



Applicant:						
Applicant Name:			<u> </u>			
	First	Middle	Last			
Street Address:						
City	State	Zip	County			
Phone Number:						
Applicant Date of	Birth:					
		(MM/DD/YYYY)				
Co-Applicant:						
Is there a Co-Applican	t for this property? \Box	Yes □ No				
If yes:						
Co- Applicant Nai	me:					
	First	Middle	Last			
Street Address:						
City	State	Zip	County			
Phone Number:						
Co-Applicant Date of Birth:						
(MM/DD/YYYY)						

Marion, NC 28752

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Household Members:

Do any additional househo	old members live at	this property?	'∟ Yes ∟	No	
Household members include all p another. If more space is needed					elationship to one
If yes:					
Household Member Na	ame:				_
	First		Middle	Last	
Household Member Da	ate of Birth:				
			(MM/DD/YYYY)		
Relationship to Applicant:					
☐ Spouse	☐ Parent	\square Child	\square Other		
Household Member Na	ame:				
	First		Middle	Last	_
Household Member Da	ate of Birth:				_
			(MM/DD/YYYY)		
Relationship to Applicant:					
☐ Spouse	\square Parent	☐ Child	\square Other		
Household Member Na	ame:				
	First		Middle	Last	_
Household Member Da	ate of Birth:				
			(MM/DD/YYYY)		
Relationship to Applicant:					
\square Spouse	☐ Parent	\square Child	\square Other		
Household Member Na	ame:				
	First		Middle	Last	
Household Member Da	ate of Birth:		(MM/DD/YYYY)		_
Relationship to Applicant:			(141141)		
☐ Spouse	☐ Parent	\square Child	\square Other		

364 US Highway 70

Suite 3

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Property Information

What type of property is the hurricane-impacted property?

- o Modular Home
- Single family (1 unit) stick built homes
- Manufactured Housing Unit (MHU)
- Condominium (applicant owned unit)

	Ŭ	001140111114111	Applicant office	a arrie,		
	0	Townhome (app	olicant owned ι	ınit)		
Is the I	Property A	ddress the same a	s the Applican	t Contact Addre	ess? 🗆 Yes 🗆 No	
If No:						
Stree	et Address	s:				
	City		State	Zip	County	
Have a	ny repairs	been completed o	on the hurricar	ne-impacted pro	operty?	
0	Yes					
0	No					
Have a	III repairs b	een fully complet	ed, and are yo	u now seeking	reimbursement only?	

- Yes
- o No



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Were p	permits obtained, if required, for the completed repairs?
0	Yes
0	No
Did yo	ur property sustain damage as a result of Hurricane Helene?
0	Yes
0	No
Was th	ne road to the hurricane-impacted property affected by the hurricane?
0	Yes
0	No
Can th	e hurricane-impacted property be assessed for inspection and repairs?
0	Yes
0	No
Does t	he hurricane-impacted property have a small bridge owned by the property owner?
0	Yes
0	No
Did the	e Applicant own the hurricane-impacted property at the time of the hurricane on 9/27/2024?
0	Yes
0	No
Does t	he Applicant currently own the hurricane-impacted property?
0	Yes
0	No
What y	year was the hurricane-impacted property built?
Year:	









Does the hurricane-impacted p	roperty have any of the	following (check all that apply)?
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- Septic Tank
- o Water Well
- Underground Storage Tank
- o Unknown
- None of these

Is there a gas or fuel storage tank connected to this hurricane-impacted property that is or has been used for heating or cooling?

- Yes
- o No

How many bedrooms does the hurricane-impacted property have?

Is there a mortgage on the hurricane-impacted property?

O Yes

No

Are there any liens other than a mortgage on the hurricane-impacted property?

- Yes
- o No

Property taxes must be paid in full, or you must be on a payment plan in good standing.

- Yes- My property taxes are paid in full.
- Yes- I am on a payment plan in good standing for my property taxes.

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No- My property taxes are delinquent.

Was the storm-damaged property your primary residence at the time of Hurricane Helene?

- o Yes
- o No

At the time of the storm, were there tenant(s) renting space in your owner-occupied storm impacted home?

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- Yes
- o No







Does a tenant(s) currently occupy your storm-impacted home?					
0	Yes No				
Did you	u have insurar	nce at the time of the dam	age?		
0	Yes No				
Did you	u receive fund	s from another source oth	ner than insurance for rep	pair of structural damage?	
0	Yes No				
Is anyo	ne in your ho	usehold disabled?			
0	Yes No				
Do you	ı have a Comn	nunication designee?			
0	Yes No				
If Yes:					
Nam	e:				
		First	Middle	Last	
Stree	t Address:	_			
	City	State	Zip	County	
Phon	e Number:				

Marion, NC 28752







Do you have a Power of Attorney (POA) that you want to include with your application?

YesNoIf Yes:				
Name:				
-	First	Middle	Last	
Street Address:				
City	Sta	ate Zip	County	
Phone Number:				

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Documentation Needed

To submit documentation, please visit one of our service centers. Staff will be available on-site to assist you at the following locations:

- · 128 Bingham Rd., Suite 875, Asheville, NC 28806
- · 379 New Market Blvd., Suite 1, Boone, NC 28607
- · 364 US Highway 70, Suite 3, Mation, NC 28752

Service Centers are open Monday through Saturday 8:00 a.m. to 6:00 p.m. If you are unable to visit a service center in person, alternative submission methods will be available.

☐ Valid Photo I.D. and Proof of Citizenship or Lawful Permanent Resident Status for Applicant

- Government Issued Photo Real ID (Federal or State issued); OR
- Driver's License, OR
- U.S. Passport; OR
- Military ID Card; OR
- Resident Alien Card (Green Card) or Certificate of Naturalization with Government Issued Photo ID.

☐ Income Documentation for All Adult Household Members (18+)

- Most recent tax returns (IRS 1040, 1040A) signed and submitted, OR
- Documentation of Income (All that apply):
 - Salary/Wages: Last three (3) months of pay stubs OR current W-2 Forms, with volume to be based on frequency of payment.
 - Benefits: Social security or disability, retirement, SSA, TANF, pension or annuity current letter of benefits (should include benefit amount)
 - Retirement or Social Security: Past three (3) Monthly Bank Statements, prior year 1099 form, or Current Annuity Payment letter (if applicable).
 - Self-Employment Income: Most recent tax return (1040 or 1040A), W-2 Forms; and/or current year profit and loss statement.
 - o Rental Income: Current lease agreements.
 - Unemployment Income: Current benefit letter with gross amount.
 - Alimony/Spousal Maintenance: Copy of court order documentation.
 - Taxable Interest & Dividends: Including amounts received by/on behalf of minors.
 - No Income: Adult household members who do not earn and income will be required to submit a Certification of No Income.









☐ Proof of All Insurance Covering the Damaged Property

If an applicant had homeowner and/or flood insurance at the time of Hurricane Helene they must provide a copy of the claim summary (outlining structural payments vs. contents) including the date of the claim, applicant name, damaged residence address and net claim amount.

- Homeowner's insurance policy number
- Flood insurance policy number

☐ Proof of Ownership Documentation

Stick Built Structures:

Proof of ownership must be at the time of Hurricane Helene (September 27, 2024) and have maintained ownership to date.

You will be required to provide one (1) of the following:

- Deed
- Mortgage Statement
- Probated Will
- Court Order/Judgement

Manufactured Housing Units

Proof of Structure ownership must be at the time of Hurricane Helene (September 27, 2024) and have maintained home ownership to date.

You will be required to provide one (1) of the following:

- Title
- Bill of Sale
- Real Property
- State Issued Certificate



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☐ Proof of Primary Residence

Proof of Primary Residence must be at the time of Hurricane Helene (September 27, 2024). You will be required to provide one of the following:

- Homestead exemption at the storm damaged property address in 2024;
- FEMA IA award letter for damages caused by Hurricane Helene;
- SBA Disaster Home Loan award;
- Driver's license or state-issued ID card;
- Utility bills;
- Credit Card Bill or Bank Statement;
- Insurance Documentation indicating Primary Residence;
- Employer Statements/Paystubs

☐ Additional Required Documentation (If applicable)

- Households with children under the age of 18 must submit:
 - o Birth certificate, U.S. Passport or state-issued ID for each child.
- If a household member is disabled, provide one (1) of the following:
 - Social Security Disability Statement
 - Letter from doctor stating applicant qualifies as disabled

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- o Verification of Disability Form (see RenewNC Single-Family Housing Program Intake Specialist for form)
- o Disability exemption on homesteaded property per North Carolina Statue
- Applicant's Power of Attorney documentation

☐ Proof of Damage and Benefit Information (Provide all that apply)

- Insurance claim information
- FEMA award letter
- SBA award letter
- Certification of damage

The applicant may provide alternative evidence such as neighborhood-level media reports, inundation maps, or documentation of damage by disaster response/relief organizations which may be accepted on a case-by-case basis.

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☐ Certifications and Authorizations

- Consent and Release of Personal Information Form
- Fraud Acknowledgement Regarding False or Misleading Statements Certification
- Right of Entry (ROE) Permit Form
- Release of Information
- Certification of Truthfulness
- Subrogation Agreement
- Construction Stop Work Notice
- Homeowner Responsibilities Acknowledgment
- Primary Residency Affidavit
- Conflict of Interest Disclosure

Helpful Information:

- After your initial application is submitted, a Renew NC specialist will advise you of any additional required documentation.
- Translation services are available through Renew NC Customer Center (888-791-0207) and at Renew NC Centers. (Check www.renewnc.org for locations)

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- Questions can be sent to helenerecovery@renewnc.org
- All information provided to the program will be verified.
- For additional program information and updates, visit: <u>www.renewnc.org</u>

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