

**MONROE-UNION COUNTY COMMUNITY DEVELOPMENT CORPORATION  
 NORTH CAROLINA DEPARTMENT OF COMMERCE DIVISION OF COMMUNITY ASSISTANCE  
 REHABILITATION HOUSING PROGRAM 2009**

DATE: \_\_\_\_\_

PERSONAL INFORMATION

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOUSEHOLD INFORMATION NAME	DOB	SSN	AGE	ELDERLY	DISABLED	HOW LONG AT ADDRESS	HEAD OF HOUSEHOLD	MONTHLY INCOME	SOURCE OF INCOME

LIABILITIES

MONTHLY MORTGAGE PAYMENT \_\_\_\_\_ LENDER \_\_\_\_\_

PROPERTY TAXES: COUNTY \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ CURRENT YES \_\_\_ NO \_\_\_

PROPERTY INSURANCE: COMPANY \_\_\_\_\_ AMOUNT \_\_\_\_\_ CURRENT YES \_\_\_ NO \_\_\_

LIGHT BILL \_\_\_\_\_ TELEPHONE BILL \_\_\_\_\_ TOTAL DEBT \_\_\_\_\_

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**INSTALLMENT AND CREDIT ACCOUNTS**

List all outstanding debts such as auto loans, credit cards, department/furniture/jewelry stores, insurance companies, etc. Attach additional sheets if necessary.

CREDITOR _____	BALANCE _____	PAYMENT/MO. _____
CREDITOR _____	BALANCE _____	PAYMENT/MO. _____
CREDITOR _____	BALANCE _____	PAYMENT/MO. _____

TOTAL MONTHLY DEBTS \_\_\_\_\_

**Please initial that the following items are complete or will be completed:**

Property is clean and uncluttered \_\_\_\_\_

All rooms are accessible for proper inspection. \_\_\_\_\_

All valuables must be stored and contractors and inspectors are not responsible for items that are not put in a secure location. \_\_\_\_\_

Properties must be in participating areas. \_\_\_\_\_

**INSTRUCTIONS**

Applicant(s) must be Owner of Property  
Return completed application to Monroe-Union County Community Development Corporation  
All Applicants must go through the Screening for Approval.  
If approved you will be contacted by the Monroe-Union County Community Development Corporation.

Please Bring In the Information below with your Application.

Any information not received will delay process.

- Verification of Income (SSI/Disability Approval letter/Recent Pay Stub)
- Verification of Homeowners Insurance & Receipt of payment
- Current Utility Statement & Receipt of payment
- Current Tax Statement (City & County) & Receipt of payment
- Proof of Ownership (Deed)

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**CERTIFICATION**

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand that the completion of the application in no way guarantees me that I will receive assistance in the rehabilitation of my property. I hereby authorize Monroe-Union County Community Development Corporation to obtain verification of income and residence.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_