



## **APPLICATIONS TO MAKE URGENT REPAIRS TO ELIGIBLE HOMES IN ORANGE COUNTY ARE NOW AVAILABLE**

The Urgent Repair Program (URP), finances home repairs to fix imminent threats to health and safety, or to provide accessibility modifications, for low-income households with special needs, such as elderly or disabled household members. The program is for emergency, urgent, and critical repairs only. URP is funded by the North Carolina Housing Finance Agency's Urgent Repair Program (funded by the N.C. Housing Trust Fund) and local County funds.

To be eligible for URP, applicants must meet the following eligibility requirements:

1. Must reside within Orange County, and own and occupy the house in need of repair.
2. Must have a household income that does not exceed 50% of the County median income for the household size.
3. Must have a special need (i.e., at least 62 years old; have a disability; single parent with a dependent child living at home; veteran; large family with at least 5 household members; or a household with a child younger than six with an elevated blood lead level).
4. Must have urgent repair needs that cannot be met through other state and federally funded housing assistance programs.

### **Household Income Limits at 50% Area Median Income for Orange County, 2020**

One (1) person household:	\$31,850
Two (2) person household:	\$36,400
Three (3) person household:	\$40,950
Four (4) person household:	\$45,450
Five (5) person household:	\$49,100

URP assistance is in the form of an unsecured, zero percent (0%) loan, forgiven at a rate of \$2,000 per year until the principal balance is reduced to zero (0). The maximum loan amount is \$10,000.

Applications will be available to the public starting September 23, 2019 and will be accepted on a rolling basis. Applications can be submitted by mail, email, or in person.

### **Program Contact:**

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**NORTH CAROLINA HOUSING FINANCE AGENCY**  
**URGENT REPAIR PROGRAM**  
*Application & Eligibility Certification*

(page 1 of 2)

**Applicant Data**

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

**If the Applicant was referred by someone other than self, complete the following:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Owner: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**Household Membership**

Name (First, MI, Last)	Sex	Birth Date	SS# (last 4 digits only)	Race Code*	Hispanic**	Relation to Homeowner
a.						
b.						
c.						
d.						
e.						
f.						
g.						

**Gross Income Work Table**

**Dollars / Household Member / MONTH**

Source	a	b	c	d	e	f	g	Total
1) Wages								
2) Retirement/Pension								
3) Social Security								
4) Supplemental Security Income								
5) Public Assistance								
6) Child Support								
7) Interest								
8)								
9)								
10)								
Monthly Sub-Total (sum rows 1-10)								
Annual Sub-Total (12 x row above)								

Annual Gross Household Income (sum Annual Sub-Total for columns a-g): \_\_\_\_\_

**Applicant Certifications**

**I hereby certify that:**

- 1) I own and occupy the home described above as my primary residence;
- 2) The household and income information listed above is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for the Urgent Repair Program (Program). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety or in performing accessibility modifications or other repairs necessary to prevent imminent displacement.
- 4) I give permission for \_\_\_\_\_ to access information to verify the contents of this application and to facilitate the repair of my home.
- 5) I understand that this Program grant may not rectify all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
- 6) I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self disclose the information.

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

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

**NORTH CAROLINA HOUSING FINANCE AGENCY**  
**URGENT REPAIR PROGRAM**  
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(page 2 of 2)

**Applicant Data**

Name of Homeowner(s) (First, MI, Last): \_\_\_\_\_  
 Street Address: \_\_\_\_\_

**Qualifying Income Table (for reference) Maximum Gross Household Income**

Household Size	1	2	3	4	5	6	7	8
a) Statewide non-metro 30%								
b) Statewide non-metro 50%								
c) County 30%								
d) County 50%								

**Qualifying Questions**

Does the applicant own this home? YES  NO   
 Does the applicant's household qualify based on the income criteria? YES  NO   
 Mark all Special Need(s) by which the Applicant qualifies:  Single-Parent Household  
 Owner 62+  Member Disabled  EBLL Child  Veteran\*\*\*  Household Size 5+

**Eligibility Certifications**

I hereby certify that:

- 1) All of the above information has been reviewed or documented in accordance with the Program Guidelines.
- 2) The Applicant is eligible for assistance under the Program;
- 3) There is no other state or federal source of funds available now, or likely to be available within the next six months, which could pay for the proposed repairs.

Authorized Officer \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**Eligible Urgent Repair Needs:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Case Notes (for office use only) Name of interviewer:** \_\_\_\_\_

Non-housing problems:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Action taken for referrals? YES  NO  If yes, specify:  
 \_\_\_\_\_  
 \_\_\_\_\_

Other:  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Race Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaiian/Other Pacific Islander (15); American Indian/Alaskan Native & White (16); Asian & White (17); Black/African American & White (18); American Indian/Alaska Native & Black/African American (19); Other Multi-Racial (20); and, Asian/Pacific Islander (21).

\*\*Hispanic: Yes or No.

\*\*\*Veteran: A person who served in the active military, and who was discharged or released therefrom under conditions other than dishonorable.