliates, such as insurance companies, agents, and other real estate settlement service providers. We also may disclose your Personal Information:**

- to agents, brokers or representatives to provide you with services you have requested;
- to third-party contractors, mortgage lenders, insurance agents, or service providers who provide services on our behalf; and
- to others who provide products or services that we believe you may find of interest.

In addition, we will disclose your Personal Information when you direct or give us permission, when we are required by law to do so, or when we suspect fraudulent or criminal activities. We also may disclose your Personal Information when otherwise permitted by applicable privacy laws such as, for example, when disclosure is needed to enforce our rights arising out of any agreement, transaction or relationship with you.

One of the important responsibilities of some of our affiliated companies is to record documents in the public domain. Such documents may contain your Personal Information.

This is for your records

# Notification

## Watch Out For Lead-Based Paint Poisoning

This property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

### Sources of Lead-Based Paint

The interior of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

### Hazards of Lead-Based Paint Poisoning

Lead poisoning is dangerous- especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

### Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he/she eating normally? Does your Child have stomachaches and vomiting? Does he/she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

### Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community

Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

### Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, door- frames and windowsills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances;
- (b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trashcan. **DO NOT BURN THEM:**
- (d) Do not leave paint chips on the floor or in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important;
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.



## Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, the repainted with two (2) coats of non-lead

Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

## Tenant and Homebuyer Responsibilities

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's effort to repair the unit.

have received a copy of the Notice entitled "Watch Out for Lead Paint Poisoning."

Date

Print Full Name (s)

Signature (s)