

**YANCEY COUNTY**  
**CDBG- Neighborhood Revitalization Program**

**HOMEOWNER APPLICATION**

Name of Applicant(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

911 Address (if different): \_\_\_\_\_  
 \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Persons Living in Household (use a separate sheet of paper if necessary):

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>	<u>Disabled</u>
_____	_____	_____	<u>Applicant</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Household Income: Please list total gross income (before taxes are withheld) for everyone living in the house over the age of 18. This includes employment wages, Social Security, SSI, Veterans benefits, disability benefits, public assistance, alimony, child support, interest earnings, etc. Please be aware that this information will be verified by the proper agency.

<u>Name</u>	<u>Source(s) of Income</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Total Household Income: \$ \_\_\_\_\_

Number in the household who are the following:

African American \_\_\_\_\_  
Alaskan Native \_\_\_\_\_  
Asian or Pacific Islander \_\_\_\_\_

Hispanic \_\_\_\_\_  
Native American \_\_\_\_\_  
White \_\_\_\_\_

Are you the owner of the home or have life time rights ? \_\_\_\_\_

Who is listed on the Deed as owner of the property? (list all names as on recorded deed)

\_\_\_\_\_

**You may contact the Yancey County Register of Deeds office at (828) 682-2174 or visit the Yancey County website at [www.yanceydeeds.com](http://www.yanceydeeds.com) for deed and property ownership information**

Is the house a mobile/manufactured home \_\_\_\_\_ or a frame house \_\_\_\_\_ ?

To the best of your knowledge when was the house built? \_\_\_\_\_

Is anyone living in the household related to an official or employee of the County? If so, please explain. Please note that disclosure should not have an impact on your application.

Give detailed directions to your house from Burnsville. (Use separate sheet of paper if necessary).

### **Housing Needs**

Check all that apply.

#### **Structural**

Missing or deteriorated foundation  
Unstable or shaky floors  
Leaking roof.  
Unsafe porch or steps

#### **Plumbing**

Water Supply (check one) : Spring    Well    Town Water    None  
Contaminated or low well/spring  
No hot water  
No running water  
Wastewater system (check one):    Septic Tank    Town Sewer    None  
Failing septic system  
Persistent plumbing problems

#### **Electrical**

How old is the wiring in the house? \_\_\_\_\_  
Problems with current wiring or outlets

**Energy**

Unacceptable insulation in walls, floors, and/or ceiling  
Window in need of repair  
Exterior doors in need of repair

**HVAC**

Current Heat System in home (check one):  
Monitor    Heat Pump    Furnace    Heater    Stove    None    Other \_\_\_\_\_

Fuel Source (check one)  
Kerosene    Propane    Electric    Wood

Heating system unable to heat habitable rooms and bathroom to 60°F

**Other Housing Repairs Needed:**

---

---

---

---

---

---

**\*\*\*\*\* Please Note \*\*\*\*\***

By signing this application I give permission for Yancey County to access any information needed to verify the contents of this application.

**I certify that the information given in this application is true and accurate. I understand that any false information will result in my disqualification from this program.**

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**The deadline for all applications is Wednesday, July 31, 2024 .**

Mail or take your completed application and requested information to one of the following locations:

**Yancey County Senior Center - 503 Medical Campus Drive, Burnsville, NC 28714**

or

**Yancey County Department of Social Services - PO Box 67, 320 Pensacola Road, Burnsville, NC 28714**

or

**Yancey County Manager's Office - 110 Town Square, Room 11, Burnsville, NC 28714**

or

**Burnsville Town Hall - 2 Town Square, Burnsville, NC 28714**

or

**Yancey County Health Department - 202 Medical Campus Drive, Burnsville, NC 28714**

or

**Yancey County Cooperative Extension - 30 E US Hwy 19E Bypass, Burnsville, NC 28714**

Additional Information

**\*\*\*\* For Yancey County Use Only \*\*\*\***