



Housing Trust Fund Disaster Assistance Program Application

1. Applicant Name:

2. Address:

3. City:

4. State:

Zip Code:

TIN:

5. Point of Contact (Mayor/Town Administrator):

6. Email:

Phone:

7. Most Recent Audit (Year):

8. Is the audit available online?

If not available online, please provide behind Tab 2.

9. Estimated need (number of homes to be assisted):

10. Defined Service Area: (Provide information on additional sheet if necessary)

11. Do you currently administer or participate in a housing repair program?

If yes, describe how the program works. Include information about funding sources etc.

(Provide information on additional sheet if necessary)

12. Describe how you will assess and repair the of proposed homes identified on Exhibit 2 within the 18-month timeframe for the DAP program. (Provide information on additional sheet if necessary)

13. If you haven't administered or participated in a home repair program, describe what your jurisdictions capacity/experience is to manage a housing repair program? (Provide information on additional sheet if necessary)

14. Does your jurisdiction have code/building inspection staff?

If yes, how many staff persons?

15. Provide a copy of your jurisdictions building code regulations behind Tab 2.

16. Will it be necessary for the Applicant to use the services of 3rd parties to undertake DAP Activities?

If yes, please describe. (Provide information on additional sheet if necessary)

17. Does your jurisdiction have a procurement process for contractors?

If yes, provide a copy behind Tab 2.

18. Does your jurisdiction have to follow procurement when a state or federal disaster has been declared in the area? (Provide information on additional sheet if necessary)

19. Does the Applicant currently have an approved pool of contractors to undertake repair work?

If yes, provide information including the number of contractors, trade types, etc. Provide list if applicable. (Provide information on additional sheet if necessary)

20. Does your municipality have beneficiary (homeowner) selection procedures?

If yes, provide behind Tab 3.

21. Total amount of Funding Requested (Based upon a maximum project threshold of \$30,000/home, including 15% Project Delivery Fee):

22. Does your Jurisdiction have other funding available to leverage with DAP assistance?

If yes, please specify other sources to be leveraged including the annual funding source, and any funding restrictions, if applicable: (Provide information on additional sheet if necessary)



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ACKNOWLEDGEMENTS and AGREEMENTS

The Applicant certifies that all information furnished in support of this application is true and complete to the best of the Applicant's knowledge and belief. The Applicant understands and agrees SC Housing has the right to conduct its own independent review and analysis of the application and all documents submitted with the application and may, in its sole discretion, require additional information or make adjustments in required documentation.

The Applicant certifies it is in compliance with all SC Housing programs in which it participates or has participated. Neither the Applicant nor any of its officers, principals, advisors, consultants, or any other member of its organization is presently debarred or within the past five years has been debarred from participation in any federal program (including but not limited to: the U.S. Housing and Urban Development, the U.S. Internal Revenue Service and the U.S. Department of Agriculture) or any SC Housing program. The Applicant certifies it is not delinquent on any financial obligation owed to SC Housing and neither it nor any of its officers or principals have been convicted of or are under investigation for civil or criminal fraud with respect to any of the Applicant's activities.

The Applicant agrees to abide by all South Carolina Housing Trust Fund Disaster Assistance Program rules. The Applicant understands and agrees SC Housing may suspend or debar the applicant and its principals from participation in the Housing Trust Fund or all SC Housing programs when SC Housing determines the Applicant has expended Housing Trust Fund monies inappropriately and/or has acted in a manner that SC Housing determines warrants suspension or debarment. If SC Housing has sufficient reason to believe an Applicant has violated federal, state, or local laws, SC Housing may request the assistance of law enforcement. SC Housing may assist law enforcement personnel in completing their investigation and with the prosecution of any criminal acts. SC Housing may also seek any available civil remedies in instances where there has been a misappropriation of Housing Trust Fund award proceeds.

The failure to abide by the procedures contained in the Housing Trust Fund Manuals may result in SC Housing declining to accept an application. Further, the failure to abide by the program requirements will result in the disqualification of the Applicant and all other persons or organizations involved with the Applicant from further Housing Trust Fund participation.

The Applicant acknowledges and understands that submission of a complete application does not guarantee a Housing Trust Fund award or approval to participate in program activities. SC Housing has the sole discretion to determine award amounts and de-obligate HTF awards as deemed necessary.

The Applicant understands and agrees that the Authority makes no representations regarding the feasibility or viability of the project, the validity or propriety of the award of HTF DAP funds or an independent investigation being conducted as to the amount of the HTF DAP funds requested. Therefore, the Applicant agrees to hold harmless and indemnify the Authority and the individual directors, employees, members, officers and agents of the Authority in the event that a loss is incurred in conjunction with the project, a recapture of part or all of the HTF DAP funds or the failure to award the HTF DAP funds requested in its application.

The Applicant understands and agrees that neither the Authority nor any of its individual directors, employees, members, officers or agents assumes any responsibility or makes any representations with respect to the availability or the amount of the HTF DAP funds or as to the feasibility or viability of the

project. The undersigned, on behalf of the Applicant and in his or her individual capacity, agrees to hold harmless the Authority and the individual directors, employees, members, officers, and agents of the Authority against all losses, costs, damages, expenses and liability of whatsoever nature or kind (including, but not limited to, attorneys' fees, litigation and court costs directly or indirectly resulting from or arising out of the release of any and all information pertaining to the application. The Applicant understands and agrees that the requirements regarding the making of applications for HTF DAP funds and the terms of any reservation or award are subject to change at any time by federal or state law, federal or state regulations, or Authority procedures.

Applicant Name:

Authorized Signatory's Name and Title:

Authorized Signatory's Signature:

Date:

Phone:

Email: