

Applicant Name: _____
 Telephone #: _____
 Mailing Address: _____
 Town/City/Zip: _____
 Street Address: _____

**HYDE COUNTY CDBG NEIGHBORHOOD REVITALIZATION PROGRAM
 APPLICATION FOR HOUSING ASSISTANCE**

To: Hyde County Planning Department
 Attn: CDBG Administrator
 30 Oyster Creek Road
 Swan Quarter, NC 27885

I, _____, wish to participate in the Hyde County CDBG Neighborhood Revitalization Program. I understand that I must submit three forms: Request for Assistance (Part "A"), Application Summary form (Part "B"), and Income Verification form (Part "C") to be considered for assistance.

I understand that if my dwelling is selected for assistance, the assistance made to rehabilitate or reconstruct the dwelling unit will be in the form of a forgiven loan. I understand that I will have to execute a promissory note to obtain the loan, and that the promissory note will include conditions requiring me to pay back the loan if I sell the house over the term of the loan (up to 10-year term). I understand that the loan will be secured with a deed of trust on the real property to be rehabilitated or reconstructed. I understand that a third-party contractor selected by Hyde County will perform the inspection of my dwelling unit, identify HUD Housing Quality and CDBG Standards deficiencies, and supervise the repair/reconstruction work on my behalf. I also understand that needed improvements will be performed by a third-party contractor selected through a bidding process coordinated by the county on my behalf.

To the best of my knowledge, I am the principal owner of the property to be improved. I understand that the county will undertake an ownership investigation if I am eligible for CDBG assistance. If it is determined that I do not have title to the property, I will be willing to obtain title at my expense in order to obtain CDBG assistance. I also understand that all county and local taxes must be paid up to date in order for the county to process this application. If my dwelling unit is a manufactured home, I understand that it must have been converted into real property in order to be eligible for assistance.

I further agree to furnish all additional information requested by the county representatives in an effort to establish my eligibility for rehabilitation/reconstruction loan assistance. In conclusion, I realize that this information is to remain confidential and used only for the purpose expressed herein.

 Signature of Homeowner as Listed Above _____
Date

**PLEASE RETURN TO
 Hyde County Planning Department
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 30 Oyster Creek Road
 Swan Quarter, NC 27885**