

Applicant Name: _____
Street Address: _____
Mailing Address: _____
Town/City/Zip: _____
Email Address: _____

**LEE COUNTY 2024 CDBG NEIGHBORHOOD REVITALIZATION PROGRAM
 APPLICATION FOR HOUSING ASSISTANCE**

To: Sanford/Lee County Community Development Department
 Attn: Karen Kennedy, Community Development Manager
 PO Box 3729
 Sanford, NC 27331-3729

I, _____ (*Owner-Occupant Name*), wish to participate in the Lee County 2024 CDBG Neighborhood Revitalization Program. I understand that I must submit three forms: Request for Assistance (Part "A"); Application Summary form (Part "B"); and Income Verification form (Part "C"), to be considered for assistance.

I understand that if my dwelling is selected for assistance, the assistance made to rehabilitate or reconstruct the dwelling unit will be in the form of a forgiven loan. I understand that I will have to execute a promissory note to obtain the loan, and that the promissory note will include conditions requiring me to pay back the loan if I sell the house during the term of the loan (up to 8-year term). I understand that the loan will be secured with a deed of trust on the real property to be rehabilitated or reconstructed. I understand that a third-party contractor selected by the County will perform the inspection of my dwelling unit, identify HUD Housing Quality and CDBG Standards deficiencies, and supervise the repair/reconstruction work on my behalf. I also understand that needed improvements will be performed by a third-party contractor selected through a bidding process coordinated by the County on my behalf.

I understand that if my dwelling is selected for clearance/off-site replacement (relocation), the assistance I receive will be based upon Lee County's Optional Coverage Relocation Policy which will provide for replacement housing for my household on another site as well as moving expenses. I understand that I must agree to allow my existing dwelling to be demolished but that standard comparable housing will be made available to me. I understand that I will have to execute a promissory note which will require me to pay back all or a portion of the zero-interest loan if I sell the replacement dwelling over the eight-year term of the loan.

To the best of my knowledge, I am either the principal owner or have interest as an heir in the property to be improved. I understand that the County will undertake an ownership investigation if I am eligible for CDBG 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 CDBG assistance. I also understand that all local taxes must be paid up to date in order for the County to process this application. If my dwelling unit is a manufactured home, I understand that it must have been converted into real property in order to be eligible for assistance.

I further agree to furnish all additional information requested by County representatives in an effort to establish my eligibility for rehabilitation/reconstruction loan assistance. In conclusion, I realize that this information is to remain confidential and used only for the purpose expressed herein.

 Signature of Owner-Occupant as Listed Above

 Date

Applicant _____
Street Address: _____
Mailing _____
Town/City/Zip: _____
Email Address: _____

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The following information should be filled out by the owner-occupant of the dwelling unit to be repaired.

1. List all household members.

a) Name of Head of Household: _____ Age: ____ Sex:

Race: White Black American Indian Hispanic Other (list)

Disabled: Yes No

Other Household Members:

Name	Relationship to Head of Household	Age	Sex	Race	Disabled (Y/N)
b)					
c)					
d)					
e)					
f)					
g)					
h)					

2. Telephone # of Owner: _____

Alternate #: _____ Contact Person: _____

Email: _____

3. How long have you lived in the unit? _____

PLEASE SIGN AND RETURN TO:

Sanford/Lee County Community Development Department
Attn: Karen Kennedy, Community Development Manager
 PO Box 3729
 Sanford, NC 27331-3729
karen.kennedy@sanfordnc.net

OR In Person: Buggy Building
115 Chatham Street, First Floor
Sanford, NC 27330
919-718-4657 x 5391

Community Development Staff are available to assist with completing the application packet

**LEE COUNTY 2024 CDBG NEIGHBORHOOD REVITALIZATION PROGRAM
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Please attach a copy of the following income documentation:

1) Most recent IRS tax return (Form 1040 or 1040 EZ); 2) 2024 government benefits documentation (i.e., Social Security, SSI, etc.), 3) If employed, two recent pay stubs **for each household member 18 or older.**

If a household member aged 18 or older did not submit a tax return for the most recent calendar year, attach documentation of government benefits paid and/or an income summary from your employer of monthly or annual income where indicated. Sign this form as indicated below and have your signature witnessed (does not require a notary public – have someone to witness your signing of the form).

Income Summary Information for Occupants 18 and Older

Occupant Name	Source of Income (Wages, Soc. Sec., SSI, etc.)	Income Amount	Weekly? Monthly? Annual?
		\$	
		\$	
		\$	
		\$	
		\$	

I, the undersigned head of household, acknowledge that the summary of income shown above is an accurate statement of the income of all household members aged 18 and older who occupy the dwelling unit eligible for rehabilitation or reconstruction assistance. I understand that additional investigations into my household income may be conducted by the community development staff, and that I will be disqualified if I have misrepresented the income information listed above.

Head of Household Signature

Witness

Date

PLEASE SIGN AND RETURN **WITH INCOME DOCUMENTATION ATTACHED TO:**

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