

High Point Housing Rehabilitation Assistance Program - Eligibility Screening Form

(Please note that this is NOT an application. You will be contacted regarding your eligibility. Thank you!)

PLEASE RETURN FORM TO: City of High Point, CD&H, P. O. Box 230, High Point, NC 27261 OR 336-883-3355 (Fax)

Date Screening Form Completed: _____ How did you learn about our programs? _____

Applicant Data

I am applying as a (or applying on behalf of a)... Homeowner/Owner-Occupant Investor/Owner

Legal Name of Applicant (if you are a business): _____

Legal Name of Applicant (if you are an individual): First _____ Middle _____ Last _____

Legal Name of Co-Applicant: First _____ Middle _____ Last _____

Address of Applicant: _____ City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Email: _____

Property Data

Is the property address different from the address of the applicant: Yes No

Property Address (if different): _____ City _____ State _____ Zip _____

List items in the home that need rehabilitation/adding (e.g., roof, windows, plumbing, handicap ramp, etc.):

Was the property built prior to 1978? Yes No How many people live in the home? _____

At least one member of the household is...(check all that apply) Aged 62 or older Handicapped/Disabled

Number of children under the age of six that live in the home or visit frequently*? _____

Referring to the last question, do any of these children have an elevated blood lead level (<10µg/dl)? Yes No

For Investor-Owners Only:

Tenant-Occupied Vacant In-home Childcare

Single-family Multi-family (No. of Units _____)

Number of bedrooms/unit: _____

Maximum Income per Category – 2014***

Family Size	30% AMI	50% AMI	80% AMI
1	\$11,600	\$19,300	\$30,900
2	\$13,250	\$22,050	\$35,300
3	\$14,900	\$24,800	\$39,700
4	\$16,550	\$27,550	\$44,100
5	\$17,900	\$29,800	\$47,650
6	\$19,200	\$32,000	\$51,200
7	\$20,550	\$34,200	\$54,700
8	\$21,850	\$36,400	\$58,250

Income Data

Does the income of your household (or tenants) fall into one of the income ranges given in the table to the right (Choose only one**):

30% 50% 80% Vacant Property

* "Visit frequently" means the child(ren) visit at least 2 days a week, at least 6 hours per week, and at least 60 hours per year.

** As an example, if the total household income for a family of five is \$25,000, they would qualify in the 50% AMI category (income is between \$17,900 and \$29,800 per year).

*** The income limits for the Urgent Repair Program are slightly larger and will be used to determine eligibility for that program.

FOR CITY OF HIGH POINT USE ONLY:

Eligible: Yes No CTP LHC URP CDBG-ERP OTHER _____