



HOMEOWNER RECOVERY PROGRAM Manufactured Home Unit Replacement Form

Purpose: This form is for Applicants who have been offered assistance by the ReBuild NC Homeowner Recovery Program to replace their Manufactured Home. Applicants must consent and agree to the requirements described below in the Applicant Acknowledgement section before the program can proceed with replacing the Manufactured Home Unit.

Instructions: The Primary Applicant should complete this form, providing their full legal name and the complete damaged property address. The Primary Applicant must answer and initial each of the questions in the Applicant Acknowledgements and Replacement Home Accommodations sections, before signing and dating the document. Any fields left blank will be returned back to the applicant; this form cannot be processed unless fully completed.

This form may be dropped off at a ReBuild NC Center as identified on rebuild.nc.gov or returned through one of the following methods:

Mailing Address:

ReBuild NC HRP Awards
North Carolina Office of Recovery and Resiliency (NCORR)
PO Box 110465
Durham, NC 27709

Email:

awards@rebuild.nc.gov

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

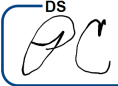


Applicant Information	
Primary Applicant Name: Paula Copley	Application ID Number: 05552
Damaged Property Address: 3110 Overhills Rd. Bunnlevel, NC 28323	
Type of Manufactured Home: <input checked="" type="checkbox"/> Single-wide Manufactured Home <input type="checkbox"/> Double-wide Manufactured Home <input type="checkbox"/> Triple-wide Manufactured Home <input type="checkbox"/> Other: _____	

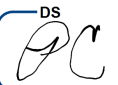

Applicant Acknowledgments		
Acknowledgments	Applicant Response	Applicant Initials
a. <i>I have been notified of the award available for assistance through the ReBuild NC Homeowner Recovery Program to replace my manufactured home.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. <i>I agree to replace the damaged manufactured home within the current caps established by the Program and/or place the difference in an escrow account prior to executing the applicable grant agreement. Furthermore, I understand that my actual award will be adjusted to the lesser of the actual cost of the replacement home or my eligible award, less any duplication of benefit.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



ReBuild NC is a program of the North Carolina Office of Recovery & Resiliency. NCORR is a division of the NC Department of Public Safety.
Last Updated: February 22, 2021



<p>c. I acknowledge that the scope of work to be completed will be made in accordance with program standards and I will adhere to the selections or options provided to replace my manufactured home.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>d. I consent to utilize the assigned general contractor to perform the required project activities necessary to replace my manufactured home.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>e. I consent to have our existing manufactured home demolished and removed from our property.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Please note that if you indicated No, you will not eligible to move to the Construction Phase. If you answered No to any of the questions above, please provide an explanation:</p>		

II. Replacement Home Accommodations		
Accommodations	Applicant Response	Applicant Initials
<p>a. Do you or a household member require modifications to the home to make it accessible due to a disability? (Ramp, Grab Bars, Bathroom Accessibility, Kitchen Accessibility)</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>b. If you answered Yes in part A, check all that apply:</p>	<input type="checkbox"/> Ramp Entrance <input type="checkbox"/> Grab Bars <input type="checkbox"/> Bathroom Accessibility <input type="checkbox"/> Full Bathroom Accessibility <input type="checkbox"/> Full Kitchen Accessibility <input type="checkbox"/> Other*	
<p>*If you selected Other above, please explain:</p>		

By signing this form, the applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, an action to recover any program benefits paid to or on behalf of applicant, and/or a referral to criminal enforcement. In addition, the applicant represents that they have received, read, and understand this notice of penalties for making a materially false or misleading written statement to obtain program benefits. In any proceeding to enforce this agreement, NCORR shall be entitled to recover all costs of enforcement, including actual attorney's fees.

DocuSigned by:

 FB58F266BC52416...
 Primary Applicant Signature

Paula Copley
 Primary Applicant Print Name

1/10/2022
 Date

