



CITY OF NEW BERN, NC
Community Development Block Grant
Housing Rehabilitation Program
HOUSING REHAB APPLICATION CHECKLIST

*Applications must include the following information to be considered.
Incomplete applications will not be processed.*

- _____ Completed and signed application
- _____ List all persons residing in the property
- _____ Copy of Deed or mortgage
- _____ Proof of Income for household members aged 18 and over who are NOT full-time students, including: *Check all that apply as applicable.*
 - _____ Last (3) Pay Stubs
 - _____ Last (3) Statements showing Bonuses
 - _____ Last (3) Bank Statements
 - _____ Last (3) statements showing money market accounts, certificates of deposit, etc.
 - _____ Last (3) statements showing dividends from stocks and bonds, IRAs, etc.
 - _____ Statement of annual income from Social Security, VA or another pension
 - _____ Copy of Federal Income Tax Return from most recent calendar year or Certification of Exemption
- _____ Property Tax Valuation
- _____ Proof that the City of New Bern property taxes are paid/current
- _____ Proof Mortgage payments are paid/current or Certification of No Mortgage
- _____ Most current utility statement(s)
- _____ For household members ages 18-25 who are full-time students, a certification of full-time student status from the educational institution.



CITY OF NEW BERN, NC
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Housing Rehabilitation Program
HOUSING REHABILITATION APPLICATION

Housing Rehabilitation Program

Date: _____

Applicant: _____

Date of Birth: _____ Head of Household SSN: _____

Telephone No.: _____ Email Address: _____

Co-Applicant: _____

Date of Birth: _____ Head of Household SSN: _____

Telephone No. _____ Email Address: _____

Property Address: _____

Total Number of Person's residing in the property: _____

List the names, Relationships, Social Security Numbers, and Dates of Birth for all other household members:

Add Additional sheets if needed.

Please indicate if the head of your household falls into one or more of the following categories*:

Female: _____ 62 Years of Age or Older*: _____ Disabled: _____

Please indicate the racial characteristics of your family (select one or more):

White _____ Black or African American _____ Asian _____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander _____ Hispanic or Latino _____ Other (Multi-racial) _____ (*For Statistical Purposes Only)

Approximate combined gross income (before taxes) of all persons residing in the property:

(Annually) _____ (Monthly) _____

Approximate age of Home: _____ Tax Parcel ID Number _____

How long have you owned AND resided in the home as your primary residence?

Is your home a mobile/manufactured home? _____ Yes _____ No

If yes, do you own the real property on which the home is located? _____ Yes _____ No

Do you operate a business out of your home? _____ Yes _____ No

If yes, please list the name and nature of the business.

Are you a relative of or have any financial relationship with any employee or Board Member of The Duffyfield Phoenix Project, Inc., Religious Community Services, and/or an employee or elected official of the City of New Bern? _____ Yes _____ No

If yes, please list the name and relationship below.

Please list below the repairs you feel are needed to your home.

I/We certify that all information given and represented in this application, whether in writing or orally, is true and correct. I understand that false, fictitious, or fraudulent statements or representation to defraud the US Government of funds voids my application for assistance and is punishable by fines not to exceed 10,000 dollars or imprisonment for not more than five years or both, under USC Title 18, Section 1001. I understand that the City of New Bern and its non-profit partners must prosecute violations.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Title reports will be processed on each property for which an application is received. If tax or other liens (except mortgage) against the property are found which exceed 50% of the value of the property, your application will be disqualified unless proof of satisfaction of the lien is presented to the Program Manager at the City of New Bern and its non-profit partners.

SUPPLEMENTAL INFORMATION

Income Questionnaire

Name of Applicant(s): _____

Property Address: _____

Provide the income information for each member of the household in order to project income for the next 12 months. The following is a list of the items used to calculate projected income in determining eligibility for assistance. Check "YES" for any type of income a household member receives and attach the required documentation to verify. The information required as proof of income is listed on page 2 of the Policies and Procedures. Check "NO" if no member of the household income from that source.

Employment Income: do not include income of children under 18 or live-in aides.

	Yes	No
Wages	<input type="checkbox"/>	<input type="checkbox"/>
Salaries	<input type="checkbox"/>	<input type="checkbox"/>
Overtime Pay	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	<input type="checkbox"/>	<input type="checkbox"/>
Fees	<input type="checkbox"/>	<input type="checkbox"/>
Tips	<input type="checkbox"/>	<input type="checkbox"/>
Bonuses	<input type="checkbox"/>	<input type="checkbox"/>
Any other amounts adult household members earn from working for other people or from their own business	<input type="checkbox"/>	<input type="checkbox"/>

Benefits Payments: This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Security Income (SSI)

Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Disability pays or benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
Severance pays	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policy payments to you	<input type="checkbox"/>	<input type="checkbox"/>
Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Retirement fund benefits	<input type="checkbox"/>	<input type="checkbox"/>
Death benefits	<input type="checkbox"/>	<input type="checkbox"/>
Any other benefit payments: veterans' disability, dependent indemnity compensation, etc.	<input type="checkbox"/>	<input type="checkbox"/>

Alimony or Child Support: This includes adoption assistance payments

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Interest, dividends, and other income from household assets:

	Yes	No
Interest from bank accounts or bonds	<input type="checkbox"/>	<input type="checkbox"/>
Dividends from stocks or mutual funds	<input type="checkbox"/>	<input type="checkbox"/>
Income distributed from trust funds	<input type="checkbox"/>	<input type="checkbox"/>
Money from renting household assets	<input type="checkbox"/>	<input type="checkbox"/>
Any other interest, dividends, or rent	<input type="checkbox"/>	<input type="checkbox"/>
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>

Money or gifts regularly given by persons not living in the home: This includes rent or utility payments regularly paid by someone on behalf of the household, but does not include gifts of groceries, payments received for care of foster children, or gifts received on a non-recurring basis.

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Any other sources of income? If yes, please list below.

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Welfare assistance: This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.

I/We hereby certify that all of the above information is true and correct to the best of my/our knowledge.

Signature of Applicant

Date

Signature of Co-Applicant

Date

**FY 2023 Income Limits
Craven County, NC HUD Metro FMR Area**

2023 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low – 80% of median income	\$42,300	\$48,350	\$54,400	\$60,400	\$65,250	\$70,100	\$74,900	\$79,750

The Income Limits are generally updated on an annual basis by HUD. The limits above were in effect at the time the application was received by the prospective applicant. The Income Limits used to establish eligibility are the ones in effect at the time the application is received and may differ from the ones listed above.

CERTIFICATION OF INFORMATION

I/We certify under penalty of law that the information contained in this application is true, accurate and complete to the best of my/our knowledge.

I/We understand the assistance will be a secured, no interest, forgivable loan with a reduction of 20% per year for 5 years on the anniversary of project completion. The City of New Bern will secure the loan with a **lien on the property**, filed at the time of completion of the project in the amount of funds expended.

I/We realize that failure to provide all the information requested will result in the application being declined.

I/We understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations (U.S.C. Title 18, Sec. 1001)

I/We authorize the verification from all available sources necessary to complete the processing of this application for the purpose of receiving housing assistance.

I/We understand that submitting an application does not mean that I/we will be provided assistance.

I/We understand that funding is limited and only a limited number of homes will be repaired, and that my/our home may not receive repairs even if I/we meet all qualifications.

I/We understand that this program cannot guarantee that all work requested will be completed.

I/We acknowledge that I/we have read (or had read to me/us) and do thoroughly understand and by my/our signature(s) here below affirm to the above.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Agency Staff Signature

Date

Provide copy of Certification Signature Page to Applicant(s)

Submit Completed Application to:

For General Home Repairs:

The Duffyfield Phoenix Project, Inc.

Ms. Anne Schout
Minor Housing Rehabilitation Program
201 Johnson Street
New Bern, NC 28560
Phone: (704) 562-9608
Email: duffyfieldphoenixproject@gmail.com

For Furnace and Water Heater Replacement:

Religious Community Services

Ms. Katrina Henderson, Case Management Coordinator
Attn: Client Services
P. O. Box 704
919 George Street
New Bern NC 28563
Phone: (252) 633-2767 Ext. 4013
Email: khenderson@rcsnewbern.com

General Program Information Contact:

City of New Bern's Development Services Department

Economic and Community Development Office
Ms. D'Aja Fulmore, Community Development Coordinator
303 First Street, PO Box 1129, New Bern, NC 28563
Phone: (252) 639-7586
Fax: (252) 636-2146
Email: fulmored@newbernc.gov