



HOUSING REHABILITATION PROGRAMS APPLICATION

The City of Concord is pleased to provide housing rehabilitation (home repair) 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 the U.S. Department of Housing and Urban Development’s (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 (HOME) 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 U.S. Department of Housing and Urban Development (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

Required Documentation Checklist

To apply for assistance, the following documentation must be provided with your application and is required for **ALL** household members. Please review the list below and bring the required documents that apply to your household to your pre-scheduled appointment. Items that are pre-checked are mandatory.

After preliminary review, additional documentation may be required:

Document	Description	√ or N/A
Housing Rehabilitation Application	The three-page document must be completely filled out and signed.	√
Photo ID	Driver's License, Photo ID.	√
Social Security Cards	Social Security Card obtained from the Social Security Office – card stubs are not acceptable.	√
General Warranty Deed	The City will attempt to obtain this in the office, but for inherited homes, a Last Will & Testament will be required. A divorce decree may also be requested upon receipt of the last recorded Deed.	
Pay Stubs	Current two (2) months or 60 days pay stubs. If no pay stubs provide a current letter from your employer.	
Financial Statements	Checking, savings, CDs, 401ks, stocks bonds, dividends from stock, investment accounts, and life insurance (include cash value).	
Rental Properties	Warranty Deeds or current executed rental lease.	
Federal & State Tax Return	Complete IRS and State tax return including all pages, W2's, 1099, etc. If retired and no longer filing, please provide the last year filed. If within the two years from the date of this application, we must receive a copy.	
Mortgage Statement	Current mortgage statement (escrow statements not acceptable). Payments must be current.	
Utility Statement	Most recent utility statement. Utilities must be current and in your name.	√
Homeowners Insurance	Current declaration page. Properties must have insurance to be eligible.	√
Benefit Income	Social Security, Disability, Pension. Provide a current Awards letter provided to you each year.	
Public Assistance	Awards Letter or Commitment.	
Other	Any additional source of income (door dash, eBay, apple cash, Venmo, etc.) Income considered to be cash.	
Lead-Based Paint Disclosure	Provided to you within the application package.	
Authorization to Release Form	Provided to you within the application package	√

Bring this page along with your documents to your pre-scheduled eligibility appointment.

TERMS:

The U.S. Department of Housing and Urban Development (HUD) 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 and a Deed Restriction, depending on the source of funds, to be signed and recorded on behalf of these funds prior to the start of the project. The homeowner may need to repay the cost of the repairs, 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 own and occupy the dwelling as the primary residence through the duration of the Affordability Period, in order to maintain the requirements as set forth by the U.S. Department of Housing and Urban Development (HUD). The City will require a yearly inspection until the expiration of the Affordability Period. The sale, rent or refinance 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. Additional documentation may be required. 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. If documentation is not received by the deadline date, your application will be denied.

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

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

HOUSING REHABILITATION ASSISTANCE APPLICATION

PERSONAL DATA				
HOUSEHOLD MEMBER #1 (Owner): FULL NAME _____ DOB _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ PHONE (MUST PROVIDE AT LEAST TWO NUMBERS) WORK: _____ HOME: _____ MOBILE: _____	HOUSEHOLD MEMBER #2 (Co-Owner): FULL NAME _____ DOB _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ PHONE (MUST PROVIDE AT LEAST TWO NUMBERS) WORK: _____ HOME: _____ MOBILE: _____			
EMAIL ADDRESS (Personal): _____	EMAIL ADDRESS (Personal): _____			
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: <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			
HOUSEHOLD MEMBER(S) (Include Member #1 & Member #2 and ALL other members residing in the household)				
NAME	DATE OF BIRTH	RELATIONSHIP	VETERAN	SOURCE OF INCOME?
		OWNER/SELF	<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				
<i>(NOTE: Identification of a conflict-of-interest will not necessarily keep you from participating in this program.)</i> Are you or any member of your family related to anyone who works for the City of Concord? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain. _____				

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: Employer, SSI/SSA, pension, child support, alimony, etc. The income limits for this Program may vary each year as HUD's income limits are updated annually.	
INCOME DATA (COMPLETE FOR ALL MEMBERS OF THE HOUSEHOLD WHO HAVE ANY SOURCE OF INCOME)	
HOUSEHOLD MEMBER #1 NAME:	
#1-GROSS INCOME (before taxes and expenses):	\$ _____
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> EMPLOYER <input type="checkbox"/> BENEFIT (SSI, DISABILITY, PENSION) <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> OTHER	
#2-GROSS INCOME (before taxes and expenses):	\$ _____
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> EMPLOYER <input type="checkbox"/> BENEFIT (SSI, DISABILITY, PENSION) <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> OTHER	
HOUSEHOLD MEMBER #2 NAME:	
#1-GROSS INCOME (before taxes and expenses):	\$ _____
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> EMPLOYER <input type="checkbox"/> BENEFIT (SSI, DISABILITY, PENSION) <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> OTHER	
#2-GROSS INCOME (before taxes and expenses):	\$ _____
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> EMPLOYER <input type="checkbox"/> BENEFIT (SSI, DISABILITY, PENSION) <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> OTHER	
HOUSEHOLD MEMBER #3 NAME:	
#1-GROSS INCOME (before taxes and expenses):	\$ _____
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> EMPLOYER <input type="checkbox"/> BENEFIT (SSI, DISABILITY, PENSION) <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> OTHER	
#2-GROSS INCOME (before taxes and expenses):	\$ _____
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> EMPLOYER <input type="checkbox"/> BENEFIT (SSI, DISABILITY, PENSION) <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> OTHER	
Total Household Gross Income: \$	

I/We certify that all 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. 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.

Signature - Member #1 (Owner)	Date	Signature - Member #2 (Co-Owner)	Date
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HOUSING REHABILITATION ASSISTANCE PROGRAM DISCLOSURE

Please read carefully and initial each statement below.

<u>Household Member #1</u>	<u>Household Member #2</u>	<p>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.</p>
		<p>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.</p>
		<p>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.</p>
		<p>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.</p>
		<p>Certification of all statements. I/We, the undersigned, certify under penalty of perjury that the information provided in this application is true and correct. WARNING: Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C §§ 287,1001 and 31 U.S.C. §3729).</p>
		<p>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.</p>
		<p>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.</p>

MORTGAGE INFORMATION (include any judgements or liens)

1st ____: 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 receiving assistance through this Program.

Signature-Member #1 (Owner)

Date

Signature-Member #2 (Co-Owner)

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 United States Office of Management and Budget (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 copies of 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 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.