

**South Carolina State Housing
Finance and Development Authority**

300-C Outlet Pointe Blvd.
Columbia, South Carolina 29210

**Owner-Occupied Rehabilitation
Beneficiary Application**

Project #: _____

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: _____ Telephone: _____
Sponsor's Address: _____ Cell Phone: _____
City: _____ SC Zip: _____

Contact Person: _____ Telephone: _____
Email Address: _____ Cell Phone: _____

ALTERNATE CONTACT INFORMATION:

Contact Person: _____ Telephone: _____
Email Address: _____ Cell Phone: _____

Beneficiary Information

Beneficiary Name: _____ Telephone: _____
Address: _____ County: _____
City: _____ SC Zip: _____ Census Tract: _____

Project Cost

HTF Amount Requested: \$ _____ Estimated Rehabilitation Begin Date: _____
HTF Developer's Fee Amount: \$ _____ Estimated Rehabilitation End Date: _____
Total HTF Amount Requested: \$ _____ Total Rehabilitation Costs: \$ _____

Project Information

of People Served: _____ (Number of people in dwelling)

Are property taxes current? Yes No

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

Population: Disabled Elderly Handicapped Other: _____

Site Information (check all that apply)

Building Type

- Detached Single Family
 Other: _____
 Other: _____
 Other: _____

Foundation

- Slab on Grade
 Foundation with Crawl Space
 Partial Basement
 Full Basement

Finished Frame

- Block
 Brick
 Vinyl Siding
 Stucco
 Other: _____

Project Summary

Project Summary: Describe the proposed project and how this project will be implemented within the allowed time frame.

Financial Commitments from Other Funding Sources

Source	Organization/Company	Amount	Terms & Conditions
Source 1	SC Housing Trust Fund		Forgivable Loan
Source 2			
Source 3			
Total			

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**

Sponsor: _____

Certified By: _____

Title: _____

Date: _____