

**Notice to Homeowners --- City of Kinston, NC
Assistance with Repairs of Hurricane Matthew Flood Damage**

The City of Kinston has been advised by the NC Housing Finance Agency (NCHFA) that it is eligible to receive funding through the Essential Single-Family Rehabilitation Loan Pool (ESFRLP-DR) sponsored by that agency. The funds are available to assist homeowners located within the City of Kinston municipal limits and extraterritorial jurisdiction (ETJ) with repairing damage received following Hurricane Matthew. These funds will cover up to \$40,000 per unit for repair of flood damage and building code deficiencies and will be provided as a 100% grant (forgiven loan) without any required homeowner match. In order to be considered for rehabilitation assistance, each applicant must meet the following minimum eligibility requirements:

1. The applicant must provide documentation (estimate of repair from a licensed contractor, repair receipts, etc.) that their residence received at least \$5,000 in uninsured flood/wind damages following Hurricane Matthew in October 2016. Applicants who had a flood insurance policy and filed an insurance claim following Hurricane Matthew are not eligible for ESFRLP-DR assistance.
2. The damaged residence must be located within the city limits or ETJ of the City of Kinston – the city staff can verify this eligibility requirement at the time of application.
3. The applicant must own and occupy the damaged residence – rental units are not eligible for ESFRLP-DR assistance.
4. The applicant must not be delinquent with any Lenoir County/City property taxes at the time of application, or must obtain an approved payment plan from the county tax offices before the time of application.
5. The damaged residence must be a frame-built structure – no manufactured homes are eligible for ESFRLP-DR assistance.
6. The ESFRLP-DR rehabilitation cost may not exceed 50% of the estimated replacement value of the damaged structure, or \$40,000, whichever is less.
7. The damaged residence must be a frame-built structure – no manufactured homes are eligible for ESFRLP-DR assistance.
8. The owner-occupant household's gross annual income must not exceed 100% of the Lenoir County median income for appropriate household size -- the city staff can verify this eligibility requirement at the time of application (see income limits, below).

**Income Limits for the City of Kinston's
Essential Single-Family Rehabilitation Loan Pool - Disaster Recovery Program**

Number in Household	100% of Median Income
1	\$34,100
2	\$39,000
3	\$43,900
4	\$48,700
5	\$52,600
6	\$56,500
7	\$60,400
8	\$64,300

If you wish to be considered for an NCHFA ESFRLP-DR loan, you must return the three attached application forms to the City of Kinston NCHFA Administrator no later than November 6, 2017. At least one of the owners of the property must sign the application form. Please return the three attached application forms in person or by mail to Adam Short, City of Kinston 207 East King Street Kinston, NC 28501.

Income Verification Form – Part “D”

Unit #____ (City to assign #)

Applicant Name: _____

Mailing Address: _____

CITY OF KINSTON
NCHFA ESFRLP-DR PROGRAM
APPLICATION FOR REHABILITATION ASSISTANCE

Note to occupant: Please attach a 2016 (most recent) IRS Form 1040 (page 1) or 1040 EZ form for each household member 18 or older listed on the application summary form (Part “C”). If a household member aged 18 or older did not submit a tax return for 2015 or 2016, please indicate why not and attach documentation of government benefits paid to you and/or an income summary from your employer of monthly or annual income where indicated. Sign this form where indicated and have your signature witnessed.

Income Summary Information for Occupants 18 and Older

1) Head of Household: _____ Sources of Income (list): _____
Form 1040 attached? Yes No If no, why not: _____
Total 2015 or 2016 Income (fill in one **and attach documentation**): \$ _____ (monthly) \$ _____ (yearly)

2) Name: _____ Sources of Income (list): _____
Form 1040 attached? Yes No If no, why not: _____
Total 2015 or 2016 Income (fill in one **and attach documentation**): \$ _____ (monthly) \$ _____ (yearly)

3) Name: _____ Sources of Income (list): _____
Form 1040 attached? Yes No If no, why not: _____
Total 2015 or 2016 Income (fill in one **and attach documentation**): \$ _____ (monthly) \$ _____ (yearly)

4) Name: _____ Sources of Income (list): _____
Form 1040 attached? Yes No If no, why not: _____
Total 2015 or 2016 Income (fill in one **and attach documentation**): \$ _____ (monthly) \$ _____ (yearly)

I, the undersigned head of household, acknowledge that the summary of income shown above is an accurate statement of the 2016 income of the household members aged 18 and older who occupy the dwelling referenced in this NCHFA ESFRLP-DR Program application form. I understand that additional investigations into my household income may be conducted by the city staff, and that I will be disqualified if I have misrepresented the income information listed above.

Head of Household

Witness

Date

---- PLEASE RETURN TO THE CITY OF KINSTON NCHFA ADMINISTRATOR ----

Application Summary Form – Part “C”

Unit # ____ (City to assign #)

Applicant Name: _____

Mailing Address: _____

CITY OF KINSTON
NCHFA ESFRLP-DR PROGRAM
APPLICATION FOR REHABILITATION ASSISTANCE

The following household information below applies to the occupant of the home.

1. List all household members.

a) Name of Head of Household: _____

Race: White Black American Indian
 Hispanic Other (list) _____

Age: _____ Sex: _____

U.S. Armed Services Veteran?: (name of occupant): _____

Other Household Members

<u>Name</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Handicapped? (list disability)</u>
b)			
c)			
d)			
e)			
f)			
g)			
h)			

2. Telephone Number(s) of Occupant: _____

3. Is one or more of the occupants a **wage earner with a dependent child?**
(Print name of wage earner, dependent, and job contact information below):

Name of Wage Earner _____

Name of Dependent Child _____

Name and Phone # of Employer _____

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Applicant Name: _____

Mailing Address: _____

CITY OF KINSTON
NCHFA ESFRLP-DR PROGRAM
APPLICATION FOR REHABILITATION ASSISTANCE

To: City of Kinston
Planning Department
207 East King Street
Kinston, NC 28501

I, _____, wish to participate in the City of Kinston North Carolina Housing Finance Agency (NCHFA) Essential Single-Family Rehabilitation Loan Pool – Disaster Recovery (ESFRLP-DR) Program. I understand that I must submit three forms: Request for Assistance (Part "B"), Application Summary form (Part "C"), and Income Verification form (Part "D") to be considered for assistance.

I understand that the assistance made to rehabilitate the dwelling unit (maximum grant of \$40,000) will be in the form of a forgiven loan, forgiven at the rate of \$5,000 per year. I understand that a third-party contractor selected by the City of Kinston will perform the inspection of my dwelling unit, identify deficiencies, and supervise the repair work on my behalf. I also understand that needed repairs will be performed by a third-party contractor selected through a bidding process coordinated by the city on my behalf.

I understand that I must maintain fire and flood insurance on my rehabilitated unit for the entire term of the forgiven loan.

To the best of my knowledge, I am either the principal owner or have interest in the property as an heir. I understand that the city will undertake an ownership investigation if I am eligible for NCHFA ESFRLP-DR assistance. If it is determined that I do not have title to the property, I will be willing to obtain title at my expense in order to obtain NCHFA ESFRLP-DR assistance.

I further agree to furnish all additional information asked for by the city representatives in an effort to establish my eligibility for a rehabilitation loan.

In conclusion, I realize that this information is to remain confidential and used only for the purpose expressed herein.

Signature of Homeowner as Listed Above

Date

---- PLEASE RETURN TO THE CITY OF KINSTON NCHFAADMINISTRATOR ----