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| <b>Authority Use Only - Project #:</b> _____<br><b>Approved for Processing</b><br>By: _____<br>Date: _____ |
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**All Requested Information Must Be Complete and Accurate.**

A hard copy of this application and all other required information must be submitted for funding consideration.

**Sponsor Information:**

|                   |       |            |       |
|-------------------|-------|------------|-------|
| Sponsor Name      | _____ | Contact    | _____ |
| Address           | _____ | Email      | _____ |
| City, State, Zip  | _____ | Phone      | _____ |
|                   |       | Fax        | _____ |
| Alternate Contact | _____ | Phone      | _____ |
| Email             | _____ | Cell Phone | _____ |

**Funds Requested**

|                                   |            |                            |            |
|-----------------------------------|------------|----------------------------|------------|
| HTF Amount Requested              | \$ _____ - |                            |            |
| Construction amount up to \$8,000 |            |                            |            |
| HTF Developers Fee                | \$ _____ - | Other Sources Requested    | \$ _____ - |
| Developer's fee is up to \$750    |            |                            |            |
| Total HTF Amount Requested        | \$ _____ - | Total Rehabilitation Costs | \$ _____ - |

**Beneficiary/Property Information**

|                  |       |        |       |
|------------------|-------|--------|-------|
| Homeowner's Name | _____ | Phone  | _____ |
| Address          | _____ |        |       |
| City, State, Zip | _____ | County | _____ |

Population  Disabled  Elderly  Handicapped

Are property taxes current?  Yes  No Tax Assessor's Map # \_\_\_\_\_

**Provide a copy of the most recent property tax receipt.**

Provide a legible copy of the most recent recorded deed with the beneficiaries name and legal description. The deed must include the recordation date, book, and page numbers.

Does the homeowner have homeowner's insurance?  Yes  No If yes, provide a copy

Sponsor must submit for the beneficiary completed income forms along with third party income documentation for each household member (See forms HTF-3A, HTF-3B, HTF-3C).

Provide the completed Declaration of Citizenship (HTF-3D) form.

**Project Summary**

Project Summary: Applicants must describe the emergency repairs for the proposed project, the beneficiary(s) to be served, and the time frame for project completion.

Describe the emergency repair below.

How will the repair benefit the beneficiary?

Time frame for the project completion below.

**Site and Construction Information**

Site Information (check all that apply)

- |  |   |   |
|--|---|---|
| <p><b>Building Type</b></p> <p><input type="checkbox"/> Detached Single Family</p> <p><input type="checkbox"/> Manufactured Housing</p> <p><input type="checkbox"/> Mobile Home</p> <p><input type="checkbox"/> Other:<br/> <input style="width: 150px; height: 15px;" type="text"/></p> | <p><b>Foundation</b></p> <p><input type="checkbox"/> Slab on Grade</p> <p><input type="checkbox"/> Foundation with Crawl Space</p> <p><input type="checkbox"/> Partial Basement</p> <p><input type="checkbox"/> Full Basement</p> | <p><b>Finished Frame</b></p> <p><input type="checkbox"/> Block</p> <p><input type="checkbox"/> Brick</p> <p><input type="checkbox"/> Vinyl Siding</p> <p><input type="checkbox"/> Stucco</p> <p><input type="checkbox"/> Other:<br/> <input style="width: 100px; height: 15px;" type="text"/></p> |
|--|---|---|

**Rehabilitation Construction Requirements:** Each applicant must submit a detailed work write-up (**Form HTF-2B**).

**Funding Information**

Applicant must provide financial commitments (if applicable).

|                                      |             |
|--------------------------------------|-------------|
| Housing Trust Fund amount requested: | \$ -        |
| Grants from other sources:           | \$ -        |
| Loans from other sources:            | \$ -        |
| <b>TOTAL SOURCES OF FUNDING:</b>     | <b>\$ -</b> |

**Funding Sources**

|                 |   |         |   |
|-----------------|---|---------|---|
| <b>Source 1</b> | <b>SC Housing Trust Fund</b>  | Amount  | \$ -  |
| Award Type      | <input type="checkbox"/> Grant <input type="checkbox"/> Deferred Forgivable Loan <input type="checkbox"/> Repayable Loan (Local Gov't Only) |         |   |
| Rate            | <input style="width: 50px;" type="text"/> per annum   | Term    | <input style="width: 50px;" type="text"/> years |
|                 |   | Payment | \$ -  |
| <b>Source 2</b> | <input style="width: 150px;" type="text"/>  | Amount  | \$ -  |
| Award Type      | <input type="checkbox"/> Grant <input type="checkbox"/> Deferred Forgivable Loan <input type="checkbox"/> Repayable Loan                    |         |   |
| Rate            | <input style="width: 50px;" type="text"/> per annum   | Term    | <input style="width: 50px;" type="text"/> years |
|                 |   | Payment | \$ -  |

## Acknowledgments

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 the Authority 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 Authority 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 development team 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 Authority program. The Applicant certifies it is not delinquent on any financial obligation owed to the Authority 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 Program rules and regulations. The Applicant understands and agrees the Authority may suspend or debar the applicant and its principals from participation in the Housing Trust Fund or all Authority programs when the Authority determines the Applicant has expended Housing Trust Fund monies inappropriately and/or has acted in a manner that the Authority determines warrants suspension or debarment. If the Authority has sufficient reason to believe an Applicant has violated federal, state, or local laws, the Authority may request the assistance of law enforcement. The Authority may assist law enforcement personnel in completing their investigation and with the prosecution of any criminal acts. The Authority 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 the Authority 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. If proceeds subject to recapture are not repaid when requested, the mortgage will be foreclosed where notes and mortgages are used. When restrictive covenants are used, recapture may occur as defined within the Restrictive Covenants document.

The Applicant acknowledges and understands that Submission of a complete application does not guarantee a Housing Trust Fund award.

Sponsor

Certified By \_\_\_\_\_

Title

Date