

Buncombe County Homeowner Grant Program Application 2021

Applications will be accepted from August 6, 2021 until November 15, 2021.

Return the completed application by:

●Mail: Buncombe County HHS, PO Box 7408, Asheville, NC 28802 ●Fax: 828 250 6235

●Email: dssmail@buncombecounty.org ● Drop off: 40 Coxe Ave, Asheville

Call us if you have questions about the program or need assistance completing this form (828) 250 5500

Tax Bill Number (Optional but will facilitate verification of home ownership): _____

Applicant/Homeowner:

First _____ M.I. _____ Last _____

Language Preference: English Spanish Russian Other (please specify): _____

Physical Address: _____

City: _____ ZIP Code: _____

Mailing address: (if different from physical) _____

Phone: _____ Email: _____

Is this property your primary residence? Yes No

Have you owned this property 5 years or greater? Yes No

Do you receive assistance from any other property tax deferral program, i.e. Elderly/Disabled Exclusion, Disabled Veteran Exclusion, or Circuit Breaker Tax Deferral? Yes No if yes, what program? _____

Does this property have a co-owner that does not live in the home? If so, please provide the following information:

First _____ M.I. _____ Last _____

Relationship: Spouse Relative Other(please specify): _____

List all people who live in this home including yourself and all income, earned or unearned, received by any member:

Other Household Member Names	DOB	Relationship	Income (Source, Amount, and Frequency)

Please supply income verifications such as 2020 tax documents, wage stubs, social security award letter, and/or retirement letter.

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that any false, misleading or incomplete information that I have provided may constitute intentional fraud to which I may be subject to repayment of any assistance provided.

Applicant/Homeowner Signature: _____ Date: _____