



HOUSING REHABILITATION PROGRAMS APPLICATION

The City of Concord is pleased to provide housing rehabilitation assistance to low- and moderate-income families whose homes are in substandard condition. Many homeowners are unable to afford the costly repairs that are not covered by insurance. The City can assist homeowners with emergency repairs to plumbing and electrical systems in homes, or provide a new roof, or an HVAC unit. The City also can assist with substantial repairs to homes that need upgrades to address all major housing code and structural issues when funds are available. All applicants must own and reside in the home that is located within the City’s limits and meet HUD’s income limits. Maximum assistance is based on HUD’s Maximum Post- Rehabilitation Property Value of \$332,000. If the tax value of the home plus the cost of repairs exceeds HUD’s limits, assistance cannot be provided. With both programs, the homeowner may be required to repay the cost of the repairs through a second mortgage, which is in the form of a low-interest or a forgivable lien. The lien amount is determined by several factors including the amount of equity in the home, the household’s income level, and the estimated cost of the repairs. Funding for the Substantial Rehabilitation Program is provided by the HOME Investment Partnerships Program and funding for the Emergency Rehabilitation Program is provided by the Community Development Block Grant (CDBG) Program.

Families must meet the required **FY 2024-2025 HUD Income Limits** by not exceeding 80% of the area median income. The maximum income for each family size is listed below:

<i>Number in Household</i>	<i>HUD Income Limit</i>
1	\$59,400
2	\$67,850
3	\$76,350
4	\$84,800
5	\$91,600
6	\$98,400
7	\$105,200
8	\$111,950

To apply for assistance, the following documentation must be submitted with your application:

- Completed Housing Rehabilitation Programs Application
- Copy of driver’s license or photo ID and social security card for all household members
- General Warranty Deed (We will attempt to obtain this in the office, but for inherited homes, a Last Will & Testament will be required.)
- Current pay stubs for 60 days
- 2 **consecutive** months of financial statements are required **for all accounts** of all household members-**(all pages)**
- 2 years of previous complete tax returns for all household members-**(all pages)**
- Current mortgage statement with no past due payments
- Current utility bill with no past due payments
- Proof of Homeowner’s Insurance – Declaration Page
- Proof of any supplemental income, which could include the following sources:

- Disability Income
- Retirement/Pension Income
- Social Security Benefits
- Alimony
- Child Support
- Public Assistance
- Dividends from Stock
- Any other source of income

TERMS:

The U.S. Department of Housing and Urban Development requires that a lien is placed on the property when funds are used to assist qualified recipients. The City of Concord will require a Deed of Trust to be signed and recorded on behalf of these funds. The homeowner may need to repay the cost of the repairs through a second mortgage, which will be in the form of a low-interest or forgivable lien, depending on the household's income level.

AFFORDABILITY PERIOD:

The homeowner must occupy the dwelling as the primary residence through the duration of the second mortgage, in order to maintain the affordability requirements as set forth by the U.S. Department of Housing and Urban Development. The sale of the property during the affordability period will trigger direct repayment of any remaining funds that were received for the repairs.

ELIGIBILITY PROCESS:

Applicant(s) must submit all appropriate documents to the City of Concord. Final approval is contingent upon receipt and review of the required documents. Single-family homes and manufactured homes are eligible for assistance, but the City also may approve mobile homes for assistance. Condos are not eligible for assistance through these Programs.

If additional information or documentation is required, our office will notify you by e-mail or U.S. mail.

For more information about this Program, please contact our office at 704-920-5152 or visit our office at the address below:

**PLANNING & NEIGHBORHOOD DEVELOPMENT DEPARTMENT
35 Cabarrus Avenue West
Concord, NC 28025**



HOUSING REHABILITATION ASSISTANCE APPLICATION

PERSONAL DATA	
APPLICANT: FULLNAME _____ DOB _____ STREETADDRESS _____ CITY, STATE, ZIP _____ PHONE (MUST PROVIDE AT LEAST TWO NUMBERS) WORK: _____ HOME: _____ MOBILE: _____	CO-APPLICANT: FULL NAME _____ DOB _____ STREETADDRESS _____ CITY, STATE, ZIP _____ PHONE (MUST PROVIDE AT LEAST TWO NUMBERS) WORK: _____ HOME: _____ MOBILE: _____
EMAIL ADDRESS (PERSONAL): _____	EMAIL ADDRESS (WORK): _____
MARITAL STATUS: <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	MARITAL STATUS: <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No RACE: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi-Racial	Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> RACE: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi-Racial

HOUSEHOLD DATA (EVERYONE THAT WILL BE LIVING IN THE HOUSEHOLD)				
NAME	DATE OF BIRTH	RELATIONSHIP	VETERAN	DOES THIS PERSON HAVE ANY SOURCE OF INCOME?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD: _____

CONFLICT OF INTEREST

(NOTE: Identification of a conflict-of-interest will not necessarily keep you from participating in this program.) Are you or any member of your family related to anyone who works for the City of Concord?
 YES NO If yes, explain. _____

RELEASE OF INFORMATION

I/We understand that the information that I/we provide will be kept confidential and that it will be used solely for the purpose of determining my/our eligibility for assistance. By signing below, I/we authorize the City of Concord to review my/our complete application for possible assistance. I/We further understand that my/our application will be evaluated based on the eligibility requirements for this Program.

Applicant Signature *Date* *Co-Applicant Signature* *Date*

INCOME DATA REQUIREMENTS

All occupants of the home must have income verified. Any income received for all household members age 18 and older will be included in the total household income calculation. Possible sources of income include, but are not limited to: Pay stubs, SSI/SSA yearly statements, retirement income, child support, alimony, etc.

The income limits for this Program will vary each year because HUD's income limits are updated annually.

INCOME DATA (COMPLETE FOR ALL MEMBERS OF THE HOUSEHOLD WHO HAVE ANY SOURCE OF INCOME)

APPLICANT:		SOURCE OF INCOME:	
JOB #1-GROSS INCOME: \$ _____	<input type="checkbox"/> HOURLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY TWO WEEKS
	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> ANNUALLY
JOB #2-GROSS INCOME: \$ _____	<input type="checkbox"/> HOURLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY TWO WEEKS
	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> ANNUALLY
I WORK OVERTIME ON A CONSISTANTBASIS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE BONUSES / COMISSION ON A CONSISTANTBASIS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELFOR DEPENDANT(S):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE CHILD SUPPORT/ ALIMONY:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
OTHER INCOME:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____

CO-APPLICANT:		SOURCE OF INCOME:	
JOB #1-GROSS INCOME: \$ _____	<input type="checkbox"/> HOURLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY TWO WEEKS
	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> ANNUALLY
JOB #2-GROSS INCOME: \$ _____	<input type="checkbox"/> HOURLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY TWO WEEKS
	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> ANNUALLY
I WORK OVERTIME ON A CONSISTANTBASIS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE BONUSES / COMISSION ON A CONSISTANTBASIS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELFOR DEPENDANT(S):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE CHILD SUPPORT/ ALIMONY:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
OTHER INCOME:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____

OTHER APPLICANT:		SOURCE OF INCOME:	
JOB #1-GROSS INCOME: \$ _____	<input type="checkbox"/> HOURLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY TWO WEEKS
	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> ANNUALLY
JOB #2-GROSS INCOME: \$ _____	<input type="checkbox"/> HOURLY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> EVERY TWO WEEKS
	<input type="checkbox"/> TWICE A MONTH	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> ANNUALLY
I WORK OVERTIME ON A CONSISTANTBASIS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE BONUSES / COMISSION ON A CONSISTANTBASIS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELFOR DEPENDANT(S):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
I RECEIVE CHILD SUPPORT/ ALIMONY:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____
OTHER INCOME:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ _____

Total Gross Income: \$ _____

My household has no other income other than what is reported above. _____
Initial *Initial*

I/We certify that all of the statements that I/we have made in this application are complete, true, and correct to the best of my/our knowledge. I/We understand that if I/we provide incorrect, incomplete or false information on this application, I/we will be declined for assistance. I/We further understand that if the City of Concord approves my/our application, its discovery of false, incomplete or incorrect information could lead to legal action against me/us to enforce immediate repayment of any funds that were received through this Program.

Applicant Signature *Date* *Co-Applicant Signature* *Date*

HOUSING REHABILITATION ASSISTANCE PROGRAM DISCLOSURE

Please read carefully and initial each statement below.

<i>applicant</i>	<i>co-applicant</i>	
		This is a second mortgage in the form of a low-interest or forgivable lien. I/We understand that the funds from the City of Concord are in the form of a second mortgage that may be repaid through a low-interest or forgivable lien, as outlined in the terms of the note, the Deed of Trust, and any Declaration of Covenants and Restrictions.
		There will be a lien on my property. The City will place a lien on my property until the lien is paid in full and the affordability term expires.
		I/We must live in this property. I/We understand that this must be my/our primary residence. <u>I/We must live in this property throughout the duration of the lien and the affordability period.</u> If I/we move out before all funds have been received on behalf of the City of Concord's lien or before the expiration of the affordability period, I/we understand that all of the remaining City of Concord principal will be due immediately.
		Completed application. I/We understand that the City of Concord does not guarantee approval of my application until such time as the City has received all required documentation from me/us, including verification of income from all in the household and has spoken with me/us directly regarding these disclosures.
		Certification of all statements. I/We certify that all statements in this application are true and correct to the best of my/our knowledge.
		Privacy policy receipt certification. I/We acknowledge that I/we received a copy of the City's Protecting Privacy Information Policy for my/our records. I/We understand that I/we should contact a City staff member for resolution with any questions.
		Nondiscrimination policy statement. I/We understand that no person shall be discriminated against on the basis of race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status or any other legally-protected class in reference to this Program.

MORTGAGE INFORMATION (please include any judgements or liens)

1st Mortgage: Company _____

Loan #: _____ Interest Rate: _____ Mortgage Balance: \$ _____

2nd Mortgage: Company (if applicable) _____

Loan #: _____ Interest Rate: _____ Mortgage Balance: \$ _____

* A title search will be performed to confirm all outstanding debts recorded on the property.

I/We understand that this Program is a joint partnership with other agencies, funds, and resources that may or may not be available on a yearly basis. Therefore, by signing this application, I/we understand that there is no guarantee of assistance through this Program.

Applicant Signature *Date* *Co-Applicant Signature* *Date*



City of Concord Protecting Privacy Information (PII) Policy

As a recipient of Community Development Block Grant (CDBG) funds and HOME Investment Partnerships Program (HOME) funds from the U.S. Department of Housing and Urban Development (HUD), the City of Concord is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with the Privacy Act of 1974, as amended, and other federal and state privacy-related laws, guidance, and best practices. The City of Concord is required to protect the privacy of the information that is collected, used, maintained and disseminated for its HUD-funded programs.

The City of Concord is responsible for protecting two (2) types of privacy information.

1. Personally Identifiable Information (PII). Defined in OMB M-07-16 as “information which can be used to distinguish or trace an individual’s identity, such as their name, social security number, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother’s maiden name, etc.”
2. Sensitive Personally Identifiable Information (SPII). PII that when lost, compromised or disclosed could substantially harm an individual. The following are examples of sensitive PII:
1) social security or driver’s license numbers, 2) medical records, and 3) financial account numbers such as credit or debit card numbers.

The City of Concord will take the following steps to ensure compliance in accordance with the Privacy Act and other privacy-related laws:

1. The City will limit the collection of PII. The City only will collect PII to the extent that it is reasonably necessary to verify eligibility for its HUD-funded programs and services.
2. The City will limit access of sensitive PII. The City is required to allow HUD to have full access of sensitive PII to conduct audits or reviews of its programs and services at any time. The City will not distribute or release sensitive PII to others except as required by law. The City staff will not verify sensitive PII during any phone conversations and all meetings will be held in secure spaces if sensitive PII will be discussed to avoid unauthorized access or eavesdropping.
3. The City will protect hard copies and electronic files containing sensitive PII. The City will lock up all hard copy files containing sensitive PII in secured file cabinets. Sensitive PII information will not be left in open areas that are unattended. All media that contain sensitive PII will be protected and maintained either in secured cabinet files or in computers that have been secured. Digital copies of files containing sensitive PII will be secured and the number of people allowed to access the files will be limited. Only those with a bona- fide need to review such PII will be allowed access. The sensitive PII files will be stored on workstations that are located in areas that have restricted physical access. The City only will require copies of

sensitive PII to the extent reasonably necessary to determine eligibility for its programs and services.

4. The City will ensure proper records management, retention and disposition of sensitive PII. The City will follow all applicable records management laws, regulations, and policies. The City will not maintain its records longer than required by state and federal law and the records will be destroyed after retention requirements are met. The City will properly dispose of sensitive PII by permanently erasing all electronic records and shredding all hard copy records of sensitive PII.

To the extent feasible, the City of Concord is only permitted to collect PII with an applicant's written consent. The City may use and disclose PII to verify eligibility for services, when required by law, when it is ordered by a judge or other federal administrative agencies, or when it is requested by law enforcement.

The City of Concord's PII demonstrates our commitment to privacy and describes our policies for the collection, use, and disclosure of personal information that will be required to properly administer our Community Development programs and services. Please keep this copy for your records.

This Policy is limited in scope to PII collected due to the City's participation in the Community Development Block Grant (CDBG) funds and HOME Investment Partnerships Program (HOME) funds administered by HUD. Nothing herein shall override compliance with state law governing access to public records or the City's obligations under the City's Records Retention and Disposition Schedule, except as required by federal law.

All questions and requests related to the City's Protecting Privacy Information (PII) Policy should be directed to Mary Powell-Carr, Community Development Manager, at (704) 920-5152.