

**Lake Norman CDC  
Critical Home Repairs 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:

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### **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:

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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?)

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### **PROJECT INFORMATION**

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

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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.

<b>Category – PROJECT SOFT COST</b>	<b>Description</b>	<b>Role</b>	<b>#Hours</b>	<b>\$ Amount</b>
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	

<b>Category – PROJECT HARD COST</b>	<b>Description</b>	<b>#Hours</b>	<b>\$Amount</b>
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**

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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 LKN CDC with any additional information needed to process the application. I understand that any photos or videos shared with LKN CDC 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*

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