



# TOWN OF AWENDAW CRITICAL REPAIR PROGRAM HOMEOWNER APPLICATION

**RETURN APPLICATION TO:**

**Town Hall  
6971 Doar Road  
Awendaw, SC 29429  
843-928-3100**

Email: [townadministrator@townofawendawsc.org](mailto:townadministrator@townofawendawsc.org)

Date Received: \_\_\_\_\_  
 Date Certified: \_\_\_\_\_  
 Assigned to Grant Partner ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ PID #: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ County & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Race:  Caucasian  African American  Hispanic  Marital Status:  Single  Married  Divorced  Widowed

Disabled  Yes  No

Have you applied for repair services assistance in the past?  Yes  No

If previous question was marked yes from which agency, did you request assistance? \_\_\_\_\_

Date that you applied. \_\_\_\_\_ Were you approved?  Yes  No

Please complete the chart for each member of household:

NAME	AGE	DOB	DISABLED? If yes, please specify type.	RELATIONSHIP TO APPLICANT

Do you own the property?  Yes  No      Is this Heir's Property?  Yes  No      Year Property built? \_\_\_\_\_

Years applicant has lived on the property: \_\_\_\_\_

House Type:  Single Family Detached  Single Family Attached (Duplex or Townhouse)  Mobile Home

# of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_

**Please list all monthly income:**

Household Member	Gross Monthly Amount	Source

Describe in detail the home repairs you are seeking assistance with:

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Exposure to outside elements (wind, rain)  Yes  No

Describe:

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Is the applicant or household member trapped inside their home? (i.e., no wheelchair ramp)  Yes  No

Is accessibility to the bathroom, kitchen, or bedroom limited for any member of the household?  Yes  No

Please check all that apply:

Running water:  Yes  No  Hot Water  Septic tank working:  Yes  No  Window AC Unit/ Central HVAC

City Water:  Yes  No County Sewer:  Yes  No Window AC Unit working:  Yes  No

Problems with bugs:  Yes  No

Town of Awendaw staff will collect verification of all income reported, proof of ownership, verification of residence and pictures of requested repairs. The review of the application will be delayed if this information is missing.

**The Housing Rehabilitation Grant Program includes energy audits, assessments and possible insulation and weatherization services conducted by the Sustainability Institute. Your signature below indicates your awareness and consent to this application and eligibility information being shared with the Sustainability Institute.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*My signature indicates that the information provided is true and accurate.*

Department Notes Notes:

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