

**ALL PROGRAM APPLICANTS MUST PROVIDE THE APPROPRIATE DOCUMENTATION LISTED BELOW:**

1. Proof of address: Most recent utility bills (electricity, gas, water).
2. Proof of all sources of income: Last three years income tax returns for the applicant and co-applicant (most recent income tax return for all other employed occupants).
3. Copies of all bank statements for the past three (3) months.
4. Proof of homeowner status: Copy of Deed or Warranty Deed on your home and on any other property owned (Deed of Trust or Contract for Deed will not satisfy this requirement).
5. Copy of current mortgage payments (if applicable)
6. Copy of current taxes and utilities.
7. Provide employment and income verification for all adult members of the applicant's household.

**APPLICANT HAS OCCUPIED THE HOME AS HIS/HER PRIMARY RESIDENCE FOR AS LEAST THREE YEARS PRIOR TO SEEKING ASSISTANCE.**



## Application for Housing Rehabilitation

To be completed & signed by Head of Household (HoH) - Do not leave any Blanks

First Name _____	Last Name _____	M.I. _____
Social Security No. _____ - _____ - _____	Date of Birth _____ / _____ / _____	Sex _____
Marital Status: _____ Married _____ Single _____ Widowed _____ Divorced		
U.S. Citizen: Yes No If no, explain: _____		
Home Phone (_____) _____	Work Phone (_____) _____	

*Please answer the following question as they pertain to you. All responses will be kept confidential.*

**Ethnicity:** Select only one \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

**Race:** Select one or more \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian  
 \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

**Address of Household:** (All household must be in a LSRHC participating jurisdiction to be eligible)

Number _____	Street _____	Town/City/County _____	SC _____	State _____	Zip Code _____
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**Mailing Address (If different from above):**

Number _____	Street _____	Town/City/County _____	SC _____	State _____	Zip Code _____
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**Name and Phone Number of Relative, Friend, or Neighbor who can usually contact you (Optional):**

Name _____	Relation _____	Home Phone Number (____) _____	Work Phone Number (____) _____
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**Household Information:**

In the box below, list all persons living in your household, regardless of relation and including yourself. All residents must be listed before eligibility can be determined. This includes all temporary household residents who do not maintain a regular residence in another location.

	First & Last Name	Relation to HoH	Birth date	Race	Sex	Social Security No.	U.S. Citizen
1.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
2.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
3.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
4.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
5.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
6.	_____	_____	____/____/____	_____	_____	____/____/____	yes no
7.	_____	_____	____/____/____	_____	_____	____/____/____	yes no



**Handicap Accessibility:**

Please complete the box below if any member of your household has a mental or physical handicap requiring special housing accommodation. (You may need to provide a letter from a physician describing the handicap and prescribing the accommodation needed.) If any member is confined to a wheelchair under special housing need. Also note any member who needs crutches or a walker or is otherwise mobility impaired.

Household Member	Type Handicap	Housing Need
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Information About Your Home:**

Complete as much of the information below as possible. It is essential for our record keeping and it may affect what kind of work that is done on your house. If you do not know or understand the requested information, place a question mark in the blank.

Year Constructed: \_\_\_\_\_

# of years you have lived there: \_\_\_\_\_

# of bedrooms: \_\_\_\_\_

# of bathrooms: \_\_\_\_\_

**ADDITIONAL INFORMATION ABOUT YOUR HOME**

Have you ever submitted an application in the past to this office for rehabilitation assistance?	(yes)	(no)
If so, did this office provide you housing rehabilitation assistance?	(yes)	(no)
If not, please explain why not:		
_____		
_____		
_____		
What year were repairs made? _____	How much of the project cost did you pay? _____	
What was the cost of the project? _____	Who was the contractor for the project? _____	
What repairs does your house now need? _____		
_____		
_____		
What emergency repairs (life or health threatening) are needed? _____		
_____		
_____		



**Mortgage and Ownership:**

For your household eligibility to be determined, we need accurate data regarding the title to your property. Filling out this section as completely as possible will speed the processing of your application. Mark blanks that do not apply to you "n/a". Place question marks in blanks you are unable to answer.

1st mortgage amount? \$ \_\_\_\_\_ Monthly payment amount? \$ \_\_\_\_\_ How much is still owed? \_\_\_\_\_

What is the name & address of the Mortgage holder? \_\_\_\_\_

Is there a 2<sup>nd</sup> Mortgage owed on the property? \_\_\_\_\_ Is there a 3<sup>rd</sup> Mortgage on the property? \_\_\_\_\_

What is the 2nd Mortgage? \$ \_\_\_\_\_ Monthly payment amount? \$ \_\_\_\_\_ How much is still owed? \_\_\_\_\_

What is the name & address of the 2<sup>nd</sup> holder? \_\_\_\_\_

Are there any other liens on your property: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If yes, give holder, amount still owed and monthly payments: \_\_\_\_\_

\_\_\_\_\_

Do you share title to your property with your spouse, other relatives, or any other individuals? (yes) \_\_\_\_\_ (no) \_\_\_\_\_

If yes, please give the names of all other owners: \_\_\_\_\_

**INCOME INFORMATION:**

Full disclosure of all income and assets must be made. Failure to disclose any income or assets will deem the unit ineligible and could trigger a criminal offense under Section 1001 of Title 18 of the U.S. Code. All income and assets will require verification from the providing sources before eligibility will be granted.

Income includes all money flowing into the household, regardless of age of recipient. Such things as self-employment wages, AFDC, alimony, Social Security Benefits, Pensions, Child Support, regular reoccurring gifts from friends or family, money earned from providing services, and interest income from bank accounts or investments all must be disclosed.

Household member	Source of income	Monthly amount received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____



**ASSET INFORMATION:**

A percentage value of your assets will be calculated into your income to determine your eligibility. Assets include such things as other real estate properties owned by members in the household, checking and savings accounts, investment accounts, vehicles, money earned in the past two years from the sale of items or investment accounts, and items purchased for investment value, such as stamps, coins, firearms, painting and other collectable.

Household member	Type asset	Value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**CREDIT INFORMATION:**

Credit information is required for evaluation of your household financial situation as a whole. All members of the household 18 years of age or older must agree to have a credit search run on them. Therefore, it is necessary for all of them to sign in the space below for eligibility to be given.

My signature below serves as my authorization for the Community Development Office to obtain a credit history as well as any other financial information needed for the evaluation of this application.

\_\_\_\_\_

Household member's name                      Household member's signature/mark                      Witness (only needed if signed by mark)

**ADDITIONAL CREDIT INFORMATION:**

This section applies only to owner's record of household.

1.	(yes)	(no)	Have you any outstanding judgments?
2.	(yes)	(no)	In the past seven years, have you been declared bankrupt?
3.	(yes)	(no)	Have you had property foreclosed on or given title of deed?
4.	(yes)	(no)	Are you a co-maker or endorser on a note?
5.	(yes)	(no)	Are you party to a lawsuit?
6.	(yes)	(no)	Are you obligated to pay alimony, child support or maintenance?

If any answers are "yes" please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ACKNOWLEDGEMENT OF NOTICES**

As an applicant for and potential recipient of home repair assistance from the LSRHC, I/we understand and agree to the following:  
(Initial)

\_\_\_\_ Contractor House Access: I/we acknowledge and agree that if approved for assistance contractors shall have access to my/our home and property for preparation of bids so that they may obtain necessary information about my/our home and the needed repairs.

\_\_\_\_ House Evaluation: I/we understand that LSRHC will conduct a feasibility assessment of my/our property for the purpose of determining whether my/our home is eligible to receive assistance. I/we understand that the LSRHC has maximum limits that can be spent to repair my/our home. If my/our home cannot be repaired within the maximum dollar limit allowance, I/we understand that I/we will not be eligible for the Housing Rehabilitation Program.

\_\_\_\_ Photo Release: As owner(s) of the property listed in this application, I/we understand and agree that if approved for assistance, photographs will be taken of my/our home before, during and after repair assistance is provided, and that such photos may be used in reports published by the City of Baytown LSRHC and/or its affiliates

\_\_\_\_ Credit Check and Verifications: I/we understand and agree that the LSRHC will verify all information contained in this application and check my/our credit through a national credit bureau.

\_\_\_\_ Federal Equal Credit Opportunity Act: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color religion, national origin, age, sex, marital status, whether all or part of the applicant's income is derived from any public assistance program, or if the applicant has in good faith exercised any right under the Consumer Credit Protection Act title VIII of the Civil Rights Act of 1968. Fair housing, likewise, prohibits discrimination on the basis of race, color, religion, sex, or national origin. The Federal Agency which administers compliance with the law is the Comptroller of the Currency, Consumer Affairs, Division, Washington, DC 20219.

\_\_\_\_ Right to Financial Privacy Act: This is to notify you, as required by the Right to Financial Privacy Act of 1978, that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the rehabilitation loan or grant for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Governmental Agency or Department without our consent except as required or permitted by law.

**CERTIFICATION:**

The section below is to be signed by the head of house and (if applicable) the spouse of the head of house. A witness will be needed for any signature made by mark.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Important:** Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States Government as to any matter within its jurisdiction.  
**When Completed with Form:** Please return this form by mail to the Lower Savannah Regional HOME Consortium, P.O. Box 850, Aiken, SC 29803.



### Verification of Employment

**LOWER SAVANNAH REGIONAL HOUSING  
CONSORTIUM (LSRHC) AKA ORANGEBURG  
COUNTY HOME CONSORTIUM  
P.O. Box 850, AIKEN, SC 29802  
PHONE (803) 649-7981 FAX (803) 649-2248**

**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \_\_\_\_\_

Effective date of last increase: \_\_\_\_\_

Base pay rate:

\$ \_\_\_\_\_/Hour; or \$ \_\_\_\_\_/Week; or \$ \_\_\_\_\_/Month

Average hours/week at base pay rate: \_\_\_\_\_ Hours

No. weeks \_\_\_\_\_, or No. weeks \_\_\_\_\_ worked/Year

Overtime pay rate: \$ \_\_\_\_\_/Hour

Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Is pay received for vacation?  Yes  No

If Yes, no. of days per year \_\_\_\_\_

Total base pay earnings for past 12 mos. \$ \_\_\_\_\_

Total overtime earnings for past 12 mos. \$ \_\_\_\_\_

Probability and expected date of any pay increase: \_\_\_\_\_

Does the employee have access to a retirement account?  Yes  No

If Yes, what amount can they get access to: \$ \_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information.

\_\_\_\_\_  
(Signature of Applicant)

Date: \_\_\_\_\_

or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of \_\_\_\_\_  
or Authorized Representative

Name of Company: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**VERIFICATION OF SOCIAL SECURITY BENEFITS**

**LOWER SAVANNAH REGIONAL HOUSING  
CONSORTIUM (LSRHC) AKA ORANGEBURG  
COUNTY HOME CONSORTIUM  
P.O. Box 850, AIKEN, SC 29802 PHONE  
(803) 649-7981 FAX (803) 649-2248**

**APPLICANT**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**AUTHORIZATION:** Federal Regulations require us to verify Social Security Benefit Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

**RELEASE:** I hereby authorize the release of the requested information.

\_\_\_\_\_  
(Signature of Applicant)

**Date:** \_\_\_\_\_

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

**Social Security Data**

\_\_\_\_\_ **Date of birth**

\_\_\_\_\_ **Gross monthly Social Security Benefit amount, type of benefit**

\_\_\_\_\_ **Gross monthly Supplemental Security income payment amount (including State supplement), type of benefit**

\_\_\_\_\_  
**COMPANY**

\_\_\_\_\_  
**(PRINTED NAME OF REPRESENTATIVE)**

\_\_\_\_\_  
**(SIGNATURE OF REPRESENTATIVE)**

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**WARNING:** *Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.*



## VERIFICATION OF: Assets on Deposit

<p style="text-align: center;"><b>Lower Savannah Regional Housing Consortium (LSRHC) aka Orangeburg County HOME Consortium</b>                  P.O. Box 850, Aiken, SC 29802                  phone (803) 649-7981 fax (803) 649-2248</p> <p>Applicant Name _____                  Address _____                  Phone _____</p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>Checking Account No.</b></td> <td style="width: 25%;"><b>Average Monthly Balance for Last 6 Months</b></td> <td style="width: 15%;"><b>Current Interest rate</b></td> <td style="width: 45%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td><b>Savings Accounts</b></td> <td><b>Current Balance</b></td> <td><b>Current Interest Rate</b></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td><b>Certificate of Deposit Account No.</b></td> <td><b>Amount</b></td> <td><b>Withdrawal Penalty</b></td> <td><b>Current Interest Rate</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p style="text-align: center;"><b>IRA, Keogh, Retirement Accounts</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>Account No.</b></td> <td style="width: 25%;"><b>Amount</b></td> <td style="width: 15%;"><b>Withdrawal Penalty</b></td> <td style="width: 45%;"><b>Current Interest Rate</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>Money Market Funds</b></td> <td style="width: 25%;"><b>Amount (Average 6-month Balance)</b></td> <td style="width: 15%;"><b>Interest Rate</b></td> <td style="width: 45%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> </table>	<b>Checking Account No.</b>	<b>Average Monthly Balance for Last 6 Months</b>	<b>Current Interest rate</b>		_____	_____	_____		<b>Savings Accounts</b>	<b>Current Balance</b>	<b>Current Interest Rate</b>		_____	_____	_____		<b>Certificate of Deposit Account No.</b>	<b>Amount</b>	<b>Withdrawal Penalty</b>	<b>Current Interest Rate</b>	_____	_____	_____	_____	_____	_____	_____	_____	<b>Account No.</b>	<b>Amount</b>	<b>Withdrawal Penalty</b>	<b>Current Interest Rate</b>	_____	_____	_____	_____	<b>Money Market Funds</b>	<b>Amount (Average 6-month Balance)</b>	<b>Interest Rate</b>		_____	_____	_____		_____	_____	_____	
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