

**Lake Norman CDC
Critical Home Repairs Fund
Small Project Application**

LKNCDC Use Only:
Received Date: _____
Processed Date: _____
Vs 3.9.24

This form is to be completed by a qualified 501c3 coordinating a critical home repair project costing \$1,100 or less

Organizational Information

Legal Name: _____

DBA Name _____

EIN: _____

Do you have IRS designation letter? yes (please attach to this application) no
 have provided previously

Street Address: _____

Cornelius Davidson Huntersville Zip: _____

Phone: _____ Website: _____

First & Last Name Contact Person: _____

Position: _____

Email: _____

Direct Phone: _____ ext: _____

IF YOU HAVE COMPLETED AN ON-BOARDING APPLICATION YOU MAY SKIP THE QUESTIONS IN THIS BOX.

Have you coordinated other critical home repairs? yes no

Have you applied to LKNCDC before? yes no

Do you have a Discrimination Policy? yes no Please attach to the application

have provided previously

Do you have a procedure for ownership and lien(s) verification? yes no

How are you confirming the homeowner will not be selling the home within the next three years?

How did you learn about the LKNCDC Critical Home Repair Fund? _____

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

HOMEOWNER INFORMATION

Homeowner name(s) _____

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

Does the Homeowner (s) own other property? yes no

Please describe how the homeowner(s) financial situation is 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

What is the age of the home? Less than 5 years 5-10 years more than 10 years

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

Is the mortgage current? yes no mortgage paid

Does the homeowner have home insurance? yes no, if yes, why is this repair not covered? _____

How will your organization be providing the repairs and who will oversee the repairs?

FUNDING 10% of total project costs may be used for project management expenses.

From the time of funding, when do you expect repairs to be completed? _____

Describe repair: _____

Amount of Funding requesting (\$1,100 max including project management): \$ _____

budget sheet attached for total fund request

Other funding sources and amounts contributing to the repair project: \$ _____

Name: _____ Amt \$ _____

Name: _____ Amt \$ _____

Estimate from qualified vendor attached.

Will before and after photo be made available to the LKNCDC? yes no

Before funds are released, the LKNCDC will need to have a completed W9 by the applying non-profit and the organization will need to sign a funding agreement.

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