



321/323 Fleet St.
 New Bern, NC 28562
 (252) 633-9599 Phone
 (252) 633-4632 Fax

Dear Applicant:

Thank you for your interest in Habitat for Humanity of Craven County Neighborhood Revitalization Program. Our Neighborhood Revitalization program offers exterior and interior repairs to homes which are owned and occupied by current residents earning at or less than 80% of Craven and Jones County Area Median Income.

Before completing an application, please read the following qualifications carefully to make sure that you meet our general guidelines.

TO QUALIFY:

1. **Applicant must own and occupy the home (name on the title)**
2. Must be a single-family, detached houses only (no mobile homes)
3. Home must be in our service areas (Craven, Jones)
4. Applicant must be a U.S. Citizen or a permanent legal resident of the U.S.
5. Home must be primary residence
6. Applicant must demonstrate the ability to repay a **portion** of the cost for repairing your home based on the applicant's income level. If your income falls at or below 30% of the area median income no repayment is required.

See Income Limits chart below for Jones County:

Household Size	30% of the Area Median Income	80% of the Area Median Income
1	\$12,760	\$32,550
2	\$17,240	\$37,200
3	\$21,720	\$41,850
4	\$26,200	\$46,500
5	\$30,680	\$50,250
6	\$33,700	\$53,950
7	\$36,050	\$57,700
8	\$38,350	\$61,400

*2020 HUD Area Median Income Limits for Jones County

See Income Limits chart below for Craven County:

Household Size	30% of the Area Median Income	80% of the Area Median Income
1	\$13,900	\$37,100
2	\$17,240	\$42,400
3	\$21,720	\$47,700
4	\$26,200	\$52,950
5	\$30,680	\$57,200
6	\$35,160	\$61,450
7	\$39,640	\$65,700
8	\$43,700	\$69,900

*2020 HUD Area Median Income Limits for Craven County

7. You must be willing to contribute a minimum of five (5) volunteer or sweat equity hours towards repairs on your home or other approved volunteer hours
If you have limitations, accommodations will be made!
8. All property taxes must be paid in full
9. You must be able to present the documents listed on the "APPLICATION CHECKLIST" page that is enclosed
10. Homeowner understands they are fully responsible for moving all belongings so that the work may be done. Habitat will not provide any assistance for moving and/or packing any personal belongings.

Once you have completed the application, to move forward with the process, we ask that you **schedule an appointment with the homeowner services coordinator to return the completed application.**

Once your completed application has been reviewed, the Homeowner Services Coordinator will contact you to let you know your status.

Habitat for Humanity of Craven County, Inc. shall not discriminate based on race, color, religion, sex, sexual orientation, national origin, marital status, family status, disability, or age.



APPLICATION CHECKLIST

Please complete this page according to the directions that follow and return it with your application.

- For documents that apply to you, please enclose copies of the documents listed and place a check mark on the corresponding lines. **We will not take originals and we will not make copies for you.**
- If the document does not apply to you, place "N/A" on the corresponding line
- **Do not leave any line blank**
- Please ensure all enclosed documents are **in the following order** before submitting your application to Homeowner Services

CONTACT INFORMATION

- _____ 1 Application Checklist (this page)
- _____ 2 Application for Neighborhood Revitalization (signed by all applicants)
- _____ 3 Contact Information Sheet
- _____ 4 Completed 4506-T Form

Personal Documents

- _____ 1 Proof of ownership of home (Title to the home, Warranty Deed, Homestead Exemption, etc.)
 - If home is NOT in applicant's name, proof of legal ability to make decisions is required. Such as, death certificate, marriage license, notarized letter including a statement of situation
- _____ 2 Most Recent Mortgage Statement (unless home is owned outright)
- _____ 3 Copies of 2018 & 2019 Tax Returns, all pages and forms (if applicable)
- _____ 4 Copy of paid Property Tax Notice
- _____ 5 Proof of current homeowner's insurance and claims filed in last 2 years
- _____ 6 Proof of FEMA/SBA application, funds received, and receipts for expenditures
- _____ 7 2 most recent pay stubs, if applicable
- _____ 8 Copies of benefit letters for other income (with dates effective and amounts of income received)
- _____ 9 Copies of 3 most recent bank statements (all pages & all accounts)
 - *Please note that many bank statements are double-sided.
- _____ 10 Copies of each applicant's driver's license/state ID
- _____ 11 Copies of birth certificates for applicant and/or co-applicant
- _____ 12 Copies of citizenship documents for applicant and/or co-applicant
- _____ 13 Copies of social security cards for applicant and/or co-applicant
- _____ 14 Divorce Decree

Applicant

Name _____

Address _____
Street Apt. # City Zip

Telephone:
(Home) _____ (Work) _____

(Cell) _____ (Email) _____

What is the best time to call you? _____

What is the best phone number to reach you at? _____

May we call you at work? _____

Co-Applicant, if applicable

☐ Same as above

Name _____

Address _____
Street Apt. # City Zip

Telephone:
(Home) _____ (Work) _____

(Cell) _____ (Email) _____

What is the best time to call you? _____

What is the best phone number to reach you at? _____

May we call you at work? _____

Neighborhood Revitalization Application



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or nation origin.

Dear Applicant: Please complete this application as completely and accurately as possible. All information you include will be kept confidential.

SECTION 1 - Homeowner Information

Applicant Name:

Co-applicant Name:

Social Security Number:

Date of Birth:

___Married ___Unmarried ___Widowed

Social Security Number:

Date of Birth:

___Married ___Unmarried ___Widowed

Property Address:

City, State and Zip Code:

Email Address:

Number of Years at Address:

Telephone:

Cell: _____

Home: _____

Work: _____

Co-applicant Telephone:

Cell: _____

Home: _____

Work: _____

Other Household Members:

List the names, ages, **and relationship** to homeowner of **all** people *living* in the home (attach a list if more space is needed):

Name/Relationship: _____ DOB: _____

Name/Relationship: _____ DOB: _____

Name/Relationship: _____ DOB: _____

Name/Relationship: _____ DOB: _____

Name/Relationship: _____ DOB: _____

Are you serving or have you ever served in the military? ☐Yes ☐No

SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled? → Yes → No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

→ Uses a Walker, Cane or Crutches → Wheelchair Bound → Blind → Hearing Impaired

→ Loss of Limb → Mentally Disabled → Other: _____

Is translation needed? → Yes → No If yes, what language: _____

SECTION 3 – Employment Information

Applicant:

Name and Address of Current Employer

Phone No.: _____

Type of Business: _____

Years on this job: _____

Monthly (Gross) wages: \$ _____

Co-applicant:

Name and Address of Current Employer

Phone No.: _____

Type of Business: _____

Years on this job: _____

Monthly (Gross) wages: \$ _____

SECTION 4 – Financial Information

Gross Monthly Income	Applicant	Co-applicant	Others in Household	Monthly Bills	Monthly Amount
Base Employment Income	\$	\$	\$	Rent/Mortgage	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Avg Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

List additional household members over 18 who receive income:

Name	DOB	Monthly Income
		\$
		\$

SECTION 5 – Assets

Name and Address of Bank, Savings & Loan, or Credit Union:		Name and Address of Bank, Savings & Loan, or Credit Union:	
Account Number:	Balance \$	Account Number:	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:		Name and Address of Bank, Savings & Loan, or Credit Union:	
Account Number:	Balance \$	Account Number:	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:		Name and Address of Bank, Savings & Loan, or Credit Union:	
Account Number:	Balance \$	Account Number:	Balance \$

SECTION 6 – Authorization and Release

I understand that by submitting this application, I am authorizing Habitat for Humanity to evaluate my ability to repay the no-interest loan and other expenses of homeownership and my willingness partner with Habitat. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been approved for Neighborhood Revitalization services, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check.

Photographic/Recording Release. I hereby grant and convey unto Habitat for Humanity of Craven County, Inc. all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

_____ Applicant Signature	_____ Date	_____ Co-applicant Signature	_____ Date
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SECTION 7 – Homeowner Needs Summary

Please list needed repairs in detail and share why you should selected. How will this help you? If repairs are related to a disaster, please include any information related to your disaster experience.

Applicant's name _____

Co-applicant's name _____

SECTION 8 – Demographics

Please Read This Statement Before Completing the Box Below: The following information is requested by Habitat for Humanity of Craven County, Inc., in order to monitor our compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. Habitat will neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, Habitat will note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant

- I do not wish to furnish this information

Race/National Origin:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/African American AND Caucasian
- American Indian or Alaskan Native AND Black/African American
- Other (specify) _____

Ethnicity:

____ Hispanic ____ Non-Hispanic

Sex:

____ Female ____ Male

Co-applicant

- I do not wish to furnish this information

Race/National Origin:

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American
- Caucasian
- Asian
- American Indian or Alaskan Native AND Caucasian
- Asian AND Caucasian
- Black/African American AND Caucasian
- American Indian or Alaskan Native AND Black/African American
- Other (specify) _____

Ethnicity:

____ Hispanic ____ Non-Hispanic

Sex:

____ Female ____ Male

Additional Information

FOR OFFICE USE ONLY:

Date App. Received: _____

More information requested? ☐ Yes ☐ No

AMI: _____

Date SOW signed: _____

Project Start Date: _____

Projected Cost: _____

Estimated Repayment: _____

Disaster Related: ☐ Yes ☐ No

Grant Allocations: _____

Date 10-day letter sent: _____

Date App. Complete: _____

Date of Inspection: _____

Date COC signed: _____

Project Complete Date: _____

Actual Cost: _____

Actual Repayment: _____

Veteran/Military: ☐ Yes ☐ No