

HOUSING REHABILITATION ASSISTANCE APPLICATION



THE HOUSING DEVELOPMENT
CORPORATION OF ROCK HILL
(HDCRH)

HOUSING DEVELOPMENT
CORPORATION OF ROCK HILL
150 Johnston St.
P.O. Box 11706
Rock Hill, SC 29731-1706

Revised 12/30/09

HDCRH OWNER-OCCUPIED HOUSING REHABILITATION ASSISTANCE PROGRAM

HOW TO REQUEST ASSISTANCE

Please complete the attached Pre-Application and return to the Housing Development Corporation of Rock Hill (HDCRH) with the requested documentation. This form will provide staff with the information needed to determine eligibility. After the staff reviews this information, you will be contacted with the results. If you are eligible, you will be given further information about the next steps in the Owner-Occupied Housing Rehabilitation Assistance Program.

For additional information or questions, call Kathy Fanning at (803) 329-5503 or Tracy Helms at (803) 329-5589.

ELIGIBILITY REQUIREMENTS

Home must be owner – occupied and inside the City limits of Rock Hill

Homeowner must not own any other property in Rock Hill

Homeowner must have paid tax receipt and not owe any other past due bills (utility, etc.) more than 60 days past due to the City of Rock Hill

IMPORTANT

Please place a check beside the housing rehabilitation program for which you are applying. If you are unsure, please indicate such:

Emergency Rehab Program World Changers Program

Major Rehab Program Unsure

**Housing Development
Corporation of Rock Hill**
150 Johnston St.
PO Box 11706
Rock Hill, SC 29731
803-329-5503

Housing Rehabilitation Assistance Application

DATE _____

Applicant's Name _____

Current Address _____

My residence is: Single-family home Duplex Other

Do you own your home? Yes (*Please attach a copy of your deed.*) No

Do you own other property? Yes No

Are your property taxes paid up-to-date? Yes (*If so, attach a copy of the paid receipt.*) No

Do you owe any other bills (utilities, etc.) to the City of Rock Hill more than
60 days past due? Yes No

Do you have homeowner's insurance? Yes (*If so, attach a copy of insurance policy.*) No

Telephone Number _____ Home _____ Work _____ Cell _____

Social Security # _____ Date of Birth _____

Driver's License # _____

Co-Applicant's Name _____

Current Address: _____

Telephone Number _____

Home

Work

Social Security # _____ Date of Birth _____

State ID or
Driver's License # _____

EMPLOYMENT INFORMATION

Applicant's Occupation _____
 Employer's Name & Address _____

Spouse or Co-Applicant's Occupation _____
 Employer's Name & Address _____

HOUSEHOLD INCOME

Applicant's Monthly Salary \$ _____
 Spouse or Co-Applicant Monthly Salary \$ _____

Do you receive income from any of the following sources and if so, how much? *Received **Monthly***

- | | | | | | |
|--------------------------|--------------------------|-----|--------------------------|----|----------|
| Retirement Pension | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ |
| Disability Income | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ |
| Social Security Income | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ |
| Public Assistance | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ |
| Child Support | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ |
| Alimony | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ |
| Rent from other property | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ |
| Other _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | \$ _____ |

To be eligible for this program, the combined income from all occupants living in your home must not exceed the 2009 HUD Income Limits.

Size of Household	1 person	2 person	3 person	4 person	5 person	6 person
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Maximum Income Allowed <i>(80% of Median Income)</i>	\$37,250	\$42,550	\$47,900	\$53,200	\$57,450	\$61,700
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Household composition: List the head of your household and all members who live in your home. Give the relationship of each family member to the head of household. Indicate annual income for persons 18 years and older. Also, include any child support, alimony or Social Security benefits that any person may have.

Full Name	Relationship	Age	Annual Income
<i>(Head of Household)</i>			

OTHER SOURCES OF INCOME
(If Applicable)

Gross Income from Real Estate \$ _____

Other Income (Explain) \$ _____

TOTAL HOUSEHOLD INCOME \$ _____

LIST ALL CASH AVAILABLE

Checking Account \$ _____

Savings Account \$ _____

IRA Account \$ _____

401K \$ _____

Other \$ _____

List any assets that you may have (anything of any value, such as real estate, stocks and bonds, jewelry, coin collection, etc). Provide account numbers when possible.

REQUIRED DOCUMENTATION

The following documentation must be submitted with your application or it cannot be processed:

- ◆ Copy of Driver's License or other picture identification for each adult occupant
- ◆ Copy of Deed to House
- ◆ Copy of most recent income tax return for each adult occupant
- ◆ Paid property tax receipt
- ◆ Two current pay stubs for each working adult occupant
- ◆ Two most current bank statements for each adult occupant
- ◆ Copy of homeowner's insurance policy

If you receive income from any of the following sources, please provide documentation verifying such income.

- ◆ Disability income
- ◆ Retirement pension
- ◆ Social Security benefits
- ◆ Alimony
- ◆ Child Support
- ◆ Public Assistance
- ◆ Dividends from Stock
- ◆ Rent from Real Estate
- ◆ Any other source of income

**All of the above items may not apply to you. Please attach only those that apply to you and others living in your home.*



I/WE CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE UNDERSTAND THIS PROGRAM IS A JOINT PARTNERSHIP WITH OTHER AGENCIES. FUNDS AND RESOURCES MAY OR MAY NOT BE AVAILABLE ON A YEARLY BASIS. THEREFORE, BY SIGNING THIS APPLICATION, I/WE UNDERSTAND THERE IS NO GUARANTEE OF ACCEPTANCE INTO THIS PROGRAM.

I/WE UNDERSTAND THE HOUSING DEVELOPMENT CORPORATION OF ROCK HILL RESERVES THE RIGHT TO APPROVE OR DENY ANY APPLICATION.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

