

**DOCUMENTS NEEDED TO COMPLETE YOUR HOUSING REHABILITATION APPLICATION**

1. Signatory & Acknowledgement Page \_\_\_\_\_
  2. Credit Authorization form \_\_\_\_\_
  3. Pictorial Consent Release form \_\_\_\_\_
  4. Proof of all sources of monthly household income including interest and investment income (four (4) most recent pay stubs, Social Security award letter, pension/annuity/retirement, child support, etc)
  5. Complete copies of all bills/expenses you reported on the monthly expense/bill sheet (mortgages, utilities, insurance, medical, taxes, credit cards, etc...) \_\_\_\_\_
  6. Current copy of flood insurance declaration statement (if property is in a flood zone) \_\_\_\_\_
  7. Current home owner's insurance declaration statement \_\_\_\_\_
  8. Evidence of a will \_\_\_\_\_
  9. Agreement for repayment of costs in the event I cancel or terminate my participation in the program \_\_\_\_\_
- \* 60 day account printout or copies of your most recent bank statement(s) \_\_\_\_\_

Please return the completed application along with the items listed on the check list above to the address below or submit via email to [batesl@charleston-sc.gov](mailto:batesl@charleston-sc.gov):

**City of Charleston**  
**Department of Housing and Community Development**  
**Housing Rehabilitation Program**  
**75 Calhoun Street, Suite 3200**  
**Charleston, SC 29401**  
**Phone: 843-724-7348**  
**Fax: 843-965-4180**

**FOR OFFICE USE ONLY**

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

TMS#: \_\_\_\_\_



City of Charleston

Homeowner Rehabilitation Application

**BACKGROUND INFORMATION**

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**HOUSEHOLD AND INCOME INFORMATION**

*Please list the names, relationship to owner, and ages of all people living in the household beginning with yourself first.*

NAME	RELATIONSHIP to OWNER	AGE	SOCIAL SECURITY #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

*Complete the following for all working members of your household. All employment and income must be reported.*

Employee: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your salary? \_\_\_\_\_

How often are you paid ?

WEEKLY	
BIWEEKLY	
SEMI-MONTHLY	
MONTHLY	

Employee: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your salary? \_\_\_\_\_

How often are you paid?

WEEKLY	
BIWEEKLY	
SEMI-MONTHLY	
MONTHLY	

Employee: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your salary? \_\_\_\_\_

How often are you paid?

WEEKLY	
BIWEEKLY	
SEMI-MONTHLY	
MONTHLY	

Employee: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your salary? \_\_\_\_\_

How often are you paid?

WEEKLY	
BIWEEKLY	
SEMI-MONTHLY	
MONTHLY	

Does anyone in the household receive any of the following? If yes, please fill in the amount and indicate the person(s) in your household who receive it.

INCOME SOURCE	CHECK IF APPLICABLE	AMOUNT	WHO RECIEVES IT
Social Security			
Supplemental Income (SSI)			
Aid to Families with Dependent Children (AFDC)			
Child Support			
Disability Pension			
Pension or Retirement			
Interest Income			
Alimony			
Other			
Other			

**PROPERTY INFORMATION**

A. Are you the sole owner of the property?  YES  NO. If no, list the other owner(s):

\_\_\_\_\_

B. Is the property your principal residence?  YES  NO

C. Do you have an existing mortgage on this property?  YES  NO If so, who is the mortgage financed with \_\_\_\_\_, what is the existing balance, \_\_\_\_\_, and, what is the interest rate \_\_\_\_\_?

Do you have a second mortgage on this property?  YES  NO If so, who is the mortgage financed with \_\_\_\_\_, what is the existing balance, \_\_\_\_\_, and what is the interest rate \_\_\_\_\_?

D. What type of property is your home?  Single-family  Multi-family  Other

E. How many bedrooms are in the property? \_\_\_\_\_

F. How many bathrooms are in the property? \_\_\_\_\_

G. Do you have flood and hazard insurance on this property? \_\_\_\_\_ If yes, please include a copy of your current policies with your application.

H. Please list the major repairs that you feel need to be done to your home:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

The following questions are for statistical purposes only and have no bearing on the approval of financial assistance. Please check the box that applies to your household:

White (non-Hispanic)	<input type="checkbox"/>
Black (non-Hispanic)	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>
American Indian	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
	<input type="checkbox"/>

Please check the box that applies to the home owner:

Married	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Single	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Sex of head of household: \_\_\_\_\_ Male      \_\_\_\_\_ Female

Age of head of household: \_\_\_\_\_

**U.S.C. TITLE 18, SECTION 1001 PROVIDES: "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies or makes any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious, or false statement on this application will result in the calling in of any Note, deferred grant or other financial help in full."**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner's Signature

\_\_\_\_\_  
Date

Return completed application to :

**City of Charleston  
Department of Housing and Community Development  
Housing Rehabilitation Program  
75 Calhoun Street, Suite 3200  
Charleston, SC 29401**



City of Charleston  
Homeowner Rehabilitation Application  
Credit Authorization Form

I authorize LaToya Bates, Housing Financing Coordinator for the Department of Housing and Community Development of the City of Charleston, to obtain a copy of my credit report from Equifax. This report will be attached to my housing rehabilitation program application and is required by the Department of Housing and Urban Development (HUD).

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Co-Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address



City of Charleston

Homeowner Rehabilitation Application Pictorial Consent

Release Form

\_\_\_\_\_  
Owner Name (PLEASE PRINT)

\_\_\_\_\_  
Co-Owner Name (PLEASE PRINT)

Please select **ONE** of the following statements.

\_\_\_\_\_/I/We **DO** hereby consent to and authorize the use of images taken of my/our residential property during my/our participation in the City of Charleston Roof Replacement; Substantial Rehabilitation program for any publicity or marketing purpose, without compensation.

\_\_\_\_\_/I/We **DO NOT** hereby consent to and authorize the use of images taken of my/our residential property during my/our participation in the City of Charleston Roof Replacement; Substantial Rehabilitation program, for any publicity or marketing purpose, without compensation.

I/We understand these images, including electronic, negatives and positives, printed photographs, and all others, are owned by the Housing Rehabilitation Program, and will be used only to promote the Program to the community, to report to the funding agency [US Housing & Urban Development (HUD)], and to present as information in community development and informational contexts.

I/We hold the City of Charleston and its partners harmless, and free from any claims in connection with this consent and the use of the images of my/our residential property described herein. This signed consent is hereby declared valid indefinitely, unless revoked in writing by me/us.

X \_\_\_\_\_

Owner Name (PLEASE SIGN)

X \_\_\_\_\_

DATE

X \_\_\_\_\_

Co-Owner Name (PLEASE SIGN)

X \_\_\_\_\_

DATE



City of Charleston  
Homeowner Rehabilitation Application  
Prior Assistance Questionnaire

Have you ever received assistance through any programs offered by the City of Charleston Department of Housing and Community Development? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If you answered **YES** to the question above, please answer all the questions listed below.

What year(s) did you receive assistance? \_\_\_\_\_

What program(s) did you receive assistance from? \_\_\_\_\_

At what address was the work completed? \_\_\_\_\_

Describe the nature of the work done to your property.

I certify that the answers I have provided to the questions above are true, complete and correct to the best of knowledge.

\_\_\_\_\_  
Owner's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Co-Owner's Signature

Date \_\_\_\_\_



City of Charleston

Homeowner Rehabilitation Application

Judgment and Lien Declaration Statement

I/we, \_\_\_\_\_, hereby declare to the best of my/our knowledge that there are no judgments and/or liens registered against me/us.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner's Signature

\_\_\_\_\_  
Date

=====

I/we, \_\_\_\_\_, hereby declare to the best of my/our knowledge that the judgments and/or liens listed below are registered against me/us.

JUDGMENTS/LIENS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner's Signature

\_\_\_\_\_  
Date



**VERIFICATION OF THE EXISTENCE WILL DOCUMENT**

I, \_\_\_\_\_, an attor-

ney or a registered notary public for the state of South Carolina, do hereby acknowledge the

existence of a will for \_\_\_\_\_ of

\_\_\_\_\_ (address). In signing this statement, I am

verifying the document existence without release of the physical instrument.

\_\_\_\_\_

Witness

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

If applicable complete the following:

Notary Public for South Carolina

My commission expires: \_\_\_\_\_

## City of Charleston Home Owner Rehabilitation Application Signatory and Acknowledgement Page

I (we) hereby make application for a City of Charleston Rehabilitation Loan Program:

\_\_\_\_\_ for the property located at \_\_\_\_\_, Charleston, SC  
(Name of Program) I have read and examined this application and know the same to be true and correct. I (we) further understand that I may, at my option, at any time, terminate the whole or part of this agreement for any reason or no reason at all. In the event that I terminate this agreement, I understand and agree that I will be responsible for all soft costs and materials delivered for the project, prior to my cancellation of the Agreement.

In the event I (we) are unavailable or unable to represent myself if during any phase of the application or construction process I (we) authorize my personal representative listed below to act on my behalf in all matters pertaining to this Agreement.

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
Address of Representative

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Co-Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

Notary Public for South Carolina: \_\_\_\_\_

My commission expires: \_\_\_\_\_

### ROOF REPLACEMENT FEES

Title Search	\$225.00
Risk Assessment	\$900.00 <i>*For properties constructed prior to 1978 only*</i>
Credit Report	\$10.00
Loan Closing	\$386.00
Loan Set Up	\$34.00