

Partners In Ministry, Inc.
2025-2027 Essential Single Family Rehabilitation Loan Pool (ESFRLP27)
Application Checklist

When you return your application please send the following information:

- ◇ Completed and signed application (enclosed with this mailing).
- ◇ A copy of your deed showing property ownership (if we do not already have this on file from previous application).
- ◇ If you have lifetime rights, we need notarized documentation.
- ◇ If the homeowner is not capable of making sound decisions, a Power of Attorney with contact information is needed.
- ◇ A copy of your property taxes showing that 2025 taxes have been paid in full.
- ◇ Income verification (for all income in the household).
 - For SSI/SSDI income, provide documentation of your benefits. Please note the Social Security office is no longer providing statements at their office, you may go online and register for an account at www.socialsecurity.gov/myaccount or call toll-free 1-800-772-1213 to obtain a copy of your benefits letter.
 - For earned income (employment), please provide six months of pay stubs or information from your HR Dept. stating pay amount.
 - For pension or other income, please submit six (6) months' payment stubs showing the amount of pension.
 - Veterans are to provide documentation with DD214 Discharge Papers.

Bank Statements are not proof of income

- ◇ Church affiliation: _____
- ◇ Pastor: _____
- ◇ Pastor's contact number: _____

When your application is complete (all required documents listed above)
return the application checklist along with the application and supporting
documentation via mail to:

Partners In Ministry, Inc.
Attention: Casi Syracuse; Administrative Assistant
P O Box 1621
Laurinburg, NC 28353

Physical address:
12 Third Street
East Laurinburg, NC 28353

Phone: (910-277-3355)
Fax: (910-277-3358)

Please note incomplete applications will not be accepted (you will not be
placed on the list until ALL Documents have been received)

Thank you for submitting your application and supporting documentation
by mail or by bringing them to our office.

Partners In Ministry
Essential Single-Family Rehabilitation Loan Pool – ESFR27
Pre-Application & Eligibility Certification

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Applicant Data

Name of Homeowner(s) (First, MI, Last): _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

If the Applicant was referred by someone other than self, complete the following:

Contact Name: _____ Phone: _____

Relationship to Owner: _____

Notes: _____

Household Membership

Name (First, MI, Last)	Sex	Birth Date	SS# (9 digits required)	Race Code*	Hispanic**	Relation to Homeowner
a.						
b.						
c.						
d.						
e.						
f.						
g.						

Gross Income Work Table

Dollars / Household Member / MONTH

Source	a	b	c	d	e	f	g	Total
1) Wages								
2) Retirement/Pension								
3) Social Security								
4) Supplemental Security Income								
5) Public Assistance								
6) Child Support								
7) Interest								
8)								
9)								
10)								
Monthly Sub-Total (sum rows 1-10)								
Annual Sub-Total (12 x row above)								

Annual Gross Household Income (sum Annual Sub-Total for columns a-g): _____

Applicant Certifications

I hereby certify that:

- 1) I own and occupy the home described above as my primary residence;
- 2) The household and income information listed above is complete and true to the best of my knowledge;
- 3) This information is provided to qualify me for the Essential Single-Family Rehabilitation Loan Pool (ESFRLP). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose a threat to life, health or safety or in performing accessibility modifications or other repairs necessary to meet the Essential Rehabilitation Criteria of ESFRLP.
- 4) I give permission for _____ and NC Housing Finance Agency to access information to verify the contents of this pre-application and to facilitate the rehabilitation of my home to meet Essential Property Standards or the Minimum Housing Code.
- 5) I understand that the secured, 0% interest, forgiven at the rate of **\$8000**/year loan provided via the ESFRLP is secured with a Deed of Trust.
- 6) I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self-disclose the information.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

**Partners In Ministry
ESFRLP27 PROGRAM**

Pre-Application & Eligibility Certification

(page 2 of 2)

Applicant Data

Name of Homeowner(s) (First, MI, Last): _____

Street Address: _____

Qualifying Income Table (for reference) Maximum Gross Household Income

Household Size	1	2	3	4	5	6	7	8
a) County: 30%								
b) County: 50%								
c) County: 80%								

Note: _____

Qualifying Questions

Does the applicant own this home? YES ☐ NO ☐

Does the applicant's household qualify based on the income criteria? ____ YES ____ NO

Mark all Special Need(s) by which the Applicant qualifies:

☐ Owner 62+ ☐ Member Disabled ☐ Veteran*** ☐ EBLI threat to child under 6

Eligibility Certifications

I hereby certify that:

- 1) All of the above information has been reviewed or documented in accordance with the ESFRLP Program Guidelines and the ESFRLP Assistance Policy.
- 2) The Applicant is eligible for assistance under the ESFRLP Program;
- 3) There is no other state or federal source of funds available now, or likely to be available within the next six months, which could pay for the proposed repairs.

Authorized Officer

Organization

Date

Eligible ESFRLP Rehabilitation Needs:

Case Notes (for office use only) Name of interviewer:

Non-housing problems:

Action taken for referrals? YES ☐ NO ☐ If yes, specify:

Other:

*Race Code: White (11); Black/African American (12); Asian (13); American Indian/Alaska Native (14); Native Hawaiian/Other Pacific Islander (15); American Indian/Alaskan Native & White (16); Asian & White (17); Black/African American & White (18); American Indian/Alaska Native & Black/African American (19); Other Multi-Racial (20); and, Asian/Pacific Islander (21).

**Hispanic: Yes or No.

***Veteran: A person who served in the active military as evidenced by a DD-214 form.