

**BEAUFORT COUNTY 2025 CDBG NEIGHBORHOOD REVITALIZATION PROGRAM  
INFORMATION STATEMENT**

In 2025, Beaufort County plans to apply for CDBG Neighborhood Revitalization funds from the North Carolina Rural Economic Development Division (REDD) to provide rehabilitation or replacement housing assistance to lower-income homeowner households. The program is sponsored by Beaufort County, with funds provided by the Rural Economic Development Division.

The county encourages households with lower incomes who occupy substandard housing to contact the county if they would like to be considered for a rehabilitation or reconstruction housing loan (up to 8-year term, 0% interest forgiven loan) offered through the CDBG program. In order to be considered for a loan, applicants must meet the criteria outlined below:

1. Occupant household income must be at or below:

<u>Household Size</u>	<u>Annual Income Limit</u>
1	\$43,800
2	\$50,050
3	\$56,300
4	\$62,550
5	\$67,600
6	\$72,600
7	\$77,600
8	\$82,600

2. Applicants must be able to document that they have paid taxes due to date and obtained clear title to the property to be assisted.
3. All households served must occupy a unit with severe structural deficiencies or severe water and/or sewer needs. This program is designed to address housing needs, not minor structural cosmetic improvements.
4. **No rental units nor vacant units will be considered for assistance.**
5. All units must be located within the unincorporated area of Beaufort County.
6. For manufactured housing units to be rehabilitated, units must have been converted into real property if owned and occupied by the homeowner prior to selection.

If you wish to be considered for CDBG assistance, you must return the three attached application forms to the Beaufort County Emergency Management Department by **July 23, 2025**. At least one of the owners of the property must sign the application form. Please return the three attached application forms to:

Beaufort County Emergency Management Department  
Attn: David "DC" Linton, Emergency Management Coordinator  
1420 Highland Drive  
Washington, NC 27889

If you require assistance with these forms, please contact the Beaufort County Emergency Management Department, at (252) 946-2046 to set up an appointment.

**YOU MAY KEEP THIS PAGE.**

Applicant Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Town/City/Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**BEAUFORT COUNTY 2025 CDBG NEIGHBORHOOD REVITALIZATION PROGRAM  
 APPLICATION FOR HOUSING ASSISTANCE**

To: Beaufort County Emergency Management Department  
 Attn: David "DC" Linton, Emergency Management Coordinator  
 1420 Highland Drive  
 Washington, NC 27889

I, \_\_\_\_\_ (*Owner-Occupant Name*), wish to participate in the Beaufort County 2025 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"), along with income documentation, 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 during the term of the loan (up to 8-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 the 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.

I understand that if my dwelling is selected for clearance/off-site replacement (relocation), the assistance I receive will be based upon Beaufort County's Optional Coverage Relocation Policy which will provide for replacement housing for my household on another site as well as moving expenses. I understand that I must agree to allow my existing dwelling to be demolished but that standard comparable housing will be made available to me. I understand that I will have to execute a promissory note which will require me to pay back all or a portion of the zero-interest loan if I sell the replacement dwelling over the eight-year term of the loan.

To the best of my knowledge, I am either the principal owner or have interest as an heir in 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 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 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 Owner-Occupant as Listed Above

\_\_\_\_\_  
 Date

**Application Summary Form - Part "B"**

Unit # \_\_\_\_\_ (County to assign #)

Applicant Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Town/City/Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**BEAUFORT COUNTY 2025 CDBG NEIGHBORHOOD REVITALIZATION PROGRAM  
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The following information should be filled out by the owner-occupant of the dwelling unit to be repaired.

**1. List all household members.**

a) Name of Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race:  White  Black  American Indian  Hispanic  Other (list) \_\_\_\_\_

Disabled:  Yes  No

Other Household Members:

Name	Relationship to Head of Household	Age	Sex	Race	Disabled (Y/N)
b)					
c)					
d)					
e)					
f)					
g)					
h)					

**2. Telephone # of Owner:** \_\_\_\_\_

Alternate #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

**3. How long have you lived in the unit?** \_\_\_\_\_

**PLEASE RETURN TO** Beaufort County Emergency Management Department  
 Attn: David "DC" Linton, Emergency Management Coordinator  
 1420 Highland Drive  
 Washington, NC 27889

**Income Verification Form - Part "C"**

Unit # \_\_\_\_\_ (County to assign #)

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Town/City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Please attach a copy of the following income documentation:** 1) Most recent IRS tax return (Form 1040 or 1040 EZ); **OR** 2) government benefits documentation (i.e., Social Security, SSI, etc.) for each household member 18 or older.

If a household member aged 18 or older did not submit a tax return for the most recent calendar year, attach documentation of government benefits paid and/or an income summary from your employer of monthly or annual income where indicated. Sign this form as indicated below and have your signature witnessed (does not require a notary public – have someone to witness your signing of the form).

**Income Summary Information for Occupants 18 and Older**

Occupant Name	Source of Income (Wages, Soc. Sec., SSI, etc.)	Income Amount	Weekly? Monthly? Annual?
		\$	
		\$	
		\$	
		\$	
		\$	

I, the undersigned head of household, acknowledge that the summary of income shown above is an accurate statement of the income of all household members aged 18 and older who occupy the dwelling unit eligible for rehabilitation or reconstruction assistance. I understand that additional investigations into my household income may be conducted by the community development staff, and that I will be disqualified if I have misrepresented the income information listed above.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**PLEASE SIGN AND RETURN WITH INCOME DOCUMENTATION ATTACHED TO:**  
**Beaufort County Emergency Management Department**  
**Attn: David "DC" Linton, Emergency Management Coordinator**  
**1420 Highland Drive**  
**Washington, NC 27889**