Buncombe County Homeowners Grant Program 2022

Eligibility Rules to review prior to applying:

- The property must be in Buncombe County
- You must have owned the property 5 years
- The property must be your primary residence and your only residence
- You must not have more than \$60,000 in liquid reserve—this includes all cash, checking, and savings accounts
- You must not receive any other tax deferment assistance or land usage allowance
- Your income must be not exceed 80% of Area Median Income—

FY 2022 80% of Area Median Income Survey

# in Household	Yearly Income Limit
1	\$45,000
2	\$51,400
3	\$57,800
4	\$64,250
5	\$69,400

Applications will be accepted from July 1 until Sept 30, 2022. Application must be filed by Sept 30, 2022 to be considered for assistance.

Return the completed application by

Mail: Buncombe County HHS, PO Box 7408, Asheville, NC 28802

Email: dssmail@buncombecounty.org

Fax: 828 250 6235

Drop off: 40 Coxe Ave, Asheville

Homeown	ers Grant App	lication 2022				
Tax Bill Nu	mber:					
Applicant/	Property Owr	ner(s):				
First:			M.I.:	Last:		
Race:	American In	dian/Alaska Na	tive	Asian	Black/A	frican American
	Native Hawa	aiian/Pacifica Isl	ander	White/Ca	aucasian	Prefer not to report
Ethnicity:	Not Hisp	anic or Latino	Hispa	nic Cuban	Hispar	nic Mexican American
	Hispanic	Puerto Rican	Other	r Hispanic or	Latino	Prefer not to report
Preferred	Language:	English	Spanish	Russia	n	
		Other (pleas	e specify):_			
Co-owner:	:					
First:			M.I.:	Last:		
Relationsh	ip: Spous	e Relative	Other	r (please spe	cify):	
Physical A	Address:					
City:				ZIP Co	de:	
Mailing ad	ddress (if diffe	erent):				
City:	ZIP Code:					
Phone:		Em	ail:			
Is this prop	perty your pri	mary residence	and only re	esidence?	Yes	No
Have you	owned this pr	operty 5 years o	or greater?		Yes	No
Do you red	ceive assistan	ce from any oth	er property	y tax	Yes	No
deferment	t program or I	and usage allow	ance?			
Do you or	any member	of the househol	d receive F	ood & Nutri	tion Servic	res
(food stan	nps) or Medica	aid? Yes	No	If yes, who?		

Complete the chart below for everyone living in this home including yourself

Other Household Member Names	DOB	Relationship	Income (Source, Amount, and Frequency)
Reserve (total must not be in excess	of \$60,000 +	a moot aligibility sritari	۵)٠
Reserve (total must not be in excess	5 01 \$60,000 t	o meet engionity criteri	a).
Reserve Type		Amount	
Cash			
Combined balance of your ban	k accounts		
	Tot	tal:	
Please supply income verifications	such as 202	1 tax documents, wa	ge stubs, award letters.
		• •	d complete to the best of my knowledge. I
•	-	·	hat I have provided may constitute intentional fraud
to which I may be subject to repay	yment of an	y assistance provided	•
Applicant Signature:			Date: