



North Carolina Department of Transportation
Undue Hardship Application Request Form (HARF) - Residential

- This form must be completed by property owner(s) who would like the NCDOT to consider purchasing their property under NCDOT's Undue Hardship advance acquisition program.
- Submission of this form to NCDOT is voluntary and necessary to assist NCDOT staff in determining whether an advance acquisition of the below property is appropriate.
- Multiple factors must be met in order for an Undue Hardship acquisition to be approved. Among them, the applicant must provide supporting information that justifies on the basis of **health, safety, or financial** (or combination thereof) reasons, that remaining in the property poses an *undue hardship* compared to other owners of properties within a planned transportation project area. The Undue Hardship condition must be unique to the applicant when compared to other owners of properties located within the planned project area.
- Request must include documentation from independent sources that support the request. Specified in applicable sections. Failure to provide the requested information may delay processing of this form or result in a denial. If more space is required, additional pages may be attached.
- Whether an Undue Hardship acquisition can be approved, depends on many considerations, including but not limited to, funding authorization, project design, project scheduling, and Undue Hardship eligibility factors.

Note: Information disclosed herein is subject to Public Records Act.

NCDOT project that affects your property:

TIP # WBS # County



Section 1 – Basic Information

Full name of owner/applicant: Social Security # Date of Birth: mm/dd/yyyy

Full name of spouse: Social Security #

Mailing address: (If different from Property Address)

Address of property sought to be purchased:

Residence Phone: Cell Phone: Business Phone:

Names and ages of all persons residing at the property only if Applicant lives on the subject property:

Names	Ages	Names	Ages
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the basis of your Undue Hardship acquisition request? (check all that apply)

- Health/Medical Safety Financial

In your own words, state the nature of your Undue Hardship. (Continue on an additional sheet of paper if needed)



Section 2 –Subject Property

Note: Information disclosed herein is subject to Public Records Act.

What types of buildings or improvements are on the property?

- None
- Single-Family Residence
- Multi-Family Residence
- Mobile Home

of BEDrooms

of BATHrooms

Total # of Rooms

Purchase Price: \$

Date you acquired the property:

Were you aware at the time of purchase that a proposed transportation project might affect your property? Yes No

What is the estimated current fair market value of your property? \$

Are there any recorded liens on the property? Yes No TAX PARCEL ID#

1st Deed of Trust	Monthly Payments: \$ <input type="text"/>	Approximate remaining Balance: \$ <input type="text"/>
	Date of mortgage: <input type="text"/>	Original Amount: \$ <input type="text"/>
	Lender name: <input type="text"/>	
	Lender Address: <input type="text"/> <input type="text"/> <input type="text"/>	

2nd Deed of Trust	Monthly Payments: \$ <input type="text"/>	Approximate remaining Balance: \$ <input type="text"/>
	Date of mortgage: <input type="text"/>	Original Amount: \$ <input type="text"/>
	Lender name: <input type="text"/>	
	Lender Address: <input type="text"/> <input type="text"/> <input type="text"/>	

Have you attempted to sell the property on the open market? Yes No

If yes, list broker's name and address, the listing method and listing dates, and listing prices.

Explain why there is an inability to sell the property because of the planned project at fair market value, within a time period that is typical for properties not impacted by the planned project. 23 C.F.R. § 710.503 (c) (2014).

Have you made a prior request or application for an advance acquisition of property to NCDOT? Yes No

If yes, state the date the application was submitted to NCDOT, your reasons supporting the request, the address of the property, and NCDOT's determination regarding the request.



Section 3 – Undue Hardship Reasons

Note: Information disclosed herein is subject to Public Records Act.

Section 3 A – Health or Medical Reasons

State the reasons why remaining in the property is causing you a severe health or medical hardship. Generalized stress and anxiety allegedly caused by the uncertainty of owning property located within the planned project area does not by itself qualify as a justification for an Undue Hardship based upon health reasons.

ATTACH Documents indicating that the applicant or a family member living in the applicant’s household suffers from a severe or debilitating illness, injury or major disability, long-term condition or age that significantly impairs that person’s Activities of Daily Living (ADL) and renders present housing facilities inadequate, or extremely difficult to maintain or repair; or the illness creates extraordinary conditions that pose a significant threat to the health, safety, or welfare of the applicant or household family member for whom the applicant is responsible. Basic ADLs include self-care tasks such as bathing, dressing, eating/feeding, functional mobility (moving from one place to another while performing activities), personal hygiene and grooming, and toilet hygiene. **Examples** of acceptable supporting documentation may include, but are not limited to, the following: Doctor statements, reports or documentation from treating medical providers (from a medical standpoint) explaining why the patient should be physically relocated from the property due to a health condition; appropriate disability certification documents, or other similar documentation.

Section 3 B – Safety Reasons

State the reasons why remaining in the property is causing a severe safety risk to you or members of your household.

ATTACH Documents indicating that the owner/occupant’s personal safety is presently at risk if they continue to reside on the property. This may involve, for example, an owner/occupant living in substandard or structurally unsafe housing, or housing that cannot be reasonably modified to accommodate a disability or medical condition. **Examples** of acceptable supporting documentation to support a safety hardship may include, but are not limited to, the following: a statement from an occupational therapist or treating medical provider indicating that current housing facilities are inadequate and pose a present health or safety risk to the applicant or household family member; estimates from a general contractor indicating how much renovations to the applicant’s house would cost in order to accommodate a disability or medical condition of a household family member. **Concerns** over incidences of crime near the subject property must be supported by verifiable and objective data showing that the types and rate of crime is substantially different in severity and numbers than experienced by others outside the planned project area.

Section 3 C – Financial Reasons

Complete **all of Section 3 C** and state below the reasons why remaining in the property is causing a severe financial hardship for you.

ATTACH to this application signed copies of state and federal income tax returns, including all worksheets and schedules, which were filed by the applicant for each of the past three (3) tax years.

ATTACH Documents showing that the applicant's monthly debts and property carrying costs exceed the applicant's monthly gross income, all of which must be verified with supporting documentation. (Examples may include, but are not limited to: A financial statement from a certified public accountant describing the financial difficulties)

ATTACH Official documents from the county probate office indicating that the estate is open, the full name(s) of the decedent(s) and personal representative and address(es), the date of death and the estate's property inventory. Must show that the applicant is the personal representative of an open estate proceeding and acquisition of the property by the Department would assist in closing the estate. (Example: Affidavit of Administration, etc.)

ATTACH Documents showing employment has been transferred or terminated, or the applicant, being a military service member, will be or has been deployed. Example: Letter from employer certifying the applicant's change in employment status or Military Documents)

ATTACH Documents showing the subject property is pending a mortgage foreclosure or tax sale..

Applicant Employment / Wages

If you are/were employed, state the annual gross wages you and your spouse earned during the previous three (3) calendar years.

Employer's Name / Address	Position			
	Years / Months Employed?			
	Year 20	Year 20		Year 20
	\$	\$		\$

Spouse Employment / Wages

If you are/were employed, state the annual gross wages you and your spouse earned during the previous three (3) calendar years.

Employer's Name / Address	Position			
	Years / Months Employed?			
	Year 20	Year 20		Year 20
	\$	\$		\$

Wages from Self-Employment

If you or your spouse are/were employed, state the annual gross wages you and your spouse earned during the previous three (3) calendar years.

Company Name / Address	Nature of Work			
	Years / Months?			
	Year 20	Year 20		Year 20
	\$	\$		\$

Are you an active duty member in the military? If yes, state which branch and duty station location.

Income Sources

State the gross income that you and your spouse received from the below sources during each of the last three (3) calendar years:

	Year 20	Year 20	Year 20
Social Security	\$	\$	\$
Supplemental Security Income	\$	\$	\$
Veteran's Benefits	\$	\$	\$
Retirement Benefits	\$	\$	\$
Railroad Retirement	\$	\$	\$
Annuities	\$	\$	\$
Civil Service	\$	\$	\$
Pensions	\$	\$	\$
Dividends/Interest Income from Trusts	\$	\$	\$
Dividends and distributions from business entities.	\$	\$	\$
Income from Promissory Notes	\$	\$	\$
Disability Insurance	\$	\$	\$
Support/Alimony	\$	\$	\$
Land Lease Rentals	\$	\$	\$
Rentals: Roomers/Boarders	\$	\$	\$
Rentals: Residential # of Units _____	\$	\$	\$
Rentals: Commercial # of Units _____	\$	\$	\$
Other _____	\$	\$	\$
TOTAL	\$	\$	\$

Assets

Complete the chart below and estimate the current fair market value of your assets. Include items that either you or your spouse own jointly or with another person. Assets may include money in the bank, cash on hand, life insurance, real property (e.g., house or land) and personal property (e.g., car).

Type of Account:	Owner's Name	Account #	Company/Bank	Amount
Cash				\$
Checking				\$
Savings				\$
Money Market				\$
Burial Contract				\$
Safety Deposit Box				\$
Certificates of Deposit				\$
Stocks				\$
Trusts				\$
Bonds				\$
Mutual Funds				\$
Annuities				\$
401 K				\$
Retirement Accounts				\$
Promissory Notes				\$
Other Account				\$
Vehicle#1				\$
Vehicle#2				\$
Land				\$
TOTAL				\$

Liabilities

State any current financial liabilities for you and your spouse

Type	Debtor's Name	Account #	Creditor/Company/Bank	Principle Amount Owed	
Accounts payable (installment purchases)				\$	
Loans				\$	
Notes payable				\$	
Taxes payable				\$	
Real estate indebtedness (Schedule C)				\$	
Other liabilities (describe them)				\$	
TOTAL				\$	

Expenses

State the annual expenses of you and your spouse:

Type	Debtor's Name	Account #	Creditor/Company/Bank	Principle Amount Owed	
Rent				\$	
Property taxes				\$	
Vehicle taxes				\$	
Utilities				\$	
Property Insurance				\$	
Vehicle Insurance				\$	
Food				\$	
Cable				\$	
Water/sewer/gas				\$	
TOTAL				\$	



Section 4 – Certification

Note: Information disclosed herein is subject to Public Records Act.

I certify that the above statements and supporting documents are true and correct to the best of my knowledge as of the date indicated below.

I release the North Carolina Department of Transportation (NCDOT), its employees, officers, agents and assigns from any liability or claims relating to the good faith use of my personal, **medical** and financial records and information where said information is intended to be used for the purpose of evaluating my eligibility for advance acquisition of the above described property. I understand that **submission of the enclosed information is voluntary** on my part and I have not been coerced or threatened in any way by NCDOT or its employees, contractors or agents regarding this matter. I understand that if NCDOT denies my request for an advance acquisition under the Undue Hardship advance acquisition program, I may have certain rights for review of the decision under Ch. 150B of the North Carolina General Statutes.

Signature of Applicant

Date

(Print name)

Signature of Applicant

Date

(Print name)



Section 5 – Submitting Application and Supporting Documents

After you complete the HARF application, submit it to a NCDOT Division Right of Way agent, along with your supporting documentation. The agent will let you know if the application is complete or if additional information is needed.

Contact Information:

To locate a NCDOT Division Right of Way Agent call the Raleigh Right of Way Unit at 919.707.4366 or visit the NCDOT website below and scroll to the bottom to the Divisions. Locate a Division near you.

<https://apps.ncdot.gov/dot/directory/authenticated/UnitPage.aspx?id=13162>

The NCDOT Agent will forward the HARF application and supporting documentation to the Raleigh Right of Way Unit for consideration. You will receive a notice from the Raleigh Right of Way Unit stating that your application has been received and is being reviewed. This process may take several months.

NCDOT will mail to you its final decision regarding your request. If you have not received a notice from NCDOT regarding the status of your application, contact the Raleigh Right of Way Unit at 919.707.4366 or your local NCDOT Right of Way agent.

If this application is approved, then you will be notified by NCDOT and an independent appraisal of the property ordered. If the owner has relevant information relating to the fair market value of the property, then he or she is encouraged to share that information with the appraiser who will contact you. An offer to purchase the property based upon the appraisal will be extended to the owner from a NCDOT Right of Way Agent.

Note: Information disclosed herein is subject to Public Records Act.



Section 6 - TO BE COMPLETED BY DIVISION RIGHT OF WAY AGENT

Worksheet for Undue Hardship Acquisitions¹ NCDOT Advance Acquisition Review Board

- 1 Is subject property in a protected corridor? Yes No
If Yes, identify the corridor:
- 2 Is a copy of county GIS map for the subject parcel enclosed? Yes No
(be sure GIS map shows the relevant protected corridor if applicable)
- 3 State the dates of the following:
- a. Protected corridor map recorded? _____
 - b. Final EIS (showing preferred alternative) issued: _____
 - c. Record of Decision (ROD) filed? _____
 - d. When is project scheduled for RW acquisition in STIP? _____
- 4 Is a copy of the property owner's deed for subject property enclosed? Yes No
- 5 Are relevant documents supporting the Undue Hardship application enclosed?

Health / Medical

- Doctor statements, reports or documentation from treating medical providers (from a medical standpoint) explaining why the patient should be physically relocated from the property due to a health condition; appropriate disability certification documents, or other similar documentation.

Safety

- A statement from an occupational therapist or treating medical provider indicating that current housing facilities are inadequate and pose a present health or safety risk to the applicant or household family member; estimates from a general contractor indicating how much renovations to the applicant's house would cost in order to accommodate a disability or medical condition of a household family member.
- Documents supporting the concerns over incidences of crime near the subject property that are verifiable and objective data showing the types and rate of crime that is substantially different in severity and numbers than experienced by others outside the planned project area. (Relevant police or building safety reports enclosed)

Financial

- Signed copies of **state and federal income tax returns**, including all worksheets and schedules, which were filed by the applicant for each of the past three (3) tax years.
- Documents showing that the applicant's monthly debts and property carrying costs exceed the applicant's monthly gross income, all of which must be verified with supporting documentation. A financial statement from a certified public accountant describing the financial difficulties.
- Official documents from the county probate office indicating that the estate is open, the full name(s) of the decedent(s) and personal representative and address(es), the date of death and the estate's property inventory. Must show that the applicant is the personal representative of an open estate proceeding and acquisition of the property by the Department would assist in closing the estate. (Affidavit of Administration) or (applicable court records and documents)
- Documents showing employment has been transferred or terminated, or the applicant, being a military service member, will be or has been deployed. A letter from an employer certifying the applicant's change in employment status. Or letter from an employer stating employee relocation.
- Other documentation that supports the Undue Hardship request.

¹This worksheet covers the primary requirements for Undue Hardship acquisition requests. Other requirements may apply. See applicable policies, regulations and law.



Section 7 - TO BE COMPLETED BY RALEIGH RW UNIT

Date of AARC meeting: _____

- 1 Is applicant a plaintiff in a lawsuit against NCDOT? Yes No
- 2 Is Roadway Design memo in file regarding impacts? Yes No
- 3 Is Roadway Design map in file showing project and proposed acquisition limits? Yes No

Yes/No

Undue Hardship Worksheet

		<u>Design Requirement</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is project design sufficiently complete to determine that subject property will likely be needed for the project? RW Manual, Ch. 3.
		<u>Undue Hardship Eligibility</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does written request from property owner contain sufficient supporting documentation? 19A NCAC 02B .0317(l); RW Manual, Ch. 3.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is request supported by Health reasons? 23 CFR 710.503(c)(1); RW Manual, Ch. 3.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is request supported by Safety reasons? 23 CFR 710.503(c)(1); RW Manual, Ch. 3.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is request supported by Financial Reasons?; 23 CFR 710.503(c)(1); RW Manual, Ch. 3.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does remaining in property pose an "undue hardship" as compared to others in the project area? Requirement for federal reimbursement. 23 CFR 710.503(c)(1); RW Manual, Ch. 3.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did owner document an inability to sell property due to impending project at fair market value for a typical period of time? Requirement for federal reimbursement. 23 CFR 710.503(c)(1); RW Manual, Ch. 3.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does <i>protected corridor map</i> create an undue hardship on the affected property owner as compared to others? Requirement under N.C.G.S. § 136-44.53(a)
		<u>Funding</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is State or Federal funding available and approved? RW Manual, Ch. 3.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does FHWA approve of this advance acquisition request?

AARC Decision

State whether Hardship request is **APPROVED or DENIED** (circle one) and reasons therefor:

What, if any, additional action must be taken to evaluate this request: