

**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.**

## Applicant Information

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ SC Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Alternate Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

## Application Type

Activity Type (check all that apply):  New Construction  Acquisition  Rehabilitation

Total HTF Requested: \$ \_\_\_\_\_ Estimated Rehabilitation Begin Date: \_\_\_\_\_  
Total Development Costs (TDC): \$ \_\_\_\_\_ Estimated Rehabilitation End Date: \_\_\_\_\_

## Project Address and Identification

Project Name: \_\_\_\_\_ Census Tract: \_\_\_\_\_  
Project Address: \_\_\_\_\_ Congressional District: \_\_\_\_\_  
State Senate District: \_\_\_\_\_  
City: \_\_\_\_\_ SC Zip: \_\_\_\_\_ State House District: \_\_\_\_\_  
County: \_\_\_\_\_

## Project Owner Information

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ SC Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_



## Site Information

### Acquisition Information

Applicants must provide an independent appraisal that reflects the market value of the property. The appraisal cannot be older than 6 months from application submission.

Building(s) are vacant:  Yes  No Building(s) last occupied?: \_\_\_\_\_ Year built?: \_\_\_\_\_

Building(s) acquired or to be acquired by:  Related Party  Unrelated Party

Appraised value: \$ \_\_\_\_\_ Appraiser: \_\_\_\_\_

Date appraised: \_\_\_\_\_ Appraiser license #: \_\_\_\_\_

Name of Seller:	_____
Address:	_____
City/State/Zip Code:	_____
Telephone:	_____

### Construction Requirement

**New Construction:** Each Applicant must submit preliminary plans and specifications.

**Rehabilitation:** Each Applicant must submit work write-ups and specifications.

### Buildings:

\_\_\_\_\_ Number of buildings in project \_\_\_\_\_ Number of three bedroom units  
\_\_\_\_\_ Number of one bedroom units \_\_\_\_\_ Number of \_\_\_\_\_ bedroom units  
\_\_\_\_\_ Number of two bedroom units \_\_\_\_\_ Other: \_\_\_\_\_

### Please Check and Complete ALL Applicable Items:

- Row/Townhouse  Detached Single Family  Duplex  
 Garden Apartments  Crawl Space  Basement  Full  Partial  
 Slab on Grade  Other: \_\_\_\_\_  # of Elevators: \_\_\_\_\_

Exterior Finish: \_\_\_\_\_

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Cost per Square Foot: \$ \_\_\_\_\_ Total Heated: \_\_\_\_\_ Total Non-Heated: \_\_\_\_\_  
(TDC / Total Square feet) (Square Feet) (Square Feet)

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# of People to be Served: \_\_\_\_\_ Total # Bedrooms: \_\_\_\_\_ Total # Bathrooms: \_\_\_\_\_

## Project Information

### Amenities (check all that apply)

- Oven/Stove       Window A/C Unit       Microwave Oven       Disposal  
 Dishwasher       Central HVAC       Kitchen Exhaust Fan       Ceiling Fans  
 Refrigerator       Washer/Dryer Hookup       Washer/Dryer       Other: \_\_\_\_\_

### Monthly Utility Allowance Calculations (Round to nearest dollar amount):

Utilities	Type of Utility (Gas, Electric, etc.)	Utilities Paid By		Enter Allowances by Bedroom Size				
				0-Bdrm	1-Bdrm	2-Bdrm	3-Bdrm	4-Bdrm
Heating		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Evap Cooling/AC		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Cooking		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Lighting, etc.		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Hot Water		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Water		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Sewer		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Trash		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
<b>Total Utility Allowance for Units:</b>								

### Source of utility allowance calculation:

- Local PHA: \_\_\_\_\_       Utility Company       Other: \_\_\_\_\_

### Population:

- Disabled       Elderly       Handicapped       Abuse Victims  
 Homeless       Veteran       Family       Other: \_\_\_\_\_

## Funding Information

Applicant must provide financial commitments.

Housing Trust Fund amount requested: \$ \_\_\_\_\_  
Grants from other sources: \$ \_\_\_\_\_  
Loans from other sources: \$ \_\_\_\_\_  
**TOTAL SOURCES OF FUNDING:** \$ \_\_\_\_\_

## Funding Sources

**Source 1:** SC Housing Trust Fund Amount: \$ \_\_\_\_\_

Award Type:  Deferred Forgivable Loan

Rate: 0% % per annum Term: 20 years

Terms & Conditions: \_\_\_\_\_

**Source 2:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Award Type:  Grant  Deferred Forgivable Loan  Repayable Loan

Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_

Terms & Conditions: \_\_\_\_\_

**Source 3:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Award Type:  Grant  Deferred Forgivable Loan  Repayable Loan

Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_

Terms & Conditions: \_\_\_\_\_

**Source 4:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Award Type:  Grant  Deferred Forgivable Loan  Repayable Loan

Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_

Terms & Conditions: \_\_\_\_\_

**Source 5:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Award Type:  Grant  Deferred Forgivable Loan  Repayable Loan

Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_

Terms & Conditions: \_\_\_\_\_

## Development Costs

Development Costs	Projected Cost	Housing Trust Fund	Source 2	Source 3	Source 4	Source 5
<b>Acquisition Costs</b>						
Land						
Existing Structures						
Other:						
<b>Site Costs</b>						
Demolition						
On-Site Improvements						
<b>Construction Costs</b>						
Construction						
General Requirements						
Contractor Overhead						
Contractor Profit						
<b>Professional</b>						
Accountant						
Architect						
Attorney						
Engineer/Surveyor						
Consultant						
<b>Construction Interim Costs</b>						
Hazard/Liability Insurance						
Interest						
Payment/Performance Bond						
Title & Recording Fees						
Legal Fees						
<b>Soft Costs</b>						
Appraisal						
Environmental Study						
Market Study						
Relocation Expenses						
Other:						
<b>Project Reserves</b>						
Operating & Rent-up Reserves						
Replacement Reserves						
Developer's Fees						
<b>Total Development Costs</b>						

## 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.

Applicant: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_