

THE TOWN OF AWENDAW

Rehabilitating Our Neighborhoods One Home At A Time

6971 Doar Road, Awendaw, SC 29429 * (843) 928-4203 Fax: 928-3713 Mayor Miriam C. Green

Dear Applicant:

Thank you for your request for an application from the Town of Awendaw Housing Program. Before you apply, please be sure that the following apply to your situation:

1. Applicants must be at 80% or below of the Income Guidelines established by the Dept. of Housing & Urban Development, and the SC Housing Trust.
2. Applicants **must own and occupy** the property for two years. "**Heirs**" property is eligible. Rental property is not eligible. Documentation is required.
3. Priority will be given to applicants whose special needs include large families living in the house, handicapped residents, and children or elderly at risk.

While our goal is to take care of your needs as soon as possible, the process involved with doing our job is long and may take as long as nine months to a year to complete. If you have an emergency repair, you may need to look to others for help in order to take care of your needs as soon as possible.

The most important step to help us process your application is to complete and **return all** of the items listed below. Attached are the application forms that you need to complete to request assistance. We require **all** of the following: **ELIGIBILITY CHECK LIST**

- A completed **Application** (*enclosed*). Be sure to sign and have it witnessed on the last page.
- Certification of Total Household Income** (*enclosed*).
- Picture Identification**. For ALL adults in your in your household.
- Evidence of home ownership or ownership interest** (home MUST be owner-occupied not rental). One or more of the following must be collected: Paid current **property tax receipt**.
- Mortgage documents:
 - Proof of ownership - a **copy of the deed/ PLAT** recorded deed or notarized document conveying ownership interest,
 - For heirs property applicants a notarized document conveying ownership interest in addition to documentation which demonstrates the applicant's relationship to the parcel.
- Homeowner's Insurance Policy
 - Other: specified in detail other documents collected which demonstrate that the applicant has demonstrated and ownership relationship to the property. **Note: ownership interest cannot exist if the applicant is not related to the property owner and has a verifiable ownership claim (i.e. interest) in a percentage of the property.**
- Proof of Occupancy/Principal Residence - Recent copy of utility bill collected**
- Income verification** documents for **ALL** adults in the household all applicable documents must be collected. **Social Security Inquires**. For *every* household member receiving income via Social Security current Social Security award letter is needed, retirement or pension statement of anticipated award income if, employ, two recent pay stubs, employer verification when employment status is required child support/alimony zero income certification signed and notarized all non-working adults in the household with no income must complete the certification form other source of income assets or income generated from assets verification of employment forms
- Certification of Zero Income** (*enclosed*). If you have no income sign and have it notarized.
- Verification of Employment** (*enclosed*). By your employer. For *every* household member who is employed.
- Completed **Life Estate Forms** (*enclosed*) if applicant lives on Heirs property. The Town of Awendaw Housing Program is required to have each person who is Heir to the property complete one of these forms. Please make as many copies of this form as needed. **Note: if you own the property this form is not required.**
- Photographs** of property which include a **full photo of the outside of the house** and where repairs are needed throughout the house.

On several forms there are highlighted areas. These are signature areas please be sure to sign them.

If you have any questions, please call us at (843) 928-4203. Thank you.

Town of Awendaw Housing Rehabilitation Program

6971 Doar Road/Post Office Box 520, Awendaw, South Carolina 29429, 843-928-3100

PRE-APPLICATION FOR REHABILITATION ASSISTANCE

PERSONAL INFORMATION

TMS#: _____

Heirs Property: Yes No

Applicant Name:

Last

First

Middle

Property Address:

Street

(Apt)

City, State

Zip

Contact Information:

()

()

Home Telephone

Mobile

Email

HOUSEHOLD COMPOSITION:

NUMBER OF PERSONS

Elderly (62 years or older)	
Adults (19 – 61 years)	
Minors (18 Years or Younger)	
TOTAL PERSONS	

CHECK YOUR ANSWER TO THE FOLLOWING:

- ◆ Handicapped or Disabled Person in the Household Yes _____ No _____
- ◆ Head of Household is Elderly (62 Years or older) Yes _____ No _____
- ◆ Head of Household is Female Yes _____ No _____

ANNUAL HOUSEHOLD INCOME:

(List All Sources)

Salary \$ _____
Social Security/Retirement \$ _____
Disability Compensation \$ _____
Alimony/Child Support \$ _____
Interest/Dividends \$ _____
Other (_____) \$ _____
TOTAL INCOME \$ _____

Home Improvement Needs:

Briefly Describe Needed Improvements: _____

Applicant(s) Signature: _____ Date: _____

Applicant(s) Signature: _____ Date: _____

Date Received: _____ Case Number: _____

Certification of Total Household Income

Applicant: _____

Date: _____

Project Address: _____

City: Awendaw _____

State: SC ZIP: 29429 _____

ALL PERSONS WHO INTEND TO OCCUPY THE HOUSING UNIT AND THEIR ANTICIPATED INCOMES MUST BE LISTED BELOW:

	OCCUPANTS	RELATIONSHIP	AGE	SEX	TOTAL ANTICIPATED ANNUAL INCOME
1		Head of H/H		M / F	\$
2				M / F	\$
3				M / F	\$
4				M / F	\$
5				M / F	\$
6				M / F	\$
7				M / F	\$
8				M / F	\$
The Total Anticipated Annual Household Income is:					\$
The targeted income percentage stated in your Application for the above listed household is:					80 %
The development county are median income adjusted for household is:					\$

I/We have provided verification of all anticipated Annual Income and other information necessary to satisfy the requirements for occupancy for each person named herein. I/We certify that the statements and all information herein are true and complete to the best of my/our knowledge and are given under the penalty of perjury.

I/We agree that the household income, household composition and other eligibility requirements shall be conditions of this occupancy and that failure or refusal to comply with a request for information with respect thereto shall be deemed a violation of conditions. I/We will assist in obtaining any information or documents required in verifying the statements certified herein.

The Certification of Total Household Income is to be made part of the agreement entered into by the Participant and the Occupant(s).

Head of Household Signature

Head of Household Signature