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.
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:

<table>
<thead>
<tr>
<th>NUMBER OF PERSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly (62 years or older)</td>
</tr>
<tr>
<td>Adults (19 – 61 years)</td>
</tr>
<tr>
<td>Minors (18 Years or Younger)</td>
</tr>
<tr>
<td>TOTAL PERSONS</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$________</td>
</tr>
<tr>
<td>Social Security/Retirement</td>
<td>$________</td>
</tr>
<tr>
<td>Disability Compensation</td>
<td>$________</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td>$________</td>
</tr>
<tr>
<td>Interest/Dividends</td>
<td>$________</td>
</tr>
<tr>
<td>Other (_________________)</td>
<td>$________</td>
</tr>
<tr>
<td>TOTAL INCOME</td>
<td>$________</td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>OCCUPANTS</th>
<th>RELATIONSHIP</th>
<th>AGE</th>
<th>SEX</th>
<th>TOTAL ANNUAL INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Head of H/H</td>
<td>M / F</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>M / F</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>M / F</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>M / F</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>M / F</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>M / F</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>M / F</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>M / F</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: $ 

1/We have provided verification of all anticipated Annual Income and other information necessary to satisfy the requirements for occupancy for each person named herein. 1/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.

1/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. 1/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 __________________________