



# Confidential

## Mid-East Commission (Beaufort County) 2016 Essential Single-Family Rehabilitation Loan Pool Program Pre-Application Form



**PLEASE PRINT**

Owner/Occupant's Name: \_\_\_\_\_

Physical Address of Home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Does the occupant have an ownership interest in the property or a Life Estate? YES \_\_\_ NO \_\_\_

**Total gross (before taxes and deductions) household income per month:** \_\_\_\_\_

*(Include income of all adult members of the household.)*

List all individuals Living in the Home	Birth Date	Veteran (other than Dishonorably Discharged)	Disability (Yes/No)	Source of Income	Monthly Income
1. Name					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Type of dwelling: Stick Built \_\_\_\_\_ Off Frame Modular \_\_\_\_\_ Manufactured: \_\_\_\_\_

Has the property received more than \$25,000 rehabilitation assistance within the last 10 years? Yes \_\_\_ No \_\_\_

Do you have a reverse mortgage? Yes \_\_\_ No \_\_\_

Is the property located in the 100 year floodplain? Yes \_\_\_ No \_\_\_

**Type of Repairs Needed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information that I have provided, pertaining to household income and ownership is a true and correct statement of facts according to my best knowledge and belief.

\_\_\_\_\_  
**Homeowner's Signature**

Return completed form including income verifications and ownership data to: Attn: Kevin Richards-ESFRLP16  
Mid-East Commission  
1385 John Small Avenue  
Washington, NC 27889

**Please return this pre-application no later than December 12, 2016.**

Attached: Mid-East Commission, ESFRLP16 Assistance Policy. Please review the Assistance Policy before completing the pre-application form. Return ONLY the form with requested income/ownership information; retain the Assistance Policy for future reference.