

South Carolina State Housing Finance and Development Agency

300-C Outlet Pointe Blvd., Columbia, SC 29210

Emergency Repair Application

Authority Use Only - Project #: _____
Approved for Processing
By: _____
Date: _____

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	_____
# of Household Members	_____		
Population	<input type="checkbox"/> Disabled	<input type="checkbox"/> Elderly	<input type="checkbox"/> Handicapped
Property meets definition of substandard unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are property taxes current?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

Date Deed Recorded	_____	All individuals with an interest in the property who are listed on the deed as "Grantees"
Deed Book #	_____	
Deed Page #	_____	

Is the Homeowner's Name the same as the deed "Grantees"? Yes No

If no, please explain. _____

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>Building Type</p> <input type="checkbox"/> Detached Single Family <input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Mobile Home Other: <input style="width: 100px;" type="text"/>	<p>Foundation</p> <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Foundation with Crawl Space <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement	<p>Finished Frame</p> <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Stucco Other: <input style="width: 100px;" type="text"/>
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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:	\$ -
TOTAL SOURCES OF FUNDING:	\$ -

Funding Sources

Source 1	<input style="width: 150px;" type="text" value="SC Housing Trust Fund"/>	Amount	<input style="width: 100px;" type="text" value="\$ -"/>
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	<input style="width: 100px;" type="text" value="\$ -"/>
Source 2	<input style="width: 150px;" type="text"/>	Amount	<input style="width: 100px;" type="text" value="\$ -"/>
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	<input style="width: 100px;" type="text" value="\$ -"/>

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