

Homeowner Recovery Program Application

ReBUILD NC

Traducción al español está disponible a petición
Spanish translation is available upon request

INSTRUCTIONS

This application may be completed online at rebuild.nc.gov or in writing at a ReBuild NC Center. If completed in writing, please use a black or blue pen. All blanks must be completed or indicated with N/A. For your reference, an Application Guide is available for download at rebuild.nc.gov.

Section A1: Primary Applicant (Owner-Occupant)

1. Full Legal Name (First, Middle, Last, Suffix)

2. Phone

() -

2a. Will TTY services be needed?

☐ Yes ☐ No

3. Email

4. Mailing Address Line 1

4a. Mailing Address Line 2

4b. City/State/ZIP

5. Alternate Contact Name

5a. Alternate Contact Phone

() -

5b. Will TTY services be needed?

☐ Yes ☐ No

Alternate Contact Email

Section A2: Co-Applicant

6. Full Legal Name (First, Middle, Last, Suffix)

7. Phone

() -

7a. Will TTY services be needed?

☐ Yes ☐ No

8. Email

9. Mailing Address Line 1

9a. Mailing Address Line 2

9b. City/State/ZIP

Section B: Eligibility Information

1. Which of the following disasters damaged the property? (Please select one)

- ☐ Hurricane Matthew (Oct. 8, 2016) ☐ Hurricane Florence (Sept. 14, 2018) ☐ BOTH Hurricane Matthew and Hurricane Florence
☐ Other disaster(s), please specify _____

2. Did you own the damaged property at the time of the disaster(s)?

☐ Yes ☐ No



Section B: Eligibility Information (Continued)

3. Have you maintained ownership of the damaged property since the time of the disaster(s)? ☐ Yes ☐ No

3a. If no, please explain.

4. Was the damaged property your primary residence at the time of the disaster(s)? ☐ Yes ☐ No

5. Are you currently living in the damaged property? ☐ Yes ☐ No

5a. If no, please explain your current living situation.

Section C: Household Member(s) – Complete the following section for all household members who occupy the property as a primary residence. Note that the Primary Applicant does NOT need to be the head of household.

	Full Legal Name (First, Middle, Last Suffix)	Date of Birth (MM/DD/YYYY)	An Owner of the Damaged Property?	Gender	Disabled	Minors: # of Months per Year*
Head of Household		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6		____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*For minor household members (17 years of age and younger) only, enter the number of months during the year the minor lives in the household

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

Race for Head of Household (Check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native and Black |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian and White | <input type="checkbox"/> Other multi-racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> I do not wish to answer |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black/African American and White | |

Ethnicity for Head of Household (Check one)

- ☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- ☐ **Non-Hispanic or Latino** - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Power of Attorney (POA)

1. Please select whether you have a Power of Attorney (POA). ☐ Yes ☐ No

1a. If yes, will you be exercising your POA? ☐ Yes ☐ No

Section D: Damaged Property Information – Provide basic information concerning the damaged property (i.e., physical address of damaged property, floodplain information, and other names on the deed).

1. Damaged Property Address Line 1

1a. Damaged Property Address Line 2

1b. City

1c. County

1d. ZIP

2. Is the damaged property identified by an alternative address? ☐ Yes ☐ No

2a. If yes, what is/are the other address(es) associated with the damaged property?

3. What type of structure is the damaged property?

☐ Single-family Home ☐ Modular Home ☐ Mobile Home ☐ Apartment ☐ Duplex ☐ Condo/Townhome ☐ Co-op

4. Is the damaged property in a 100-year floodplain? ☐ Yes ☐ No ☐ Unknown

5. Has the damaged property received federal assistance for a previous disaster? ☐ Yes ☐ No ☐ Unknown

5a. If yes, were you required to maintain flood insurance on the damaged property? ☐ Yes ☐ No ☐ Unknown

5b. If yes, have you maintained flood insurance? If no, please explain. ☐ Yes ☐ No

6. If the structure is a mobile home, do you own or lease the land? ☐ Own ☐ Lease ☐ Neither

7. Are there any other individuals who have, or may have, an ownership interest in the property? ☐ Yes ☐ No

7a. If yes, please provide their name(s) and contact information.

8. Is any portion of the damaged property currently being rented? ☐ Yes ☐ No

8a. If yes, please provide the name and contact information of the renter.

9. Is any portion of the damaged property used as a non-residential purpose? ☐ Yes ☐ No

9a. If yes, please explain.

10. Are any back taxes owed on the damaged property? ☐ Yes ☐ No ☐ Unknown

11. Is there a mortgage(s) or any other lien(s) on the damaged property?
☐ Mortgage(s) ☐ Lien(s)
☐ Judgment ☐ No

Section D: Damaged Property Information (Continued)

11a. List the mortgage/lien holders. If none, skip to the next section.

	Mortgage/Lien Holder Name and Contact Information	Mortgage/Lien/Judgment	Are you current on your payments?
1		<input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> Judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> Judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Mortgage <input type="checkbox"/> Lien <input type="checkbox"/> Judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section E: Homeowner's Completed Repairs to Damaged Property – If your home was damaged by the disaster and you have made repairs, please complete the following questions. Please collect and retain all your receipts should the program request them.

1. Have any repairs been completed on the damaged property? ☐ Yes ☐ No

1a. If yes, what repairs were completed to the damaged property? (Check all that apply)

<input type="checkbox"/> Roof	<input type="checkbox"/> Structural	<input type="checkbox"/> Drainage
<input type="checkbox"/> Electric	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Attached Deck
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Septic System	<input type="checkbox"/> Basement
<input type="checkbox"/> Heating	<input type="checkbox"/> Walls/Drywall	<input type="checkbox"/> Elevation
<input type="checkbox"/> Flooring	<input type="checkbox"/> Foundation	<input type="checkbox"/> Other

2. Has a general contractor completed any repairs on the damaged property? ☐ Yes ☐ No

2a. If yes, please explain what scope is currently under contract and not yet completed. Please provide the contractor's name, license number, and phone number.

3. Were any repairs completed as a donation from a charitable organization? ☐ Yes ☐ No

Section F: Homeowner's Insurance – If a mortgage exists, a homeowner's insurance policy is likely in place.

1. Was there an active homeowner's insurance policy for the damaged property at time of the disaster (October 8, 2016 and/or September 14, 2018)? ☐ Yes ☐ No (If no, skip to the next section)

1a. If yes, what was the insurance company?

1b. If yes, what was the policy number?

Section G: Other Insurance & Disaster Assistance Sources

Flood & Other Insurance

1. Was there an active flood or other insurance policy for the damaged property at time of the disaster (October 8, 2016 and/or September 14, 2018)? ☐ Yes ☐ No

1a. If yes, what was the insurance company?

1b. If yes, what was the policy number?

Section G: Other Insurance & Disaster Assistance Sources (Continued)

Federal Emergency Management Agency (FEMA)

2. Was any FEMA assistance received for the damaged property? ☐ Yes ☐ No

Small Business Administration (SBA)

3. Was an SBA loan received for the damaged property? ☐ Yes ☐ No

3a. If yes, what was the purpose of the loan?

3b. If yes, what loan amount were you approved for? \$

3c. If yes, what loan amount have you received to date? \$

Other Sources

4. Have you been approved to receive Hazard Mitigation Grant Program (HMGP) assistance related to a presidentially declared disaster? (Check all that apply)

☐ Yes - HMGP Elevation ☐ Yes - HMGP Reconstruction
☐ Yes - HMGP Acquisition ☐ No

5. Was the damaged property approved for any other disaster repair assistance? For example: Disaster Recovery Act (DRA) ☐ Yes ☐ No

DECLARATION OF LAWFUL PRESENCE

In order to be eligible to receive housing benefits, a member of the household must be a citizen, non-citizen national, or qualified alien of the United States. If this status is not met, the household may not be eligible for assistance. Please read this Declaration carefully. Please consult an immigration attorney or other expert of your choosing if you have questions regarding this declaration.

I _____ swear or affirm under penalty of perjury that (check one)

____ I am a United States citizen, or

____ I am a non-citizen national of the United States, or

____ I am a qualified alien of the United States, or

____ I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national, or qualified alien of the United States. Print full name and age of minor child: _____

____ No member of our household is a citizen, non-citizen national, or qualified alien.

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, North Carolina laws and regulations, if the North Carolina laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable by law, and that any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Signature

Date

Print Name

APPLICANT AUTHORIZATION

I authorize the State, its agents, assigns, and contractors to obtain information about me that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

1. A photocopy of this form is as valid as the original; AND
2. I have the right to review information received using this form; AND
3. I have the right to a copy of information provided to NCORR and ReBuild NC and to request correction of any information I believe to be inaccurate; AND
4. All applicants will sign this form and cooperate with NCORR and ReBuild NC for purposes of eligibility verification.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signatures

Primary Applicant	Print Name	Date
Co-Applicant	Print Name	Date

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and ReBuild NC policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion, or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. ReBuild NC and its contractors are committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program.

Confidentiality: In order to process an application, ReBuild NC may supply and receive information as detailed in the "ReBuild NC Consent to Release" form that you will execute. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

APPLICANT CERTIFICATIONS

It is the policy of the North Carolina Office of Recovery and Resiliency (NCORR) that all information contained in this application be verified prior to award. Please read the following certifications carefully and acknowledge each by signing or initialing your name and dating where indicated.

All information provided and submitted in support of this application is true and complete to the best of my knowledge and belief. I am aware that any misrepresentation in this application will result in the forfeiture of my right to participate in the ReBuild NC Homeowner Recovery Program and may result in legal action being taken against me.

Initials

Every person entitled to claim an ownership interest in the damaged property has given consent to the application or was not located after reasonable effort, and as Primary Applicant, I attest that I am responsible for all certifications herein.

Initials

I agree to accept services provided by the Program and authorize the Program to provide guidance regarding its related services for my property. I further agree to hold harmless the employees, members and officers of the Program in connection with acts performed by them, including, but not limited to: consultation(s), technical advice, property inspection(s), and other related activities.

Initials

I authorize program staff to obtain records including, but not limited to: personal income reports, property title and tax records, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports that program staff deem necessary. I understand that information in this application may be shared with outside parties for the purpose of third-party verification and for funding compliance.

Initials

I understand that funding for the ReBuild NC Homeowner Recovery Program is contingent upon the availability of Community Development Block Grant-Disaster Recovery (CDBG-DR) funds provided by the U.S. Department of Housing and Urban Development (HUD). Because program funding is limited, I understand that it is possible that not all eligible applicants will receive benefits under the ReBuild NC Homeowner Recovery Program.

Initials

I certify that I have received a copy of the Appeals Procedures for the Homeowner Recovery Program and understand that I may appeal any determination made by NCORR or its agents regarding my eligibility for the Program or potential grant amounts.

Initials

I certify that I have received a copy of the "Protect Your Family from Lead in Your Home" brochure.

Initials

I understand that completion of the application does not guarantee my eligibility for this program. Further, I understand that participation in the Homeowner Recovery Program is voluntary and that I may withdraw at any time. I also understand that if I choose to withdraw from participating in the Program, federal law states that I must return any funds disbursed to me.

Initials

I understand that federal law requires me to stop all work on the damaged property once this application is submitted, or I will be determined ineligible for assistance by the Homeowner Recovery Program. Prior to executing a potential future grant agreement, I understand that I must seek prior approval from the Program prior to conducting any repair activities. If I am currently under contract for repairs, I will let the Program know immediately, including about my ability to end that contract and/or its expiration.

Initials

I understand that any changes to my property ownership, damages, repairs, tenant occupancy, or any financial disaster assistance I have applied for, committed, or received must be reported to the Program at the earliest opportunity. I understand that any disaster assistance I have received may be considered a duplication of benefits and may impact award amount(s) for which I am eligible, if such offer(s) is/are made by the Program. I agree to disclose to the Program all disaster assistance I have applied for, committed, and/or received. Further, I agree to assign and/or enter into a repayment agreement for such funds to NCORR and/or the ReBuild NC Homeowner Recovery Program if necessary.

Initials

I certify that I have included all information regarding mortgages, liens, and judgments on my property and that I am not currently in default or undergoing foreclosure proceedings.

Initials

I understand that, as the Primary Applicant, I must not transfer the damaged property or any interest in it, whether voluntarily or involuntarily, until the repair/rehabilitation or reconstruction to be performed under the Program has been completed and/or the Program has completed closeout of the application.

Initials

My signature below indicates that I have read, understood, and agree to all statements in this application. Under penalty of perjury, I affirm that all information provided in this application is true and accurate to the best of my knowledge. I agree to hold harmless the ReBuild NC Homeowner Recovery Program, its employees, agents, and assigns from liability for any damages that may arise as a result of my participation in this program.

Primary Applicant Signature/Date

Co-Applicant Signature/Date

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.