

**High Country Council of Governments**  
**Essential Single-Family Rehabilitation Loan Pool – ESFR27**  
**Pre-Application & Eligibility Certification**

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**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# (9 digits required)	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 Essential Single-Family Rehabilitation Loan Pool (ESFRLP). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose a threat to life, health or safety or in performing accessibility modifications or other repairs necessary to meet the Essential Rehabilitation Criteria of ESFRLP.
- 4) I give permission for High Country Council of Governments and NC Housing Finance Agency to access information to verify the contents of this pre-application and to facilitate the rehabilitation of my home to meet Essential Property Standards or the Minimum Housing Code.
- 5) I understand that the secured, 0% interest, forgiven at the rate of **\$14,000/year** loan provided via the ESFRLP is secured with a Deed of Trust.
- 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 \_\_\_\_\_

**High Country Council of Governments**  
**ESFRLP PROGRAM**  
**Pre-Application & Eligibility Certification**

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**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) County: 30%	\$16,050	\$18,350	\$20,650	\$22,900	\$24,750	\$26,600	\$28,400	\$30,250
b) County: 50%	\$26,750	\$30,600	\$34,400	\$38,200	\$41,300	\$44,350	\$47,400	\$50,450
c) County: 80%	\$42,800	\$48,900	\$55,000	\$61,100	\$66,000	\$70,900	\$75,800	\$80,700

Note: \_\_\_\_\_

**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:

☐ Owner 62+    ☐ Member Disabled    ☐ Veteran\*\*\*    ☐ EBLL threat to child under 6

**Eligibility Certifications**

I hereby certify that:

- 1) All of the above information has been reviewed or documented in accordance with the ESFRLP Program Guidelines and the ESFRLP Assistance Policy.
- 2) The Applicant is eligible for assistance under the ESFRLP 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 ESFRLP Rehabilitation 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 as evidenced by a DD-214 form.