LOWER SAVANNAH REGIONAL HOME CONSORTIUM
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM
GENERAL INFORMATION

The goal of the Owner-Occupied Housing Rehabilitation Program is to assist low to moderate-income homeowners with the rehabilitation and conservation of the community's older housing stock. The Lower Savannah Regional Housing Consortium will award eligible homeowners with funds to cover the cost of repairs and improvements necessary to make the property conform to state and/or local standards for decent, safe, and sanitary housing as required by applicable codes. The program provides a maximum of $50,000 for rehabilitation. These funds are available through the Consortium HOME funds via The Department of Housing and Urban Development. Eligible activities for the LSRHC must be located within the jurisdiction of participating local governments. Eligible areas are the un-incorporated areas of Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg Counties. Eligible municipalities include New Ellenton, North Augusta, Perry, Allendale, Fairfax, Ulmer, Bamberg, Denmark, Ehrhardt, Blackville, Snelling, Williston, Cameron, Neeses and Orangeburg.

ELIGIBILITY REQUIREMENTS

All program applicants must provide the appropriate documents to verify the following:

1. Applicant owns the home.
Mobile homes do not qualify for this program.
2. Applicant has occupied the home as his/her primary residence for at least three years prior to seeking assistance.
3. Applicant is current on mortgage payments.
4. Applicant's home must be a detached single-family home within one of the LSRHC participating jurisdictions, excluding mobile homes, manufactured homes and accessory structures.
5. Applicant is current on all taxes and utilities.
6. Applicant must provide employment and income verification for all adult members of the applicant's household.
7. Applicant's home has not previously received assistance though the Owner-Occupied Housing Rehabilitation Program.
8. Applicant household's annual gross income must not exceed the HUD published income limits for the applicant's area.

HOW TO APPLY

Contact **Sterling Howell** at the Lower Savannah Regional Housing Consortium at **(803) 508-7069** or visit our website at www.lscog.org for general information, program guidelines and application form for the Owner-Occupied Housing Rehabilitation Program. Completed applications must be accompanied by verification documents regarding; Household income, proof of ownership, employment, household members, savings and checking accounts, current utilities, and other documentation to support application information. Assistance is available on a first-come, first-serve basis to eligible homeowners as funds permit. If you believe that any household member is in imminent danger, please seek other avenues to resolve the immediate threat.

LSRHC

Aiken, Allendale, Bamberg, Barnwell, Calhoun, & Orangeburg

Intake Date: _____ *Pre-screen mailed: YES or NO* *CURRENT MARKET VALUE:* _____

Aiken **Allendale** **Bamberg** **Barnwell** **Calhoun** **Orangeburg**

Applicant or Person Inquiring Other than Applicant

Applicant's Name: _____ **Name:** _____

Relationship to applicant: _____

Physical Address: _____

Mailing (if different): _____

Telephone Numbers: HOME: (____)_____ CELL: (____)_____

Mobile Home_____ **Stick Built**_____ **HOMEOWNER'S INSURANCE: YES OR NO**

Year Mobile Home/House Built: _____

_____: Name ***IS*** on deed _____: Name ***IS NOT*** on deed _____: Life Estate

List any additional names on deed: _____

TOTAL HOUSEHOLD INCOME: _____ **INCOME LIMIT:** _____

LMI QUALIFYING: _____

Have you received housing rehab assistance from any other program in the past 5 years? _____

If so, Name of Program: _____

How much assistance did you receive? _____ What work was done? _____

Home needs the following repairs:

Roof	***Accessibility Ramps***	***Water Heater***	***Painting***	***Lead***
Gutters	***Porches***	***Electrical***	***Siding***	***Termites/Pest Control***
Windows	***Decks***	***Plumbing***	***Foundation***	***Shower***
Exterior Doors	***HVAC***	***Ceiling***	***Bathroom Accessibility***	***Floor***
Storm Doors		***Mold***		

SPECIAL NOTES: _____

_____

Person Taking Information: _____ **Date:** _____

Lower Savannah Regional Housing Consortium

HOMEOWNER REHABILITATION PROGRAM PRE-SCREENING FORM

NOTE: *This form is used for initial eligibility screening for processing applicants for the program. If potentially eligible you will be asked to complete a more detailed application at a later date. Please remember this is a basic assessment process and NOT an application for services. If you have questions about this form or the program, please contact us by telephone at (803) 508-7069.*

HOMEOWNER(S) NAME:_____

HOMEOWNER(S) AGES_____ _____

PROPERTY ADDRESS:_____

IS THIS YOUR PRIMARY ADDRESS? ☐Yes ☐No DO YOU CURRENTLY RESIDE IN THE PROPERTY? ☐Yes ☐No

NUMBER OF PEOPLE LIVING IN YOUR HOME:_____ IS ANYONE IN THE HOME DISABLED? ☐Yes ☐No

ARE HOMEOWNERS U.S. CITIZENS? ☐Yes ☐No ARE HOMEOWNERS PERMANENT RESIDENT ALIENS? ☐Yes ☐No

CONTACT INFORMATION: (____)_____ (___)_____ (___)_____

Home Telephone Cell Phone Work Telephone

EMAIL ADDRESS, if available:_____

HAVE YOU HAD HOME REPAIR THROUGH THIS PROGRAM BEFORE?_____If yes, what year(s)?_____

INFORMATION ABOUT YOUR HOME

DO YOU:_____**OWN** or _____**RENT** YOUR HOME? HOW LONG HAVE YOU LIVED IN YOUR HOME?_____

WHAT TYPE OF DWELLING IS YOUR HOME? ☐Condo ☐Duplex ☐Mobile ☐Single Family Detached ☐Townhouse

MORTGAGE, HOMEOWNER'S INSURANCE, TAXES, and BANKRUPCTY

DO YOU HAVE A MORTGAGE? ☐Yes ☐No IS THE MORTGAGE CURRENT? ☐Yes ☐No

DO YOU HAVE HOMEOWNER'S INSURANCE? ☐ Yes ☐No ARE YOUR PROPERTY TAXES CURRENT? ☐Yes ☐No

ARE HOMEOWNER(S) CURRENTLY IN BANKRUPTCY [INCLUDING CHAPTER 13]? ☐Yes ☐No

ARE THERE TAX LIENS ON THE PROPERTY? ☐Yes ☐No

INCOME INFORMATION

*TOTAL GROSS HOUSEHOLD ANNUAL INCOME BEFORE TAXES AND OTHER DEDUCTIONS: $_____

Must include all sources of income for persons 18 years of age or older living in the home. Income includes such things as **TANF, alimony, child support, income from your job, regular monetary gifts from friends or family, self-employment wages, Social Security benefits, pensions, and interest income from bank accounts or investments. All income sources must be disclosed.*

CERTIFICATION

I/we acknowledge that meeting pre-screening eligibility requirements does not guarantee assistance will be provided. I/we acknowledge that the information provided is true and correct. I/we acknowledge and understand any false statements or false information made on this pre-screening form will result in immediate denial of my/our consideration for this program

HOMEOWNER SIGNATURE:_____Date:_____

HOMEOWNER SIGNATURE:_____Date:_____

When Completed Email, Fax, Mail, or Hand Deliver To:

Lower Savannah Council of Governments
Address: ATTN: HOUSING
P.O. Box 850, 2748 Wagener Street Aiken,
SC 29802
Email Address: showell@lscog.org
Fax Number: (803) 649-2248