

Housing Preservation Initiative



INCOMPLETE HPI SUBMISSION PAGE 1 OF 4:

SC HOUSING Financing Housing Building SC		Housing Preservation Initiative Application South Carolina State Housing Finance and Development Authority 300-C Outlet Pointe Blvd., Columbia, SC 29210		Check applicable program Tier I: ☐ Tier II: ☐	
SC Housing Use Only -		Project #:	Approved for Processing: By:	Date:	
All Requested Information Must Be Complete and Accurate.					
This application and all other required information identified on the Housing Preservation Initiative Application Checklist must be submitted for funding consideration. Please note HOH means Head of Household.					
Sponsor Information:					
Sponsor Name	SC State Housing	Sponsor Level	Level II	EPA RRP Certified	Yes
Contact Person	Angela Johnson	Email	angela.johnson@schousing.com		
Address	300 C Outlet Pointe Blvd.	Office Phone	803-896-8723		
City, State, Zip	Columbia SC 29210	Cell Phone			
Alternate Contact	Courtney Davis	Alternate Office Phone	803-896-9254		
Alternate Email	courtney.davis@schousing.com	Alternate Cell Phone			
Estimated Funding					
1) Estimated Amount of HTF needed to rehabilitate the property (refer Housing Preservation Initiative Manual for funding limitations).				\$15000.00	
2) Estimated Amount of Project Delivery Fee (greater of 15% of total construction costs or \$500.00).				\$ 2250	
3) Total Amount of HTF estimated for the project.				\$ 17250	
Beneficiary Information					
Beneficiary's Name (Head of Household- HOH)		Jane Doe	Age (Head of Household-HOH)		59
Beneficiary's Name (Head of Household (HOH) Spouse)			Age (Spouse of Head of Household- HOH)		
List all other household members:					
Name:		Age:	Name:		Age:
Total # of Household Members		2			
Project Address		Doe Ave	Phone		803-123-8945
City, State, Zip		Gaston SC 29053	County		Lexington
Census Tract:		Longitude:	-80.12125	Latitude:	33.12569
Congressional District:	1	State Senate District:		State House District:	
Are any household members disabled?		Yes	If "Yes", check all that apply:		
			Physically Impaired		
			Sensory Impaired		
			Intellectual/Emotionally Impaired		
			I choose to not answer this question		
			Other		
Will the rehabilitation include accessibility improvements?		No			
5) Is the Beneficiary (HOH/HOH Spouse) elderly (Age 62 or older)?					
6) Does the Beneficiary (HOH/HOH Spouse) own any additional real estate property?			If Yes, where?		
Marital Status	Married X	Separated	Divorced	Widowed	Single
Total Household Income:	50% or Below AMI		80% or Below AMI	X	

INCOMPLETE HPI SUBMISSION PAGE 2 OF 4

Property Information	
Property meets definition of substandard unit?	Are property taxes current? Yes Tax Assessor's Map # 12348964561
Date Deed Recorded 12/12/1987	Deed Book # 125 Deed Page # 1 thr 5
All individuals with an interest in the property who are listed on the deed as "Grantees" (Separate with commas)	
Is the Beneficiary's Name the same as listed on the Deed?	
If no, please explain.	
Does the Beneficiary have homeowner's insurance? Y/N: Yes	
Has an insurance claim been filed related to proposed scope of work? Y/N: Yes If the answer is "Yes", please provide a copy of the claim.	
Is the home located in a FEMA disaster area? Y/N:	
Project Summary	
Describe the repairs for the proposed project, the Beneficiary(ies) to be served, and the time frame for project completion.	
Describe the proposed repairs below.	
Roof and HVAC	
How will the proposed repairs benefit the Beneficiary?	
Roof provides protection from the weather. HVAC will provide cooling and heating with the change of seasons	
Time frame for the project completion below.	
90 days	
Site and Construction Information	
# of Acres: 1.00	Year Built: 1977 Square Footage: 1,100 # of Bed rooms: 2 # of Bathrooms: 2
If built prior to 1978, will the proposed scope of work include disturbance of painted surfaces?	
Sponsor must be an EPA certified RRP firm to submit an application to repair a home built prior to 1978 if the proposed scope of work includes the disturbance of a painted surface.	
If yes, is the Sponsor an EPA certified RRP firm? Sponsor's EPA RRP Certification #:	
Provide a copy of the EPA Certification with Tab 2.	
Check all that apply ->	Building Type
☒	Detached Single Family
☐	Manufactured Housing
☐	Mobile Home
☐	Duplex
☐	Townhouse
☐	Foundation Type
☒	Slab on Grade
☐	Foundation with Crawl Space
☐	Partial Basement
☐	Full Basement
☐	Finished Frame
☒	Block
☐	Brick
☐	Vinyl Siding
☐	Stucco
☐	Other:
Are there any other accessory buildings on the property? If "Yes", please describe:	
Funding Information	
Estimated Housing Trust Fund amount:	\$ 17,250.00
Grants from other sources:	\$ -
Loans from other sources:	\$ -
TOTAL SOURCES OF FUNDING:	\$ 17,250.00

Rev: 08/2026 HTF Home Repair and Critical Repair Application Page 2

INCOMPLETE HPI SUBMISSION PAGE 3 OF 4 :

Has the applicant or the property received prior home repair assistance of any type? If yes, please provide the following:

Amount:	Source of Funds:	Award Amount:
		5

Type of repairs: _____

Agreements and Balance: _____

Funding Sources

Is funding from additional sources be needed to rehabilitate the property? ☐ If yes, provide the amount and source of funds being provided.

Amount:	Source:	Terms:	Restrictive Use Period	
	SC Housing Trust Fund	20 yrs	20 yrs	Forgivable Loan
Amount:	Source:	Terms:	Restrictive Use Period	Grant or Loan
Amount:	Source:	Terms:	Restrictive Use Period	Grant or Loan

Total Funding: \$ -

The Sponsor/Beneficiary must provide financial commitments for all non-HTF funding sources, if applicable.

Demographic Information of Beneficiary

The purpose of collecting this information is to help ensure that all Beneficiaries are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that SC Housing ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Ethnicity: _____ Race: _____

INCOMPLETE HPI SUBMISSION PAGE 4 OF 4:

Acknowledgments

The Sponsor and Beneficiary certify that all information furnished in support of this application is true and complete to the best of the Sponsor's and Beneficiary's knowledge and belief. The Sponsor and Beneficiary understand and agree SC Housing 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 to required documentation.

The Sponsor certifies it is in compliance with SC Housing programs in which it participates or has participated. Neither the Sponsor nor any of its officers, principals, advisors, consultants, or any other member of its organization 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 SC Housing program. The Sponsor certifies it is not delinquent on any financial obligation owed to SC Housing 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 Sponsor's activities.

The Sponsor and Beneficiary agree to abide by all South Carolina Housing Trust Fund Program rules and regulations. The Sponsor and Beneficiary understand and agree SC Housing may suspend or debar the Sponsor and its principals and/or its Beneficiaries from participation in the Housing Trust Fund or all SC Housing programs when SC Housing determines the Sponsor or Beneficiary has expended Housing Trust Fund monies inappropriately and/or has acted in a manner that SC Housing determines warrants suspension or debarment. If SC Housing has sufficient reason to believe a Sponsor or Beneficiary has violated federal, state, or local laws, SC Housing may request the assistance of law enforcement. SC Housing may assist law enforcement personnel in completing their investigation and with the prosecution of any criminal acts. SC Housing 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 and other program materials may result in SC Housing declining to accept an application. Further, the failure to abide by the program requirements will result in the disqualification of the Sponsor and all other persons or organizations involved with the Sponsor 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 Sponsor and Beneficiary acknowledge and understand that submission of a complete application does not guarantee a Housing Trust Fund award.

Sponsor:

Signature

Date: 8/17/2026

Certified By:

Courtney Davis

Title: Program Coordinator

Beneficiary:

Jane Doe

Signature

Date: 8/17/2026

Certified By:

COMPLETE APPLICATION FOR HPI SUBMISSION

PAGE 1 OF 4

SC HOUSING Financing Housing Building LLC		Housing Preservation Initiative Application		Check applicable program	
South Carolina State Housing Finance and Development Authority		300-C Outlet Pointe Blvd., Columbia, SC 29210		Tier I: ☐ Tier II: ☒	

SC Housing Use Only -

Project #:

Approved for Processing: Date: By:

All Requested Information Must Be Complete and Accurate.

This application and all other required information identified on the Housing Preservation Initiative Application Checklist must be submitted for funding consideration. Please note HOH means Head of Household.

Sponsor Information:	
Sponsor Name	SC State Housing
Contact Person	Angela Johnson
Address	300 C Outlet Pointe Blvd.
City, State, Zip	Columbia SC 29210
Alternate Contact	Courtney Davis
Alternate Email	courtney.davis@schousing.com
Sponsor Level	Level II
EPA RRP Certified	Yes
Email	angela.johnson@schousing.com
Office Phone	803-896-8723
Cell Phone	
Alternate Office Phone	803-896-9254
Alternate Cell Phone	

Estimated Funding	
1) Estimated Amount of HTF needed to rehabilitate the property (refer Housing Preservation Initiative Manual for funding limitations).	\$60,000.00
2) Estimated Amount of Project Delivery Fee (greater of 15% of total construction costs or \$500.00).	\$ 9,000.00
3) Total Amount of HTF estimated for the project.	\$ 69,000.00

Beneficiary Information	
Beneficiary's Name (Head of Household- HOH)	Jane Doe
Age (Head of Household- HOH)	59
Beneficiary's Name (Head of Household (HOH) Spouse)	Jon Doe
Age (Spouse of Head of Household- HOH)	65
List all other household members:	
Name:	Age:
Total # of Household Members	2
Project Address	Doe Ave
City, State, Zip	Gastonia SC 29053
County	Lexington
Census Tract:	75
Longitude:	-80.12125
Latitude:	35.12569
Congressional District:	1
State Senate District:	12
State House District:	14
Are any household members disabled?	No
If "Yes", check all that apply:	
	Physically impaired
	Sensory impaired
	Intellectual/Emotionally impaired
	I choose to not answer this question
	Other
Will the rehabilitation include accessibility improvements?	No
5) Is the Beneficiary (HOH/HOH Spouse) elderly (Age 62 or older)?	Yes
6) Does the Beneficiary (HOH/HOH Spouse) own any additional real estate property?	No
Marital Status	Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Single ☐ Other ☐
Total Household Income:	50% or Below AMI ☐ 80% or Below AMI ☒

7/2024

Housing Preservation Initiative

Page 1

COMPLETE APPLICATION FOR HPI SUBMISSION

PAGE 2 OF 4

Information			
Is definition of substandard unit?	No	Are property taxes current?	Yes Tax Assessor's Map # 12345698
Recorded	12/12/1987	Deed Book #	123 Deed Page # 78-80
Persons with an interest in the property who are listed on the deed as "Grantees" (Separate with commas)			
, Jon Doe			
Beneficiary's Name the same as listed on the Deed?			
Yes			
If no, please explain.			
Does the Beneficiary have homeowner's insurance?			
Yes			
Has an insurance claim been filed?			
No If the answer is "Yes", please provide a copy of the claim.			
Is the home located in a FEMA disaster area?			
No			
Project Summary			
Describe the repairs for the proposed project, the Beneficiary(ies) to be served, and the time frame for project completion.			
Describe the proposed repairs below.			
Roof and HVAC			
How will the proposed repairs benefit the Beneficiary?			
Roof will provide protection from the weather. HVAC will provide cooling and heater during the changes of seasons			
Time frame for the project completion below.			
90 days from the date of approval			
Site and Construction Information			
# of Acres:	1.00	Year Built:	1978 Square Footage: 1,000 # of Bedrooms: 2 # of Bathrooms: 3
If built prior to 1978, will the proposed scope to work include disturbance of painted surfaces?			
Yes			
Sponsor must be an EPA certified RRP firm to submit an application to repair a home built prior to 1978 if the proposed scope of work includes the disturbance of a painted surface.			
If yes, is the Sponsor an EPA certified RRP firm?			
Yes Sponsor's EPA RRP Certification #: NAT8123456			
Provide a copy of the EPA Certification with Tab 2.			
Building Type			
Check all that apply-->	☒ Detached Single Family	☒ Slab on Grade	☒ Block
	☐ Manufactured Housing	☐ Foundation with Crawl Space	☐ Brick
	☐ Mobile Home	☐ Partial Basement	☐ Vinyl Siding
	☐ Duplex	☐ Full Basement	☐ Stucco
	☐ Townhouse		Other:
Are there any other accessory buildings on the property?			
No If "Yes", please describe:			
Funding Information			
Estimated Housing Trust Fund amount:		\$ 69,000.00	
Grants from other sources:		\$ -	
Loans from other sources:		\$ -	
TOTAL SOURCES OF FUNDING:		\$ 69,000.00	

COMPLETE APPLICATION FOR HPI SUBMISSION

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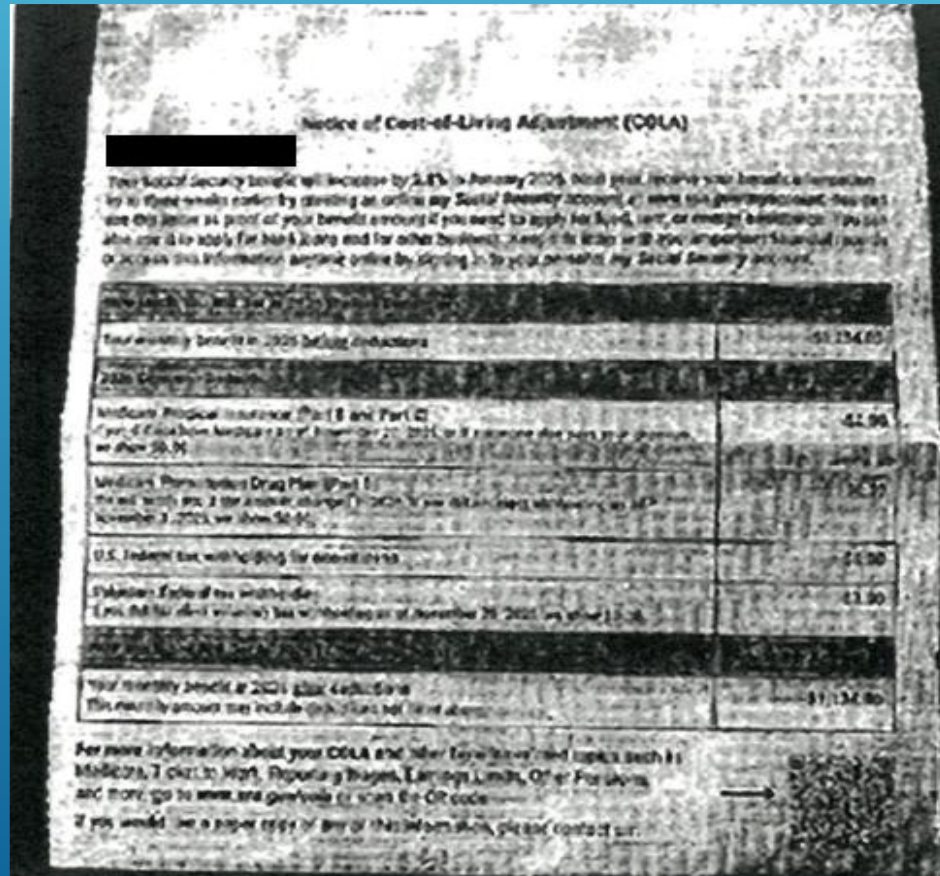
Has the property received prior home repair assistance of any type? If yes, please provide the following:						NO
Source of Funds					Award Amount	\$
Repairs						
Amounts and Balance						
Sources						
Funding from additional sources be needed to rehabilitate the property?						No
						If yes, provide the amount and source of funds being provided.
Amount:		Source:	SC Housing Trust Fund	Terms:	20 yrs	Restrictive Use Period
						20 yrs
						Forgivable Loan
Amount:		Source:		Terms:		Restrictive Use Period
						Grant or Loan
Amount:		Source:		Terms:		Restrictive Use Period
						Grant or Loan
Total Funding:	\$	-				
The Sponsor/Beneficiary must provide financial commitments for all non-HTF funding sources, if applicable.						
Demographic Information of Beneficiary						
The purpose of collecting this information is to help ensure that all Beneficiaries are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that SC Housing ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.						
Ethnicity:	I do not wish to provide this information			Race:	I do not wish to provide this information	

COMPLETE APPLICATION FOR HPI SUBMISSION

PAGE 4 OF 4

Has the property received prior home repair assistance of any type? If yes, please provide the following:					NO
Source of Funds				Award Amount	\$
repairs					
ents and Balance					
Sources					
Funding from additional sources be needed to rehabilitate the property?				No	If yes, provide the amount and source of funds being provided.
Amount:		Source:	SC Housing Trust Fund	Terms:	20 yrs
				Restrictive Use Period	20 yrs
Amount:		Source:		Restrictive Use Period	
				Grant or Loan	
Amount:		Source:		Restrictive Use Period	
				Grant or Loan	
Total Funding:	\$	-			
The Sponsor/Beneficiary must provide financial commitments for all non-HTF funding sources, if applicable.					
Demographic Information of Beneficiary					
The purpose of collecting this information is to help ensure that all Beneficiaries are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that SC Housing ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.					
Ethnicity:	I do not wish to provide this information			Race:	I do not wish to provide this information

If you cannot read it, please do not submit it. This will only delay the process



financial records or access this information online by signing into your **my Social Security** account.

How Much You Will Get In 2025 (Before Deductions)	Monthly Amount
Your monthly benefit in 2025 <u>before</u> deductions	\$2,037.00
2025 Common Deductions	Monthly Amount
Medicare Medical Insurance (Part B and Part C) If you did not have Medicare as of November 21, 2024, or if someone else pays your premium, we show \$0.00.	-\$185.00
Medicare Prescription Drug Plan (Part D) We will notify you if the amount changes in 2025. If you did not elect withholding as of November 1, 2024, we show \$0.00.	-\$0.00
U.S. federal tax withholding for non-citizens	-\$0.00
Voluntary federal tax withholding If you did not elect voluntary tax withholding as of November 21, 2024, we show \$0.00.	-\$0.00
How Much You Will Get In 2025 (After Deductions)	Monthly Amount
Your monthly benefit in 2025 <u>after</u> deductions This monthly amount may include deductions not listed above.	\$1,852.00

ILLEGIBLE APPLICATION

SC HOUSING
South Carolina Housing Finance and Development Authority
300-C Outlet Pointe Blvd., Columbia, SC 29210

Home Repair and Critical Home Repair Application

Check applicable program
Home Repair: ☐
Critical Home Repair? ☒

SP Housing Use Only Project: _____ Approved/Processing: _____ Repaid: _____

All Requested Information Must Be Complete and Accurate.
This application and all other required information identified on the Home Repair or Critical Home Repair Application Checklist must be submitted for funding consideration. Please note HOH means Head of Household.

Sponsor Information

Sponsor Name: SHARF _____ Sponsor Level: ☐ EPA RRP Certified: ☐
Contact Person: _____ Email: _____
Address: P.O. Box 1028 _____ Office Phone: (803) 859-1700
City, State, Zip: Greenville, SC 29603 _____ Cell Phone: (863) 609-1127
Alternate Contact: _____ Alternate Office Phone: _____
Alternate Email: _____ Alternate Cell Phone: _____

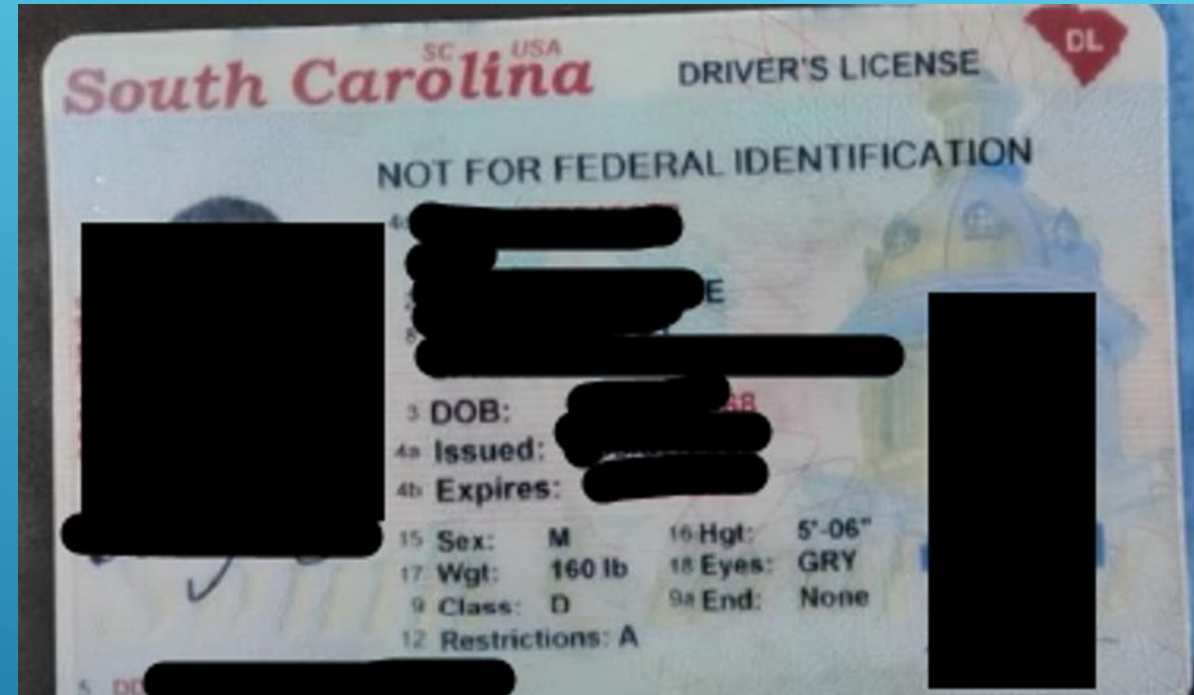
Estimated Funding

1) Estimated Amount of HTF needed to rehabilitate the property (refer Home Repair or Critical Home Repair Manual for funding limitations). \$5,000.00
2) Estimated Amount of Project Delivery Fee (greater of 15% of total construction costs or \$1,000). \$1,000.00
3) Total Amount of HTF estimated for the project. \$6,000.00

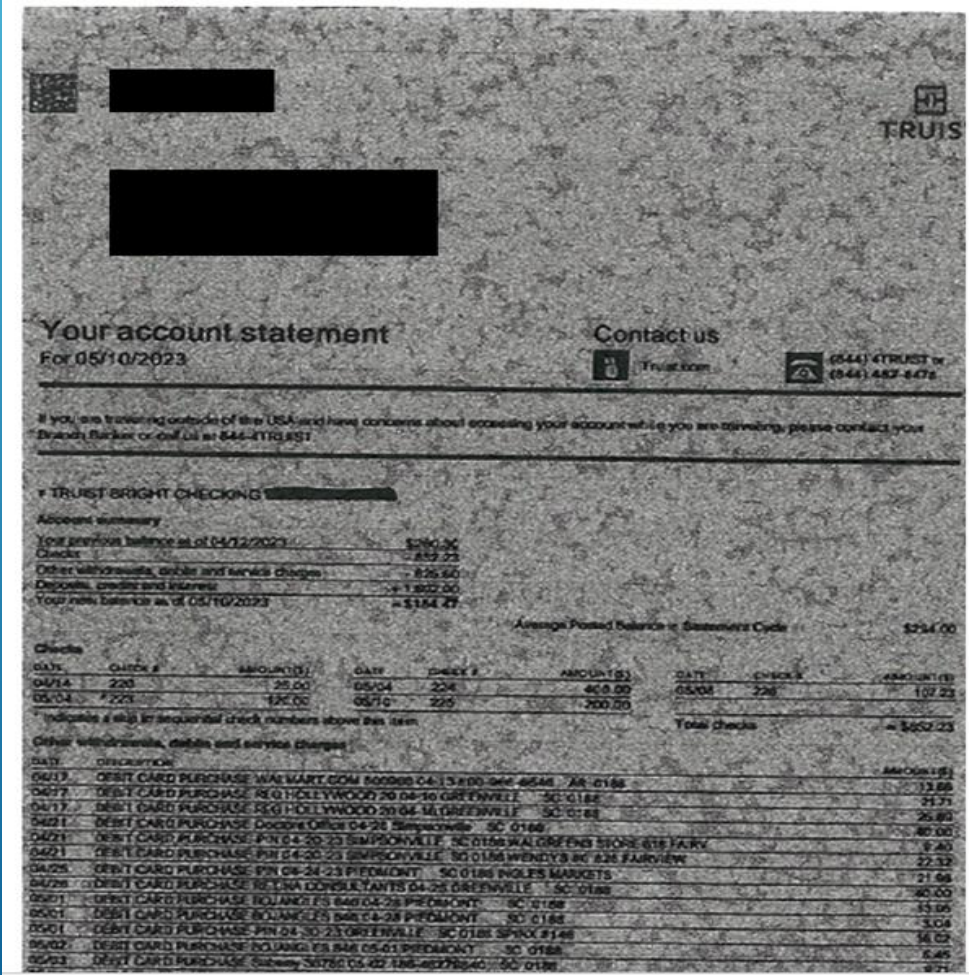
Beneficiary Information

Beneficiary's Name (Head of Household-HOH): WILLIAMS, _____ Age (Head of Household-HOH): 74
Beneficiary's Name (Head of Household (HOH) Spouse): _____ Age (Spouse of Head of Household-HOH): _____
List all other household members:
Name: _____ Age: _____ Name: _____ Age: _____
Total # of Household Members: 2
Project Address: 224 Jackson St. _____ Phone: (803) 243-7629
City, State, Zip: Greenville, SC 29630 _____ County: Greenville
Census Tract: 708.031 _____ Longitude: 82.5056N _____ Latitude: 82.5661W
Congressional District: 2 _____ State Senate District: 2 _____ State House District: 5
Are any household members disabled? No If "Yes", check all that apply: ☐ Physically Impaired
☐ Sensory Impaired
☐ Intellectual/Emotionally Impaired
☐ I choose to not answer this question
☐ Other
Will the rehabilitation include accessibility improvements? No
5) Is the Beneficiary (HOH/HOH Spouse) elderly (Age 62 or older)? No
6) Does the Beneficiary (HOH/HOH Spouse) own any additional real estate property? No If Yes, where? _____
Marital Status: Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Single ☒ Other ☐
Total Household Income: 50% or Below AMI ☒ 80% or Below AMI ☐

Government ID-If you cannot read it, please do not submit it.



NOT ACCEPTABLE BANK STATEMENT



VS ACCEPTABLE BANK STATEMENT

8/13/26, 11:06 AM about:blank



FOUNDERS
FEDERAL CREDIT UNION
737 Plantation Road
Lancaster, SC 29720

Date: 08/13/2026

Period: 05/01/2026 to 05/31/2026

Category	Checking	Open Date	10/16/2024
Type	Checking Account	Beginning Balance	\$53.07
		Ending Balance	\$3.74
		Beneficiary	

Posting Date	Effective Date	Description	Amount	Balance
05/01/2026		ACH Deposit SSI TREAS 310, 9101736121, XXSUPP SEC, [REDACTED]	\$994.00	\$1,047.07
05/01/2026	05/01/2026	Withdrawal Transfer to Loan 2000	-\$124.00	\$923.07
05/04/2026		Bill payment Withdrawal Speedpay [REDACTED] 139 East Fourth Street Cincinnati OH	-\$70.53	\$852.54
05/04/2026		Card Card purchase ALLSTATE *PAYMENT 6300 [REDACTED] 2775 SANDERS RD NORTHBROOK IL	-\$147.09	\$705.45
05/05/2026		Cash Withdrawal	-\$200.00	\$505.45
05/10/2026		Card Card purchase [REDACTED]	-\$53.25	\$452.20
05/13/2026		POS Card purchase [REDACTED]	-\$30.01	\$422.19
05/14/2026		Card Card purchase [REDACTED]	-\$11.79	\$410.40
05/16/2026		Card Card purchase [REDACTED]	-\$216.66	\$193.74

Delinquent Mortgage Statement

Loan is still DUE for:

*Nov. 2025

*Dec. 2025

*Jan. 2026



RETURN SERVICE ONLY
PO BOX 100081, Duluth, GA 30096-0377

6-034-23829-0026361-001-000-000-000

Mortgage Statement

Statement Date: 12/16/2025

Property Address:

Account Number

Payment Due Date

1/1/2026

Amount Due

\$2,177.13

If payment is received after 1/15/26, \$25.00 late fee will be charged.



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Enroll in electronic statements!
www.amerihomeservicing.com

Account Information

Outstanding Principal Balance \$66,186.78
Current Escrow Balance (\$94.48)
Maturity Date August 2043
Interest Rate 6.8750%
*The principal balance above is not the total amount required to pay your loan in full.

Contact Us

Online: www.amerihomeservicing.com
By Email: support@amerihomeservicing.com
By Phone: 833-200-9804
Hours of Operation: Monday through Friday 8:30 AM to 8:00 PM and Saturday 9:00 AM to 3:00 PM ET

Explanation of Amount Due

Loan Set Up on Automatic Payment/ACH* NO
*If your account is set up on Automatic Payment/ACH as indicated above, your account will continue to draft as scheduled.
Principal \$160.09
Interest \$377.38
Escrow (for Taxes and Insurance) \$168.24
Regular Monthly Payment \$725.71
New Fees & Charges (since last statement) \$0.00
Past Due Amount (including unpaid fees/charges) \$1,451.42
Total Amount Due \$2,177.13

Activity since your last statement (11/18/2025 - 12/16/2025)

Date	Due Date	Description	Amount	Principal	Interest	Escrow	Fees	Unapplied	Other
12/04/2025		COUNTY TAX DISBURSEMENT	\$0.00	\$0.00	\$0.00	(\$725.68)	\$0.00	\$0.00	\$0.00

Past Payment Breakdown

	Paid Last Month	Paid Year to Date
Principal	\$0.00	\$1,534.00
Interest	\$0.00	\$3,840.70
Escrow	\$0.00	\$1,788.05
Fees	\$0.00	\$734.35
Total	\$0.00	\$7,295.10

Important Messages

If you are experiencing a hardship and need assistance, please reach out to us to discuss assistance options at 833-200-9804. While it's important to make timely payments, if you are experiencing a hardship having trouble making your mortgage payment on time, assistance options may be available. If you would like mortgage counseling or assistance at no cost to you, or if you need assistance with transition or other language assistance, you can find a list of counselors in your area on the U.S. Department of Housing and Urban Development (HUD) website at www.hud.gov/counseling, by phone at 800-669-4287. You may also be eligible for mortgage assistance from your state's housing finance agency or other state/local agency (see reverse for more information). For additional educational information, including help for servicemembers, you may also visit Fannie Mae's website <https://www.fanniemae.com>. If Fannie Mae is the owner of your mortgage loan or Freddie Mac's website <http://myhome.freddiemac.com>, if Freddie Mac is the owner of your loan.

Delinquency Notice

You are late on your mortgage payments. Failure to bring your loan current may result in fees and foreclosure - the loss of your home. As of December 16, 2025, you are 45 days delinquent on your mortgage loan. Your loan became delinquent as of 11/01/2025.

Recent Account History

Payment due 07/01/2025: \$0.00
Payment due 08/01/2025: \$0.00
Payment due 09/01/2025: \$0.00
Payment due 10/01/2025: \$0.00
Payment due 11/01/2025: Unpaid Amount of \$725.71
Payment due 12/01/2025: Unpaid Amount of \$725.71
Current payment due 01/01/26: \$725.71
Total: \$2,177.13 Due. You must pay this amount to bring loan current.

Another Delinquent Mortgage Statement

shellpoint.
DO NOT SEND MAIL OR PAYMENTS TO THIS ADDRESS
P.O. Box 619063 • Dallas, TX 75261-8063

MORTGAGE STATEMENT
Statement Date: 12/17/2025

Next Due Date
Reinstatement Amount \$
If payment is received after 01/16/2026, a \$35.96 late fee may be assessed.

Phone: 800-365-7107
Website: www.shellpointmtg.com

Explanation of Amount Due
Accelerated Amount
The loan is in default for failure to pay amounts due, and the sums evidenced by the instruments are now due and payable in full. As of the date of this letter, this is the amount due in full. Please note that this is not a payoff statement and the amount due may change due to outstanding or unrealized costs or fees. Contact us for a payoff or reinstatement amount.

Reinstatement Amount
As of the date of this letter, we are willing to accept this amount to reinstate your loan. The amounts due may change due to outstanding or unrealized costs or fees. Contact us at 800-365-7107 for an accurate reinstatement amount.

Account Information

Outstanding Principal	\$120,537.04
Interest Rate	5.3750%
Prepayment Penalty	
Property Address:	
Contractual Due Date:	
Current Escrow Balance	-\$4,365.16
Deferred Principal	\$0.00
Deferred Interest	\$0.00
Assistance Balance	\$0.00
Reserve Balance	\$0.00
Maturity Date	08/01/2051

Past Payments Breakdown

	Paid Last Month	Paid This Month
Principal	\$0.00	\$0.00
Interest	\$0.00	\$0.00
Escrow	\$0.00	\$0.00
Fees/Late Charges	\$0.00	\$0.00
Unapplied Partial Payment	\$0.00	\$0.00
Total	\$0.00	\$0.00

Transaction Activity (11/18/2025 - 12/17/2025)

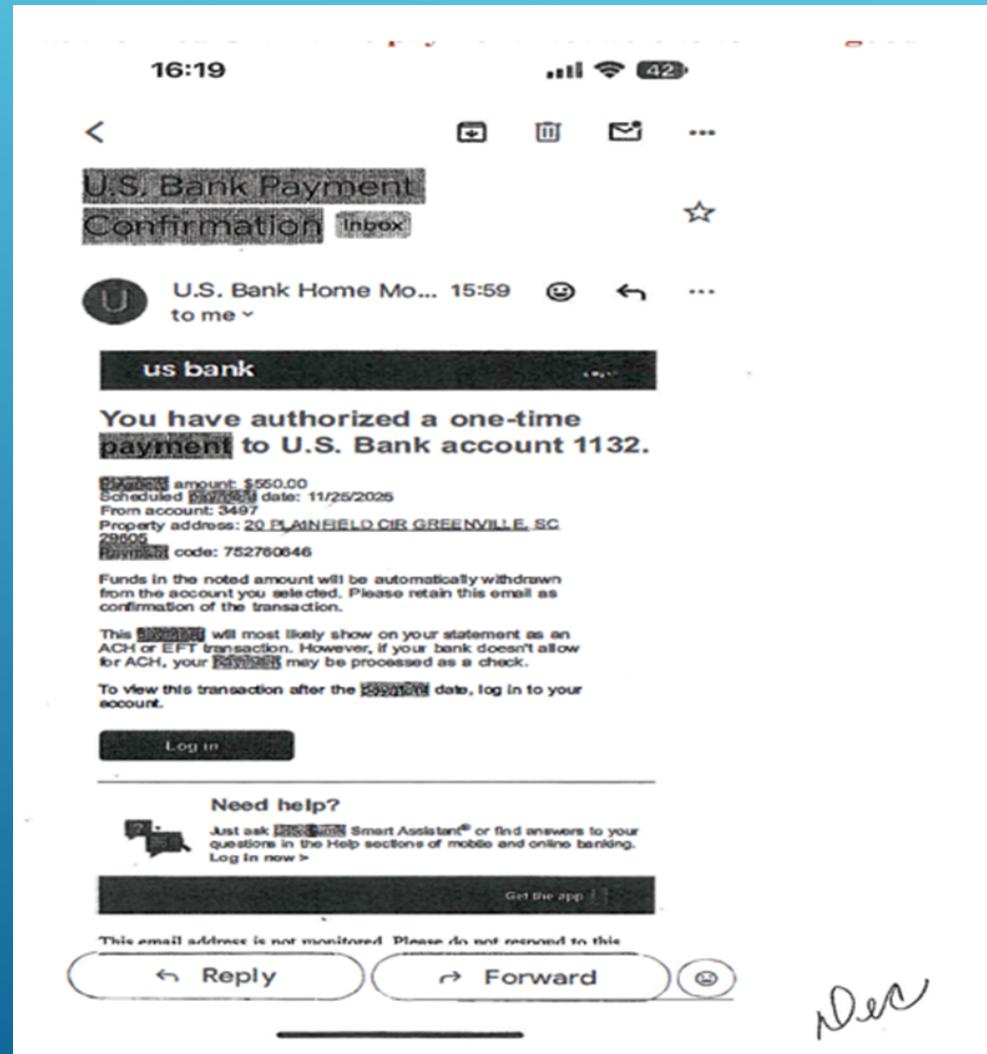
Date	Description	Charges
12/02/2025	County Tax Bill 1	\$839.64
12/05/2025	Lender Placed Hazard Disbursement	\$281.43

Important Messages
*Partial Payments: Any partial payments listed here are not applied to your mortgage, but instead are held in one or more separate accounts. Once we receive funds equal to a full monthly payment, we will apply those funds to your mortgage.

Additional Messages
Your loan is currently on a Loan Modification Trial Period Plan. Your trial period payment is \$1,407.80. The payment due on this statement reflects your contractual payment. You must make all trial payments in the month in which they are due in order to qualify for a Modification. If we do not receive a payment due during the trial period before the end of the month in which it is due, your loan may not be modified. Call Shellpoint at 800-365-7107 with any questions or concerns.
For questions regarding the servicing of your loan, please contact us at 800-365-7107 Monday-Friday 8:00AM-5:00PM, and Saturday 10:00AM-2:00PM Eastern Time.
Federal law requires us to tell you how we collect, share, and protect your personal information. Our Privacy Policy has not changed. You can review our policy and practices with respect to your personal information at www.shellpointmtg.com or request a copy to be mailed to you by calling us at 800-365-7107.

Delinquency Notice
You are late on your loan payments and the foreclosure process has been initiated. Failure to bring your loan current may result in the loss of your home. As of 12/18/2025, you are 20 days delinquent on your loan.
Recent Account History
Payment due 07/01/25: unpaid balance of \$5,764.64
Payment due 08/01/25: unpaid balance of \$1,462.60
Payment due 09/01/25: unpaid balance of \$1,426.64
Payment due 10/01/25: unpaid balance of \$788.23
Payment due 11/01/25: unpaid balance of \$788.23
Payment due 12/01/25: current payment due
Total: \$12,796.80 due. You must pay this amount to bring your loan current.
If You Are Experiencing Financial Difficulty: See back for information about mortgage counseling or assistance.
See Total Payment Amount Breakdown on page 2.

A ONE-TIME AUTHORIZED OF PAYMENT IS NOT A MORTGAGE STATEMENT. NOT ABLE TO TELL IF IN GOOD STANDING



RECAP

- If an application is received incomplete, it will be rejected
- Handwritten applications and any enclosed documents (work write ups) will not be accepted.
- Please complete all fields in the application with proper data and with a Yes or No to each questions.
- Do not save an application to edit for a new applicant. Please use a new/fresh HPI application for each applicant.
- Make sure page 4 of the HPI application has all required signatures and title for Sponsor along with Certificated By and Beneficiary signature and Certificated By are provided

RECAP

- Make sure to list all individuals with interest in the property that's listed on the deed and those signatures are provided on the HTF forms HTF 1A, HTF 1B and HTF 1C.
- Deeds of Joint Tenancy with Right of Survivorship, enclosed a death certificate of the decease with the required deed.
- When uploading an application to our Secure File Exchange, make sure the application is organized and tabbed in accordance with the HPI tabbing system
- Take the time to review all documents for accuracy and clarity. Files are imaged for later access.

RECAP

- Updates are released through Bulletins
- Information in SCEIS must be accurate to avoid delays in receiving direct deposits
- We ask that you do not include Homeowners, Contractors, and P/C in email correspondence. (Nonprofits will always be point of contact no matter the discrepancy)
- We ask the you do not refer homeowners to SC Housing Program Coordinators for complaints, questions, and three-way phone calls.

Thank you! Questions?

How to learn more about SC Housing:

- Visit www.schousing.sc.gov