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North Carolina Housing Finance Agency
Urgent Repair Program (URP27)
Post-Approval Documentation

URP2709	Gaston County

A. Instructions

Your Application for Funding was approved for the requested amount. The numbers in the table in section E below reflect the numbers from your application and represent the required performance standards for your URP27 award. If you agree with the amounts listed, please provide the information and documentation requested below and return this Post Approval Documentation packet to Michael Handley, Manager of Home Ownership Rehabilitation. A case manager will be assigned to your project at a later date. All proposed changes to these performance standards will require Agency approval and should result in no net loss of application rating points.

B. Local Matching Funds *(Attach)*

Your Application for Funding stated that other funds would be available to assist with repairs/modifications of your proposed housing units. Please provide documentation, from the funding source, for each source of local matching funds. The table immediately below summarizes the proposed amount of matching funds according to your application.

Source of Funds	Application Amount	Confirmed PAD Amount
Weatherization Assistance Program (WAP) funds	**$0**	$0.00
Heating Appliance Repair & Replacement Program (HARRP) funds	**$0**	$0.00
Independent Living Center funds	**$0**	$0.00
Council on Aging funds	**$0**	$0.00
USDA-Rural Development Section 504 loans	**$0**	$0.00
Volunteer labor	**$0**	$0.00
Donated materials	**$0**	$0.00
Matching local funds	**$2,000**	$2,000.00
	$0	$0.00
Total of local matching funds committed to the URP26 project	**$2,000**	$2,000.00

C. Assistance Policy *(Attach)*

Because URP beneficiaries are not necessarily pre-selected and approved through a public hearing process, it is especially important that URP recipients ***adopt*** an assistance policy that thoroughly and clearly identifies criteria for eligibility for assistance, and for prioritizing applicants once they have been determined eligible. This policy should be fair, open and non-discriminatory. In addition, other facts, policies and procedures affecting potential applicants and/or recipients of assistance should be spelled out in your assistance policy. **Please submit your proposed Assistance Policy as part of the completed Post Approval Documentation.**

D. Procurement and Disbursement Policies *(Attach)*

URP Recipients must submit a copy of their Procurement Policy that is specific to URP27 and is written in accordance 2 CFR 200, and a copy of their Disbursement Policy to the Agency for review and approval. **Please submit your proposed Procurement and Disbursement Policy as part of the completed Post Approval Documentation.**

E. Service Area Requirements

The Application for funding was approved based partly on your targets for Program assistance by service area and the percentages of Program funding to be spent in each county within the service area. Your required targets (based on your requested amount), broken out by county, are shown in the table below. Please confirm in the "Approved" columns below the number of units and repair funds for each awarded county or service area.

Service Area	Proposed # of Units	Confirmed # of Units	Proposed Program Repair Funds	Confirmed Repair Funds	Program Admin Funds
Gaston	**10**	10.00	**$150,000**	$150,000.00	

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TOTAL	**10**	10.00	**$150,000**	$150,000.00	**$15,000**

F. **Bonding/Honesty and Fidelity Insurance Coverage** ***(Attach)***

Recipients must submit evidence that honesty and fidelity insurance coverage is available in an amount not less than 50% of your URP27 funding allocation. This must be in the form of a letter from the recipient's insurer identifying the policy by number, the amount of coverage, the effective date, the positions covered by the policy, and containing a statement that NCHFA will be notified in writing if the coverage is discontinued or reduced. For self-insured units of government, the acceptable evidence of insurance will be a letter from the unit's chief financial officer or manager, stating that the unit maintains a self-insurance fund in an amount adequate to provide honesty and fidelity coverage equal to 50% of the URP27 allocation. The letter must state that the recipient will notify NCHFA in writing if the self-insurance is discontinued or reduced to a level that no longer provides the required 50% coverage.

G. **Fiscal Year and Audits (*Complete this section)***

Recipients will be required to submit reports as required under NC State General Statue 143C-6-23 (Non-Government Organizations) or NC State General Statue 159-34 (Units of Local Government)
Fiscal year begins 07/01 and ends 06/30.

H. **Acknowledgement of Audit Compliance Reporting Responsibilities** ***(Attach)***

Please have the financial person from your organization, responsible for coordinating the annual audit, complete and sign the enclosed "Audit Compliance Responsibilities" form, acknowledging its receipt. Then, return it with the completed PAD.

I. **Organizational Documents** ***(N/A)***

1. Recipients who are not units of government must supply copies of their organizational documents, including articles of incorporation, by laws and a listing of all directors, officers and staff.

2. Recipients that are private-nonprofit organizations must forward a notarized copy of their Conflict of Interest policy, in accordance with G.S. 143C-6-23, to the Agency, which addresses conflicts of interest that may arise involving any member of the recipient's management, board of directors or other governing body.

3. Recipients that are private nonprofit organizations must provide a written statement, made under oath and completed by the organizations board of directors or appropriate governing body, stating that the organization does not have any overdue taxes, as defined by G.S. 105-243.1.

J. **W9 Tax ID and Direct Deposit** ***(Submit to Agency Link)***

1. All vendor forms must be submitted via a link to a secure folder created by the Agency. Please email apvendor@nchfa.com to request a secure link. Do not email vendor forms.

2. Enclosed is the Form W-9 Request for Taxpayer Identification Number and Certification. Please submit at link received from apvendor@nchfa.com.

3. Also, enclosed is the form for electronic payments, which will allow for direct deposit of Program funds into your designated checking account. Please submit at link received from apvendor@nchfa.com.

K. **Intergovernmental Agreement** ***(N/A)***

Please provide a copy of an intergovernmental agreement between your governmental entity and the governmental entity in which you will be providing services under URP27, as required by GS 160-456.

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L. Certifications

The Recipient certifies that: 1) there have been no changes in the key personnel or their roles as identified in section III. B of the Application for Funding; or 2) the Recipient has submitted a written request to the Agency indicating the change(s) in personnel and/or their roles accompanied by a detailed resume for each. The Recipient certifies that the information, provided herein and herewith, is complete and accurate and that, if approved by the North Carolina Housing Finance Agency, it will be made part of the Funding Agreement by reference, superseding any conflicting information contained in the original Application for funding without otherwise affecting said Application.

Signed by: 986C11C51857454...	Signed by: Matthew Rhoten DAC788E942884CD...
Attest	Authorized Signature
County Attorney	County Manager
Title	Title
4/2/2026	4/2/2026
Date	Date

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GASTON COUNTY
128 West Main Avenue
P.O. Box 1578
Gastonia, North Carolina 28053-1578

Phone (704) 866-3000
Fax (704) 866-3147

December 17, 2025

North Carolina Housing Finance Agency
PO Box 28066
Raleigh, NC 27611-8066

To Whom It May Concern:

Please accept this letter as confirmation that Gaston County has committed matching funds in the amount of $2,000 in support of the 2027 Urgent Repair Program.

Gaston County appreciates the assistance the North Carolina Housing Finance Agency provides to Gaston County residents and looks forward to continuing this partnership to support homeowners through the Urgent Repair Program. This program supports the County's efforts to preserve safe and stable housing for low-income homeowners.

Sincerely,

Matthew Rhoten
County Manager
Gaston County