



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

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*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**  
**Community Development Block Grant**  
**Housing Rehabilitation Program**  
**HOUSING REHABILITATION APPLICATION**

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**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:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

*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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 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
Alimony or Child Support	<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
Money or gifts regularly given by persons not living in the home	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
Any other sources of income?	<input type="checkbox"/>	<input type="checkbox"/>

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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**

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

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](mailto: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](mailto: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@newbernnc.gov](mailto:fulmored@newbernnc.gov)