

HOUSING REHABILITATION ASSISTANCE PRE-APPLICATION

Name:	
Address/City/State/Zip:	
Mailing Address (if different from above):	
Phone:	Total number in household:

Please list below all members of household, their social security number, gender, age and source of income. Include income from all sources: employment, unemployment, SSI, SSDI, child support, alimony, etc.)

Name	SSN	Age	Male Female	Source of Income and Amount (Weekly, Monthly or Yearly	Veteran Yes / No

Total Household income:

Eligibility requirements	Maximum Income Limits
Must live inside Rock Hill city limits	1 person - \$41,550
Deed must be in name of occupant	2 persons - \$47,450
Property must not be for sale, or in foreclosure/bankruptcy	3 persons - \$53,400
Must not own any other real estate of greater value than occupied dwelling	4 persons - \$59,300
Must be current on property taxes	5 persons - \$64,050
Must be current on City utility bill	6 persons - \$68,800
Must have owned property for at least 5 years	

Rehabilitation Need(s)	Disability Related Renovations
<input type="checkbox"/> Water heater <input type="checkbox"/> Septic system <input type="checkbox"/> Ceiling repair <input type="checkbox"/> Wall repair <input type="checkbox"/> Heating repair or replacement <input type="checkbox"/> Porch/Stair repair <input type="checkbox"/> Foundation repair <input type="checkbox"/> Roof repair or replacement <input type="checkbox"/> Siding/Exterior repair <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Floor repair	<input type="checkbox"/> Wheelchair ramp <input type="checkbox"/> Adapting stairways <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Light alarm

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin if individual applicant on the basis of visual observation or surname. **Gender:** Male Female

Race/Ethnicity (mark one or more):

White/Caucasian Black or African-American Hispanic /Latino American Indian/Alaska Native

Asian Native Hawaiian/Other Pacific Islander

(Over)

How did you hear about our program? (Check all that apply)

Website ___ Phone ___ Word of mouth ___ Drop-in ___ Event ___ Other ___ Social Media ___

I subscribe and affirm, under the penalties of law, that the statements in this application for Housing Rehab Assistance (including statements made in any accompanying documents) has been examined by me, and to the best of my knowledge and belief is true and correct. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given. I understand that this application for Housing Rehab Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, available funds and the priorities to be met by this program.

Applicant signature: _____ Date: _____

Spouse signature: _____ Date: _____

Questions? Ed Causebrook, 803-329-5589 or Karen Marshall, 803-329-5599

Return this application to:

Housing and Neighborhood Services
150 Johnston Street
Rock Hill SC 29730

FOR OFFICE USE ONLY

Ownership verified through:

___ Copy of Deed ___ Examination of Tax Receipts ___ Other _____

Income: _____ 30% Extremely Low _____ 50% Very Low _____ 80% Low

Program income eligibility: Housing Trust Emergency (50% or Lower) _____

CDBG (80% or Lower) _____

Matrix Score _____: _____ **Low Priority (0 thru 0)** _____ **Medium Priority (0 thru 0)** _____ **High Priority (0 thru 0)**

The information above was verified by:

Staff signature _____ **Date** _____

Household _____ is, _____ is not eligible for assistance.

Staff signature _____ **Date** _____



The Fair Housing Act prohibits discrimination in real estate related transactions, or in the terms of conditions of such a transaction, because of race, color, religion, sex, disability, familial status, or national origin. The City of Rock Hill is an Equal Opportunity Provider and Employer.