NORTH CAROLINA DISASTER RECOVERY ACT
PROPERTY OWNER APPLICATION FOR ASSISTANCE

For Jurisdiction Use Only

Application Number:

Application Received By:  Date/Time Application Received:

Applicant applies to the following Disaster Assistance Program(s) (check all assistance requested):

☐ Acquisition or “Buy-Out” (voluntary purchase of home to the State or County)
☐ Elevation above floodplain elevation or flooding in home, if allowed by code or ordinance
☐ Rehabilitation or “Repair” (home suffered minor to moderate damage)
☐ Reconstruction or “demolition and rebuild” (home suffered severe damage)
☐ Reimbursement of eligible costs for repairing storm damage to home and/or elevating home
☐ Flood Insurance Assistance

Disclaimer: The submission of an application to any program does not guarantee that you will be approved for housing recovery assistance.

Owner Information

1. Name of Applicant: ________________________________________________________________
   (Applicant should be an owner of the damaged home and who is the primary wage earner of the home whose income will be used to determine eligibility for assistance)

2. Names of all other Co-Applicants: __________________________________________________
   (all co-owners of the damaged home should jointly apply for assistance by completing this application together)

3. Names of all landowners, if different from the Applicant (and Co-Applicants) who own the home:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

4. Street Address (including city, state, and zip code) or Physical/Legal Location of the damaged home:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
5. Mailing Address (if different from street address):


6. Applicant’s Telephone Phone Number(s): 


7. Co-Applicant’s Telephone Number(s): 


8. Are you a citizen of the United States? Yes ☐ No ☐
   a. If no, are you a non-citizen national of the United States? Yes ☐ No ☐
   b. Are you a qualified alien of the United States? Yes ☐ No ☐

(Notice: You may have to provide proof of identity documentation at of entering into a contract for a disaster recovery contract for your home.)

Household Information

1. Applicant’s Race: ☐ White ☐ Black ☐ American Indian ☐ Hispanic ☐ Other___________

2. Applicant’s Age:_______ Gender:_____

3. Co-Applicant’s Race: ☐ White ☐ Black ☐ American Indian ☐ Hispanic ☐ Other___________

4. Co-Applicant’s Age:_________ Gender:_____

5. Other Members of Applicant’s Household who were living in the home at time of disaster:

<table>
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<tr>
<th></th>
<th>Name</th>
<th>Relationship to Head of Household</th>
<th>Age</th>
<th>Disability (Y/N)</th>
<th>Veteran of U.S. Armed Forces (List Branch)</th>
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Previous Disaster Assistance & Current Insurance Information

9. Have you applied for Federal Emergency Management Assistance in the last five (5) years?
   Yes □ No □
   a. If Yes, describe the actual or approximate amount of assistance provided: $__________

10. Did you have flood insurance on the home at the time of loss? Yes □ No □
    a. Was your home determined to be substantially damaged by local officials? Yes □ No □
    b. Flood Insurance Agent/Company: ________________________________
    c. Policy Number: ________________________________
    d. What is the estimated or actual claim amount provided to this your insurance company?
       Did you receive any money from the above insurer for your claim? Yes □ No □
       How much of the claim was paid by insurer? $__________
    e. Homeowner’s Insurance Agent/Company: ________________________________
    f. Policy Number: ________________________________
    g. What is the estimated or actual claim amount provided to this insurance company?
       Did you receive any money from the above insurer for your claim? Yes □ No □
       How much of the claim was paid by insurer? $__________

11. Have you participated or applied for assistance in other federal or state housing repair or recovery assistance programs? Yes □ No □

   If Yes, describe what the program was and whether you were provided an award:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Structure Information

1. Building Type:
   □ Single-family home (detached wood-framed, townhome, duplex, condominium)
   □ Modular single-family home
   □ Single-wide manufactured/mobile home
   □ Double-wide manufactured/mobile home
   □ Other residential property (describe): ________________________________

2. Building Use (At the time of loss):
   □ Owner Occupied     □ Rental Property     □ Secondary Residence
   □ Vacation Property
   □ Multi-Family        □ Other ___________

3. Construction Type:
   □ Wood-Frame  □ Concrete Block  □ Brick  □ Other ____________

4. Foundation Type:
   □ Slab on Grade □ Crawl Space w/Ductwork □ Crawl Space w/o Ductwork
   □ Piers/Pilings   □ Basement          □ Other

5. Total Square Footage of Structure: ________________________________

6. Approximate or Actual Year of Construction: _________________________

7. Estimated value of the Structure/Home/Property: $_________________

8. How is wastewater from your home treated? (i.e. Septic system or public sewer system):
   ________________________________

Occupancy Information

1. Did the Applicant live in the home at the time of Hurricane or natural disaster event? Yes □ No □

2. Is this property currently occupied? Yes □ No □
   a. If yes, provide the names and relationships of the individual(s) occupying the property currently including Applicant and any Co-Applicant.
3. If this application involves a manufactured/mobile home ("M-Home"), provide the following information:

a. Who owns the M-Home? ______________________________________

b. Who owns the land or the lot the M-Home rests on? ____________________

c. If the M-Home is located in a mobile home park, please provide name of the park and the name of the park’s owner (if known) ______________________

**Damage to Home from Hurricane Matthew**

Briefly describe the storm damage to your home (e.g., wind, flooding [inches of water in home], tree or other debris impacting home, etc.), and include descriptions of damage in specific rooms or systems in home (HVAC, electric, ducts, etc.).
CONFIDENTIAL PERSONAL INCOME INFORMATION NOT SUBJECT TO THE NORTH CAROLINA PUBLIC RECORDS ACT

Please attach a 2016 or 2017 IRS Form 1040 (page 1 only) or 1040 EZ complete form for each household member 18 or older listed below. If a household member aged 18 or older did not submit a tax return for 2016 or 2017, please indicate why not and attach documentation of government benefits paid to you and/or an income summary from your employer of monthly or annual income where indicated. Sign this form where indicated.

Income Summary Information for Occupants 18 and Older

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<tr>
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<th>Head of Household</th>
<th>Sources of Income (list):</th>
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<td>Form 1040 attached? &quot;Yes&quot; &quot;No&quot; If no, why not:</td>
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<td>Total 2016 or 2017 Income (fill in one and attach documentation): $_____ (monthly) $_____ (yearly)</td>
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<td>Name:</td>
<td>Sources of Income (list):</td>
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<td>Form 1040 attached? &quot;Yes&quot; &quot;No&quot; If no, why not:</td>
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<td>Total 2016 or 2017 Income (fill in one and attach documentation): $_____ (monthly) $_____ (yearly)</td>
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<td>Form 1040 attached? &quot;Yes&quot; &quot;No&quot; If no, why not:</td>
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<td>Total 2015 or 2016 Income (fill in one and attach documentation): $_____ (monthly) $_____ (yearly)</td>
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<td>Sources of Income (list):</td>
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<td>Total 2016 or 2017 Income (fill in one and attach documentation): $_____ (monthly) $_____ (yearly)</td>
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I, the undersigned head of household, acknowledge that the summary of income shown above is an accurate statement of the income of the household members aged 18 and older who occupy the dwelling referenced in this application form. I understand that additional investigations into my household income may be conducted by government staff or authorized agents, and that I will be disqualified if I have misrepresented the income information listed above.
ACKNOWLEDGEMENTS & CERTIFICATIONS

By signing this Application, that Applicant and any Co-Applicant, acknowledge that all information provided in this Application is true and correct to the best of my/our knowledge. Applicant and each Co-Applicant acknowledge that the County and/or State are not obligated to provide any disaster recovery assistance to the Applicant or any Co-Applicant by virtue of the submission of this Application to the County or State. The Applicant and each Co-Applicant understands and acknowledges that any disaster recovery assistance that may be provided are contingent on the availability of State funding and that there are funding limits applicable to each disaster recovery program.

I further understand that, in order to receive assistance, that I may be required to acquire and maintain flood insurance on my dwelling unit, if it is located in the 100-year floodplain.

Under penalty of law, by signing below I certify and confirm that the information contained in this waiver request is true and accurate. I further understand that my case file and records are subject to review by the Office of State Auditor or other duly authorized state or county official.

Print Applicant’s Name: ____________________________________________

Applicant’s Signature: ____________________________ Date:__________

Print Co-Applicant’s Name: _______________________________________

Co-Applicant’s Signature: ____________________________ Date:__________

Print Co-Applicant’s Name: _______________________________________

Co-Applicant’s Signature: ____________________________ Date:__________
Bladen County Assistance Network

Shared Case Management Software - CharityTracker

RELEASE OF INFORMATION (ROI)

Client's Last Name: ___________________________ First Name: ___________________________ MI: __________

Address: ___________________________________ City/State: ___________________________ Zip: __________

Date of Birth: ___________________________ mm / dd / yyyy

SSN: ______________________________________ Phone: ___________________________

The Bladen County Assistance Network, hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Bladen County (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Bladen County Emergency Services (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<table>
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<tr>
<th>Dependent's Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
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I authorize Bladen County Emergency Services, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Bladen County Emergency Services (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X
Client and/or Parent-Legal Guardian's Authorizing Signature

X
Tammy Keshler
Agency Representative Signature

Date

Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.