

**Black River United Way** is a sponsor **South Carolina Housing Trust Fund (SCHTF)**, a state funded program designed to provide financial assistance in the development and preservation of a safe, decent, sanitary and affordable housing for low-income households. All homeRepair awards are subject to the SCHTF statues and regulations and all other applicable Authority requirements.

**SECTION 1: Pre-Eligibility (Applicant Must Complete)**

|                          |               |                  |
|--------------------------|---------------|------------------|
| <b>Beneficiary Name:</b> |               | <b>Phone:</b>    |
| <b>Property Address:</b> |               |                  |
| <b>City:</b>             | <b>State:</b> | <b>Zip Code:</b> |

**In the space below, Please describe the repairs that are needed in the home:**

**Please complete the following to determine eligibility:**

- Does the beneficiary have the deed/title to the property and are able to provide proof of the deed/title? YES  NO
- Is there a lien on the property? YES  NO
- Is this home a townhouse or duplex? YES  NO
- Is the beneficiary actively living in the home? YES  NO
- Does the beneficiary have homeowners insurance? YES  NO
- Have you received public assistance for repairs on your home?  
From whom: \_\_\_\_\_ YES  NO
- Did you complete a tax return for the previous year? YES  NO
- Is the home a manufactured / mobile home?  
What year was the manufactured home built? \_\_\_\_\_ YES  NO
- Is the beneficiary able to provide proof of all income? YES  NO
- If project home repairs are approved, does the beneficiary have a safe place to stay during the displacement from the home? YES  NO

List members in the household and include income for all household members.

(Include TANF, child support, pensions, social security/disability benefits, wages earned, etc.)

| Household Member Name  | Age                  | Income               | Type (i.e. SSI, child support.) |
|--|----------------------|----------------------|---------------------------------|
|  | <input type="text"/> | <input type="text"/> | <input type="text"/>            |
|  | <input type="text"/> | <input type="text"/> | <input type="text"/>            |
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|  | <input type="text"/> | <input type="text"/> | <input type="text"/>            |
|  | <input type="text"/> | <input type="text"/> | <input type="text"/>            |
| Total Household Income: \$ <input type="text"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> |                      |                      |                                 |

**\*\* Office Staff Only \*\***

Is the applicant qualified based on pre-eligibility questionnaire?  
 YES  NO

Does the total household income exceed 80% of the medium income eligibility requirement?  
 YES  NO

If answered YES in both sections, then the beneficiary is **not eligible** for funding through the SCHTF.

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

**SECTION 2: REQUIRED DOCUMENTATION**

The following documents will be required in order to submit a full application to SCHTF. The Beneficiary does not have to submit the actual documents for Pre-Eligibility.

- Photo ID (All members of the household)
- Social Security Card (All household members)
- Deed/Title (Beneficiary's Name)
- Property Tax Receipt for most recent tax year
- Documentation of Tax Assessed Property Value from County
- Copy of current Mortgage Statement, if applicable
- Copy of Home Insurance (if applicable)
- Copy of Homeowner's Insurance Policy and any filed claims (if applicable)
- Last 3 Bank Statements (All household members)
- Proof of all income
- Citizenship Verification
- Documentation of Year Built
- FEMA Declaration Letter, if applicable
- Color photos of the home from Sponsor's Walk-Through Inspection of the property – must capture all sides of the exterior of home and all rooms of the interior of the home.

**\*\* Office Staff Only\*\***

**All Application Documents Must be Submitted by:**

**Deadline \_\_\_\_\_**

**Acknowledgment Statement**

*Please Initial the following:*

\_\_\_\_\_ I acknowledge that it is required to submit all requested documents listed above to proceed with an SCHTF application or Black River United Way sponsored program.

\_\_\_\_\_ I understand that failure to submit documents will make me ineligible to apply for the SCHTF home repair program or Black River United Way sponsored program.

\_\_\_\_\_ I understand that Black River United Way will only use information for the consideration for the South Carolina Housing Trust Fund.

\_\_\_\_\_  
*Beneficiary Signature*

\_\_\_\_\_  
*Date*

**Please return this form to:**  
Black River United Way  
ATTN: Home Repair  
PO BOX 1065  
Georgetown, SC 29440