

Authority Use Only - Project #: _____ Approved for Processing By: _____ 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	_____
		Cell Phone:	_____
Alternate Contact	_____	Phone	_____
Email	_____	Cell Phone	_____

Funds Requested

HTF Amount Requested	\$ _____ -	Other Sources Requested	\$ _____ -
HTF Developers Fee	\$ _____ -	Total Rehabilitation Costs	\$ _____ -
Total HTF Amount Requested	\$ _____ -		

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	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 _____

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

Deed Page # _____ _____

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

If no, please explain. _____

Are there any liens recorded on the property? Yes No If yes, provide an explanation below:

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

Beneficiary/Property Information (con't)

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.

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 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 type="text"/>
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Rehabilitation Construction Requirements: Each applicant must submit a detailed work write-up (**Form HTF-2B**).

Project Summary

Project Summary: Describe the proposed project, the beginning and ending dates, and how the project will be implemented within the allowed time frame.

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 Amount \$

Award Type Grant Deferred Forgivable Loan Repayable Loan (Local Gov't Only)

Rate per annum Term years Payment \$

Source 2 Amount \$

Award Type Grant Deferred Forgivable Loan Repayable Loan

Rate per annum Term years Payment \$

Sponsor is required to submit one (1) original and one (1) copy of the Beneficiary Application. Additionally, the Beneficiary Checklist with all required documentation (one (1) original and one (1) copy also required) must be submitted or the application will be returned to the Sponsor. Send all information to: South Carolina State Housing Finance and Development Authority, ATTN: Housing Development, OOR Beneficiary Application, 300-C Outlet Pointe Blvd., Columbia, SC 29210.

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

Sponsor

Certified By _____

Title

Date