

**Lake Norman CDC
Critical Home Repairs Fund
Non-profit On Boarding Application**

LKNCDC Use Only:
Received Date: _____

Processed Date: _____

This form is to be completed by a qualified 501c3 coordinating critical home repair projects. The information in this application will need to be updated every 12 months. After approving the on boarding application, a project funding application may be submitted.

first on boarding submission updated on boarding submission

Organizational Information

Legal Name: _____

DBA Name _____

EIN: _____

Do you have IRS designation letter? yes no

Street Address: _____

Cornelius Davidson Huntersville Zip: _____

Phone: _____ Website: _____

First & Last Name Contact Person: _____

Position: _____

Email: _____

Direct Phone: _____ ext: _____

How many years providing critical home repairs? _____

Have you applied to LKNCDC before? yes no if yes, date of last funding? _____

Do you have a Discrimination Policy? yes no (we might ask for a copy)

Do you have a Housing Rehab/Critical Repairs Program Manual? yes no

If not, please explain how you manage your program, use separate sheet if necessary: _____

Do you have a procedure for ownership and lien(s) verification? yes no Please briefly describe: _____

Do you have a procedure for ensuring continued home affordability for a minimum of 5 years? yes no Please briefly describe procedure or attach your policy.

Is the homeowner required to provide proof of home insurance? yes no

Is the organization willing to list the LKNCDC as a partner on appropriate communications materials? yes no

Is the organization willing to sign a funding agreement with the LKNCDC? yes no

Is the organization willing to provide LKNCDC with requested invoices or receipts if requested?

yes no If no, please explain reason: _____

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

Thank you for submitting your application to info@lakenormancdc.org

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