



HEALTHY HOMES APPLICATION

Funds Available to Property Owners

The City of Wilmington Healthy Homes Program offers grant assistance to eligible property owners to address Home Health Hazards as defined by HUD's 8 Principles of a Healthy Home.

If you are a landlord or an owner occupant, you may be eligible for funding if you:

- Property located within City of Wilmington corporation limits.
- Total household income for occupants is at or below 80% AMI.
- Have an active insurance coverage on property.
- Not in active foreclosure or unconfirmed bankruptcy.
- Mortgage and property taxes are paid current.
- No municipal, state, or federal liens.
- Applicants cannot be on the City of Wilmington, Housing Division Bid list as an active bidder.

You may be eligible to receive Healthy Homes grant assistance up to \$10,000.00 per unit to correct Home Health Hazards. If you would like more information or are interested in applying for this assistance, please contact:

City of Wilmington
Healthy Homes Program
910.341.3247
healthyhomes@wilmingtonnc.gov

Property Owner Information

Name: Mr. / Mrs. / Ms. _____ Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Email Address: _____

Preferred method of contact: Mail Email Phone: _____

If phone, may we leave messages of a sensitive nature on this number? Yes No

Household Income: (owner occupants only) Monthly: _____ Annual: _____

Project Property Information

Street Address: _____

City: _____ State: _____ Zip: _____

Owner Occupied: Yes No Tenant Occupied: Yes No

Number of Units: _____ # of Bedrooms: _____

Property insurance: Yes No Company: _____ Amount _____

Date of purchase: _____ Year property constructed: _____

*Please attach a Residential Occupant Profile sheet for each unit you wish to enroll in the program.

How Did you hear about our program?

Friend/Family member NHC DHHS Community Outreach Other: _____

Applicant Certification

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining grant assistance under the City of Wilmington Healthy Homes Program and is true and complete to the best of the Applicant’s knowledge and belief.

The Applicant agrees to allow the following reviews/inspections by City Healthy Homes Program staff or their representatives:

- (1) An historic preservation review to determine historic eligibility.
- (2) An environmental review to determine floodplain location.
- (3) Occupant Relocation Analysis
- (4) Healthy Homes Inspection & Assessment

Further, the Applicant agrees to comply with all applicable requirements of the aforementioned. The Applicant is aware that if approved, relocation stipends for occupants if required, may be treated as income subject to Federal Income Tax.

Signature _____ Date _____
Signature _____ Date _____

Do you have any business or personal relationships with any of the Contractors in the Healthy Homes Program? If so please explain. _____

Healthy Homes Grant Application – Next Steps

Submit the following to complete your application:

The following documents are required to process your application. Please return the forms that are required on this checklist with your application as soon as possible. Please send copies, not originals.

Owner-Occupied Applicants/Co-Applicants:

- Copy of Photo ID
- Proof of household income — three consecutive pay stubs, social security award letter, retirement/pension statement, ADC income, proof of second job, child support, etc.
- Bank Statements (Prior 3 months full checking and/or savings account statements **OR** a copy of Federal Income Tax Returns including all schedules for most recent two (2) years
- Copy of most recent mortgage and/or home equity line of credit statement(s)
- Declaration page as proof of property insurance
- Completed Residential Occupant Profile Form
- Disabled homeowners and/or occupants: Provide a formal State or Federal Determination of Disability letter or a Physician Non-Rx Certification for Prescription/Letterhead statement.

Investor Applicants/Co-Applicants:

- Copy of Photo ID
- Copy of most recent Federal Tax Returns including Schedule C or E for past 2 years
- Lease agreement if project address not included on Schedule C or E
- Declaration page for property insurance showing project address, policy coverage period, and policy number
- Copy of most recent mortgage and/or home equity line of credit statement(s)
- Completed Residential Occupant Profile for each unit.
- Completed Vacant Unit Status form if applicable.
- Disabled homeowners and/or occupants: Provide a formal State or Federal Determination of Disability letter or a Physician Non-Rx Certification for Prescription/Letterhead statement.

Please return to:

City of Wilmington -ATTN: Healthy Homes Program
Housing & Neighborhood Services
929 N Front Street, 2nd Floor
Wilmington, NC 28402

Residential Occupant Profile

Name: Mr. / Mrs. / Ms. _____ Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Email Address: _____

The following information is required by the Federal Government for reporting purposes and in no way restricts participation in this program.

Please check one of the following regarding the occupant: Hispanic/Latino Non-Hispanic/Latino Please

Check all that apply regarding the occupant: White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

If the occupant is female head of household, please check this box: Female head of Household

Family Composition:

Household Member (First and Last Name)	Relationship	Date of Birth	Sex	Age	Race	Gross Monthly Income	Source of Income
	Head of household					\$	
						\$	
						\$	
						\$	
						\$	
						\$	

Are you or someone in your household currently disabled? Yes No

Current Monthly Rent: _____ Current Mortgage Payment: _____ Mortgage Balance: _____

Total number of rooms: _____ Number of bedrooms: _____ Date of occupancy: _____

Are you receiving any housing assistance? (Check one)

No Assistance Section 8 Certificate Section 8 Voucher Other Assistance: _____

The information below will be used to determine assets for the occupant and is required in order to receive grant funding.

Please check all that apply: Marketable Securities (ex. stocks, bonds, etc.) None

Real Estate Cash & Cash Equivalents (ex. checking account, savings account) Other: _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18. See 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, litigious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both. I hereby attest that to the best of my knowledge, the information provided herein is true and correct:

Tenant Signature: _____ Date: _____

Homeowner Signature: _____ Date: _____

Before applying for Healthy Homes Program Grant Assistance this Notice should be given to your tenants occupying the units you are requesting Healthy Homes Program grant assistance for.

Notice to Tenants

The owner of your unit has applied for City of Wilmington Healthy Homes Program grant assistance. The application is currently being reviewed. If approved, the proposed project activities will include health and safety repairs and improvements in your unit. The repairs may require you to leave the premises for a brief period and you will work with City staff to facilitate the relocation details. The expense for this relocation is paid for by the program.

Eligibility for the program is based on tenant income as part of the application review process. Tenant income must be re-certified every 6 months. A City of Wilmington Healthy Homes Program representative will contact you for the purpose of determining income eligibility and to explain the process of the project if the application is approved. Please have the following items available upon request:

- Proof of household income: three consecutive pay stubs, social security award letter, retirement/pension statement, ADC income, second job, child support, etc.
- Bank Statements (for all checking and savings accounts)
- Proof of all assets

A Healthy Homes Inspection and Assessment will be conducted on your unit as part of the application process. Please cooperate with the City of Wilmington Healthy Homes Program staff or their representatives so we may process the application in a timely fashion. If you have any questions about this application, please contact your landlord.

Thank you for your cooperation with this program!

2023 HUD Income Guidelines for the Wilmington, NC HUD Metro FMR Area
(effective June 15, 2023)

INCOME LIMITS - MEDIAN FAMILY INCOME \$91,861		
FAMILY SIZE		80% AMI
ONE	YEARLY	\$50,550
TWO	YEARLY	\$57,750
THREE	YEARLY	\$64,950
FOUR	YEARLY	\$72,150
FIVE	YEARLY	\$77,950
SIX	YEARLY	\$83,770
SEVEN	YEARLY	\$89,500
EIGHT	YEARLY	\$95,250

Guidelines

For tenant occupied units, the Investor Owner shall not sell or transfer property for one year beginning after completion of the Healthy Homes Intervention project. If there shall be any such material sale, transfer, disposition, encumbrance, or alteration of use without the written consent of the City, the outstanding Healthy Homes Grant Assistance Funds shall become due and payable.

Owner-Occupied Applicants/Co-Applicants:

- For owner occupied units, the owner must be at or below 80% of the most current area median income level as established by HUD at the time of qualifying for income eligibility.

Investor Applicants/Co-Applicants:

- For tenant occupied units, the rental units must be occupied by a tenant whose income is at or below 80% of the AMI as established by HUD At the time of qualifying for income eligibility.
- Investor owners must keep rents affordable (according to HUD definition) and prioritize renting to low-income households with young children, older adults aged 62 years or older, or persons with disabilities for a period of not less than one year after the completion of the Healthy Homes Intervention project.

Please return to:

City of Wilmington -ATTN: Healthy Homes Program
Housing & Neighborhood Services
929 N Front Street, 2nd Floor
Wilmington, NC 28401

The City of Wilmington does not discriminate on the basis of race, sex, color, age, national origin, religion or disability in its employment opportunities, programs, services or activities.



Referral Form

We Need Your Help!

Do you know a property owner within the City of Wilmington limits? If the property owner meets the following qualifications, please provide their information and we will contact them to see if they qualify for the Healthy Homes Grant:

- **Property located within City of Wilmington corporation limits.**
- **Total household income for occupants is at or below 80% AMI.**
- **Have an active insurance coverage on property.**
- **Not in active foreclosure or unconfirmed bankruptcy**
- **Mortgage and property taxes are paid current.**
- **No municipal, state, or federal liens**

Referral:

Name: Mr. / Mrs. / Ms. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: () _____ Email Address: _____

Reason for Referral: _____

Referred By:

Name: Mr. / Mrs. / Ms. _____ Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: () _____ Email Address: _____