

**Guidelines for Completing the Greensboro Housing Rehabilitation Program Application**

For timely and accurate processing, please follow all of the steps listed below. If you need assistance to complete this application, please call 336-373-2530.

- 1) Answer all questions on the application accurately. Incomplete applications will not be processed.**
- 2) Place your signature in the appropriate spaces. (If you are a renter, you will need to ask your landlord to sign this form prior to submission. Staff members at the City of Greensboro can provide program information to landlords upon request.)
- 3) **Turn in copies of all required documents.** If you do not have access to a photo copier, please deliver your application in person at the address below so your documents can be copied and immediately returned to you.

**REQUIRED DOCUMENTS  
(To be submitted with application)**

- Please submit the following income documents for **each household member 18 and older**. If it does not apply, you do not need to turn in a copy of the document:
  - IRS tax forms (Prior year 1040/1040EZ tax forms)
  - Paystubs for the most recent 2 months
  - Unemployment payments received
  - Current year Social Security earnings or Supplemental Security Income (SSI) statement
  - Disability or Worker’s Compensation
  - Child Support or Alimony received
  - TANF and/or Food Stamp payments
  - Other annuity or retirement income statements (most recent statements)
  - Bank Statements for the most recent 2 months showing all transactions
- If there are adults over the age of 18 living in the household that are **not** employed, include a signed “Certification of No Income” form (included on Page 7 of the application) for **each** unemployed person 18 years and older.
- Homeowner’s Insurance: Declarations page showing coverage amounts and current coverage period)
  - \*\* This is only required from the property owner. Renters do not need to submit proof of homeowner’s hazard insurance.
- Copy of government issued ID (Driver’s license, Passport, etc.)
- Other documents, if applicable:
  - Disability/Accessibility Modifications Documentation (Note from a medical doctor stating need)
  - Mortgage Documentation (Current statement showing outstanding balance and payment status)
  - Property Owner Only: Judgment/Lien/Bankruptcy Documentation

**Form & Required Documents can be returned to the following location:**

Organization Name	Address	Phone
City of Greensboro Attn: Housing Rehab Neighborhood Development Department	300 W. Washington St. 3 <sup>rd</sup> Floor PO Box 3136 Greensboro, NC 27402-3136	336-373-2530

**Property Information**

Street Address:	City: Greensboro	State: NC	Zip Code:
-----------------	------------------	-----------	-----------

Has this property ever been inspected for lead-based paint?    Yes    No  
 If yes, when? \_\_\_\_\_ Name of Inspector or Inspection Firm: \_\_\_\_\_

<p><b>Type of Occupancy:</b></p> <input type="checkbox"/> Renter Occupied (no HUD or other assistance) <input type="checkbox"/> Renter Occupied (subsidized by HUD or other) <input type="checkbox"/> Owner Occupied (no mortgage loan) <input type="checkbox"/> Owner Occupied with a mortgage loan (current on payments) ** Please provide most recent mortgage statement.** <input type="checkbox"/> Owner Occupied with a mortgage loan (not current on payments) ** Please provide most recent mortgage statement.** <input type="checkbox"/> Other _____	<p><b>Age of Home:</b></p> <input type="checkbox"/> Pre 1950 <input type="checkbox"/> 1950—1978 <input type="checkbox"/> Post 1978 <input type="checkbox"/> Don't Know	<p><b>Type of Housing Unit:</b></p> <input type="checkbox"/> House <input type="checkbox"/> Townhome <input type="checkbox"/> Apartment How Many Units? _____ <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____
---	---	--

**I have one, or more of the following needs:**

<input type="checkbox"/> Lead Paint Hazard	<input type="checkbox"/> Code Violation	<input type="checkbox"/> Water Heater	<input type="checkbox"/> HVAC	<input type="checkbox"/> Accessibility Modifications
<input type="checkbox"/> Roof	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Floor Stability	
<input type="checkbox"/> Weatherization (Windows, Doors, Insulation)	<input type="checkbox"/> Other: _____			

Is this an emergency condition (a condition involving a health or safety issue)?    Yes    No

**Tenant/Occupant Information (If property is rented and is currently vacant, please write "VACANT.")**

<b>Tenant/Occupant Name</b>	<b>Total Number Living in Household</b>
<b>Phone Number (Day)</b>	<b>Phone Number (Evening)</b>
<b>Email Address</b>	<b>Best Time to Reach You</b>

**Landlord/Property Owner Information (If property is currently rented.)**

<b>Primary Contact Name</b>	<b>Other Contact Name</b>
<b>Ownership Entity Name:</b> <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<b>Mailing Address</b>
<b>Phone Number (Day)</b>	<b>Phone Number (Evening)</b>
<b>Email Address</b>	<b>Best Time to Reach You</b>

Have you ever been cited for non-compliance with the lead paint disclosure law on this property?    Yes    No  
 Have you ever been cited for code compliance issues on this property?    Yes    No

**I hereby declare the following person(s) live within the property's household for more than 51% of the time. Therefore, this person or persons should be included in my Household Number. \*\*If property is rented and is currently vacant, please write "VACANT" on Line A and skip to page 5.\*\***

Version 1.0 (Updated 11/6/2020)

Name	Birth Date	Relation to head of household	Sex (M/F)	Race*	Hispanic (Yes/No)	Last 4 of Social
A.		Head of Household				
B.						
C.						
D.						
E.						
F.						
G.						

If a child under the age of 6 visits your home for at least 6 hours per week (on average), please list them in the section below. (Information reported in this section will not impact status of household size.) **\*\*Additional documentation may be required.\*\***


**\*Apply correct number in race column to each person listed.**

- (11) White; (12) Black/African American; (13) Asian; (14) American Indian/Alaska Native; (15) Native Hawaiian/Other Pacific Islander; (16) American Indian/Alaskan Native & White; (17) Asian & White; (18) Black/African American & White; (19) American Indian/Alaska Native & Black/African American; (20) Other Multi-Racial
- Gender, Race, and Ethnicity **will not** be used to determine eligibility, but is tracked for federal reporting purposes.

**Please enter the monthly income sources for each household member who is 18 years and older. Please also provide two (2) months documentation for each applicable income source entered below.**

Income Sources	Household Member Corresponding to Letter From Above						
	A.	B.	C.	D.	E.	F.	G.
1. Wages/Salary							
2. Retirement/Pension							
3. Social Security Disability							
4. Supplemental Security Income (SSI)							
5. Public Assistance (TANF/Food Stamps)							
6. Child Support/Alimony							
7. Interest Income							
8. Savings Bond/Securities							
9. Other: _____							
10. Other: _____							
11. Other: _____							
Monthly Sub-Total (add rows 1-11)							
Annual Sub-Total (Multiply 12 x row above)							
Annual Gross Household Income (Add Annual Sub-Total for Columns A-G)							

**ACKNOWLEDGMENTS**

Please initial by each statement as applicable.

<b>FOR OCCUPANTS OF THE PROPERTY (Tenants and Homeowners)</b>	<b>INITIAL</b>
I understand that homes with children under 6 years of age or pregnant women with an Elevated Blood Lead Level will be given higher priority for program enrollment and scheduling of lead paint hazard remediation activities.	
I understand that the lead-safe housing program recommends that all children under 6 years old be tested for blood lead poisoning before work is done on the home. If you would like to test your child(ren) under the age of 6 years, you may contact the Health Department for FREE testing (336-641-7777). I understand that this information will be treated as confidential.	
I understand that program administrators may need confirmation of blood lead testing results, if testing is completed. I authorize the City of Greensboro to obtain blood lead laboratory results for children under 6 years if the parent/guardian is not able to supply these results and share these results confidentially with authorized program representatives	
I understand that all occupants of the property may be required to temporarily relocate from the property while lead paint hazard remediation and/or rehabilitation activities are ongoing.	
I understand that household income eligibility is 80% or less of Greensboro's area median income, and I must provide approved forms of income documentation to demonstrate program eligibility.	
I understand that the City of Greensboro will review this application for eligibility, but that none of the information included in this application or its supporting documentation will be shared with any other party unless the applicant has been notified of the Privacy Practices of the agencies and given consent in writing to do so.	
I give permission for the City of Greensboro to access information to verify the contents of documentation submitted.	

<b>FOR OWNERS OF THE PROPERTY (Homeowners and Landlords; Tenants do not need to fill in this section.)</b>	<b>INITIAL</b>
I understand that a Lead-Safe Housing Registry will be used to track lead-based paint remediation and clearance activities of this and future lead based paint programs in Greensboro for all properties improved using public funding.	
I understand that I will be required to sign an agreement and/or deed restriction with the City of Greensboro in order to participate in the Lead-Safe Greensboro Program and/or the Rehabilitation Program.	
I understand that the Rehabilitation Program may not rectify all deficiencies on the property. All lead and rehabilitation work is prioritized according to the City of Greensboro's Prioritization schedule.	
I understand that I must maintain the property in a safe and sanitary condition. I also must maintain homeowner's property insurance coverage on the property and keep the property taxes current on the property.	
(FOR LANDLORDS ONLY) By participating in the program, I agree to market the property to low income families with children under age 6 or pregnant women, set a rent that is not more than the applicable HUD Fair Market Rate, and will only rent the property to tenants 80% and below of the area median income for a period of 3 years. I will submit income verification documents to the City of Greensboro during that 3 year period.	

LEAD BASED PAINT AND PROPERTY QUESTIONNAIRE	
Are property taxes paid up through the last billing cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Are there any judgments or liens against the property to be rehabilitated? **If yes, please provide documentation.**	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is the property owner in bankruptcy or Chapter 13 proceedings? **If yes, please provide documentation.**	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Does the house/apartment have at least one bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is the property and/or tenant currently participating in a HUD program? If yes, which one? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a child under the age of 6 living in the house full time? How many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a child under the age of 6 who is a regular visitor (at least six hours per week, ten weeks per year)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a child under 6 living in or regularly visiting the home with a blood lead level of 5 or higher?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a pregnant woman living at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is this home being used as a daycare? If so, how many children attend? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If you are a tenant and currently renting, please list the monthly amount you pay for rent. If rental property is vacant, please list the monthly rent amount to be charged. If you own the property and occupy the property, please check "Does Not Apply."	\$_____per month <input type="checkbox"/> Does Not Apply

### CERTIFICATION

**By signing below, I (we) certify that the income and household composition is correct to the best of my (our) knowledge and belief. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.**

Owner/Landlord Name (Print):	Date:
Owner/Landlord Signature:	Date:
Tenant Name (Print):	Date:
Tenant Signature:	Date:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

**CERTIFICATION OF NO INCOME**

1. I hereby certify that I do not individually receive income from any of the following sources:

- Wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- Income derived from operation of a business or profession;
- Interest, dividends, and other income of any kind from real or personal property;
- Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump sum payment for the delayed start of a periodic payment;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay;
- Public assistance payments;
- Sales from self-employed resources (Avon, Mary Kay, Paparazzi, etc.);
- Regular alimony and child support payments if received regularly; or,
- Regular pay, special pay and allowances of a member of the Armed Forces.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations here-in constitutes an act of fraud, which may result in the repayment of the loan or promissory note.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CREDIT REPORT AUTHORIZATION FORM

## \*\* FOR REHABILITATION LOANS ONLY\*\*

By my signature below I, \_\_\_\_\_, authorize

the City of Greensboro to obtain a Consumer Credit Report on me to calculate a debt-to-income ratio.

This authorization is valid for purposes of verifying information given pursuant to City of Greensboro Rehabilitation loans, as covered under the Fair Credit Reporting Act (FCRA).

The Consumer Credit Report may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, city, state, county and federal courts and agencies, and persons to release information they may have about me. This authorization shall be valid in original or copy form.

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Provide Addresses for the Last 7 Years

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Start Date: \_\_\_\_\_

Prior Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Prior Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE\*\*