

**HOUSING DEVELOPMENT  
CORPORATION OF ROCK HILL (HDCRH)**



**WORLD CHANGERS 2010**

**HOUSING REHABILITATION ASSISTANCE  
APPLICATION**

**Tracy Helms-Rehabilitation Coordinator-(803)-329-5589**

**Or**

**Kathy Fanning-Special Projects Coordinator-(803)-329-5503**

Housing Development Corporation of Rock Hill

Housing and Neighborhood Services

150 Johnston Street

P.O. Box 11706

Rock Hill, SC., 29731-1706

**HDCRH OWNER-OCCUPIED HOUSING REHABILITATION  
ASSISTANCE PROGRAM  
WORLD CHANGERS PROGRAM 2010**

**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, please call 803-329-5503 or 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. It will be determined which program you may be eligible for based on types of repairs needed and cost to repair.

Emergency Rehab Program     Major Rehab Program

World Changers Program

Dear Property Owner,

The Housing Development Corporation of Rock Hill has various programs available to assist citizens whose homes are in need of repair. These programs can assist you with such items as roof repairs; handicap ramp construction; new door locks for added security; insulation and energy efficiency upgrades. Programs may also include Major Rehabilitation and Emergency Rehabilitation.

The Housing Development Corporation of Rock Hill, in conjunction with faith based groups like World Changers and Home Works, work to help qualified homeowners with these repairs. Major rehabilitation is handled under different programs and there is a waiting list. However, you are encouraged to apply and we will direct your needs to the proper program.

The eligibility requirements for participation in this program are based upon some of the following items:

1. You are the property owner and live in the home. You are in good standing with your City utilities, current on your mortgage payments and property taxes.
2. You do not exceed these income limits for your household (depends on which program):

<b>1 person</b>	<b>2 person</b>	<b>3 person</b>	<b>4 person</b>	<b>5 person</b>	<b>6 person</b>
<b>\$37,250</b>	<b>\$42,550</b>	<b>\$47,900</b>	<b>\$53,200</b>	<b>\$57,450</b>	<b>\$61,700</b>
<b>\$23,300</b>	<b>\$26,600</b>	<b>\$29,950</b>	<b>\$33,250</b>	<b>\$35,900</b>	<b>\$38,550</b>
3. Your property must be located in the city limits of Rock Hill.

Please complete the attached application and bring it along with the required documentation to the address below. Our office is located across from City Hall at the Housing and Neighborhood Services Office at 150 Johnston St.. Hours are from 8:00AM to 5:00PM, Monday through Friday. The number of homes accepted into this program is limited and qualifying for this program does not guarantee participation.

Please call with any questions you may have concerning our programs.

Thank You,

Tracy K. Helms  
Rehabilitation Coordinator  
City of Rock Hill/Housing Development Corporation  
803-329-5589 Business  
803-242-2863 Cell  
[thelms@cityofrockhill.com](mailto:thelms@cityofrockhill.com)

Kathy Fanning  
Special Projects Coordinator  
City of Rock Hill/Housing Development Corporation  
803-329-5503



**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       Yes       No      \$ \_\_\_\_\_

Disability Income       Yes       No      \$ \_\_\_\_\_

Social Security Income       Yes       No      \$ \_\_\_\_\_

Public Assistance       Yes       No      \$ \_\_\_\_\_

Child Support       Yes       No      \$ \_\_\_\_\_

Alimony       Yes       No      \$ \_\_\_\_\_

Rent from other property       Yes       No      \$ \_\_\_\_\_

Other \_\_\_\_\_       Yes       No      \$ \_\_\_\_\_

**\* Please list types of repairs needed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.*

# CERTIFICATION

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 AN APPLICATION .

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**Applicant's Signature**

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**Date**

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**Co-Applicant's Signature**

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**Date**



**Housing Development**  
CORPORATION OF ROCK HILL

**Authority to Verify Information**

I authorize the Housing Development Corporation of Rock Hill to verify my bank accounts, employment, outstanding debts, including past and present mortgages, public assistance and payment both court and non-court ordered, and any other inquires pertaining to my qualifications for assistance through the Housing Rehabilitation Assistance Program. Copies of this letter may be made for distribution to any party with which I have a financial or credit relationship and that party shall treat such copy as an original.

**PRIVACY ACT NOTICE:** This information is to be used by the Housing Development Corporation of Rock Hill to determine whether and individual qualifies for assistance under its programs. This information will not be disclosed outside except as required and permitted by all federal, state, and local laws. An individual is not required to provide this information, but without certain information, and application for assistance could be withdrawn.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

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

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

Created 12/30/09