

Lake Norman CDC
Home Preservation Fund
Project Funding Application

LKNCDC Use Only: v2.0424

Received Date: _____

Processed Date: _____

This form is to be completed by a qualified 501c3 coordinating critical home repair projects. An organization must have submitted an on boarding application prior to completion of this project funding application.

yes, we have submitted an on boarding application in the past 12 months and all information is current (if you need to update your information, please contact our office at 704-897-7340)

Organizational Information

Legal Name: _____

DBA

Name _____

EIN: _____

Street

Address: _____

Cornelius Davidson Huntersville Zip: _____

Phone: _____

Website: _____

First & Last Name Contact Person: _____

Position: _____

Email: _____

Direct Phone: _____ ext: _____

Have you applied to LKNCDC for funding? yes no

if yes, date of last funding? _____

HOMEOWNER INFORMATION

Homeowner name(s) First: _____ Last: _____

Street Address: _____

Cornelius Davidson Huntersville Zip: _____

What is the homeowner (s) household income AMI?(cannot exceed 80%): _____%

Homeowner 1 employment: Full-Time Part-time Unemployed Retired
Disabled

Homeowner 2 employment: Full-Time Part-time Unemployed Retired
Disabled

Homeowner 1 occupation: _____

Homeowner 2 occupation: _____

Homeowner Demographics:

Homeowner 1: Race: _____ Veteran Married Single Over 55

Homeowner 2: Race: _____ Veteran Married Single Over 55

Please describe how the homeowner(s) finances have been reviewed and verified by your organization:

PROPERTY INFORMATION

How long has the home been owned and occupied by the current homeowner?

Less than 5 years 5 years or more

In what year was the home built? _____

Property is: Single Family Detached Townhome modular fixed on permanent foundation on land owned by the homeowner Other, please describe:

Are property taxes current? yes no

Is the mortgage current? yes no mortgage paid

Has the homeowner provided proof of home insurance? yes no (if no, why?)

PROJECT INFORMATION

Please describe the repair process for this home, including who will be providing the repairs. Add additional sheet if necessary.

Who will oversee the repairs and verify the quality of work? _____

From the time of funding, when do you expect repairs to be completed?
 Less than 3 months 3-6 months More than 6 months – explain why

Please indicate the **total** repairs your organization is planning to make the home safe and healthy. Clarify where appropriate. Attach additional page if necessary or detailed job scope if more convenient.

- Accessibility issue: \$ _____ info: _____
- Electrical - \$ _____ info: _____
- Exterior wall repair - \$ _____ info: _____
- Flooring - \$ _____ info: _____
- Heating / Air Conditioning - \$ _____ info: _____
- Interior Wall repair - \$ _____ info: _____
- Insulation - \$ _____ info: _____
- Mold/Mildew - \$ _____ info: _____
- Plumbing - \$ _____ info: _____
- Roof repair - \$ _____ info: _____
- Sewage/septic repair - \$ _____ info: _____
- Stair and Landing- \$ _____ info: _____
- Window or door repair \$ _____ info: _____
- Other – please describe - \$ _____ info: _____

TOTAL \$ _____

List all funding sources and amounts contributing to the repair project:

Organization Name	\$ investing
Total	\$

Amount of Funding requesting from the LKNCDC (\$8,000 max): \$ _____

Describe how the LKNCDC funds will be utilized: Please note: No more than 50% of the total request can be for administrative staffing costs. Please, list each staff in each category separately. If requesting funding for a staffing person and they are fulfilling multiple roles on the same project only request funds under a single staffing role.

Category – PROJECT SOFT COST	Description	Role	#Hours	\$ Amount
Admin pre-construction (intake, income verification, client relation etc.)	<input type="checkbox"/> staff <input type="checkbox"/> subcontractor			
	<input type="checkbox"/> staff <input type="checkbox"/> subcontractor			
Project Management – related to the construction part only (scope of work; inspections; permits etc.)	<input type="checkbox"/> staff <input type="checkbox"/> subcontractor			
	<input type="checkbox"/> staff <input type="checkbox"/> subcontractor			
Fuel Cost – project management related only				
Equipment/Software/Permit Fees				
Add attachment if necessary			Admin sub-total	

Category – PROJECT HARD COST	Description	#Hours	\$Amount
Internal Staff - Construction Trade Labor			
Subcontractor Cost (Labor and Material)*			
Construction Related Equipment*		n/a	
Construction Related Material*		n/a	
Add attachment if necessary	Project sub-total		\$
	Total Request		

**please provide itemized list if more than 1 material item.*

We understand, if lien recording is required per your program manual, proof of recorded lien is required before the final 20% payment is issued by the LKN CDC.

We understand a before and after photo will be made available to the LKN CDC?

We understand the LKN CDC may request backup documentation of costs expended related to this grant.”

If applicable, please share the name of the referring non-profit who connected you to the homeowner: _____

If there is anything the organization would like to add, please do so here:

Affirmation and Signature

All of the information that I/We provided in this application for assistance is **CORRECT** and **FACTUAL**. No information has been withheld. I understand the necessity for accurate and complete information and will provide any needed information to complete this application. I understand that this information may be used for statistical reporting and may be furnished funding sources. Our organization agrees to promptly provide the LKNCDC with any additional information needed to process the application. I understand that any photos or videos shared with LKNCDC will have the homeowner’s permission filed with our organization. I understand that submission of this application does not guarantee funding.

Organization Representative Signature

Date

Organization Representative Printed Name

Title
