



Exhibit 3: HTF Disaster Assistance Program (DAP) Homeowner Application

South Carolina State Housing Finance and Development Authority

SC Housing Use Only -

HTF DAP Project #: _____

All Requested Information Must Be Complete and Accurate.

This application and all other required information identified on the **Exhibit 4 - DAP Homeowner Application Checklist** must be submitted for funding consideration. **Please note HOH means Head of Household, ULG means Unit of Local Government and COG means Council of Government.**

ULG/COG Information:

| | | | |
|-------------------|-------|------------------------|-------|
| ULG/COG Name | _____ | Email | _____ |
| Contact Person | _____ | Office Phone | _____ |
| Address | _____ | Cell Phone | _____ |
| City, State, Zip | _____ | | |
| Alternate Contact | _____ | Alternate Office Phone | _____ |
| Alternate Email | _____ | Alternate Cell Phone | _____ |

Estimated Funding:

| | |
|--|-------|
| 1) Amount of HTF requested to rehabilitate the property. | _____ |
| 2) Amount of Project Delivery Fee (greater of 15% of total construction costs or \$1,000). | _____ |
| 3) Total Amount of HTF requested for the project. | _____ |

Homeowner Information:

Homeowner's Name (Head of Household- HOH) _____ Age (Head of Household-HOH) _____

List all other household members:

| | | | |
|-------------|------------|-------------|------------|
| Name: _____ | Age: _____ | Name: _____ | Age: _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total # of Household Members _____

Project Address _____ Phone _____

City, State, Zip _____ County _____

Census Tract: _____ Longitude: _____ Latitude: _____

Congressional District: _____ State Senate District: _____ State House District: _____

| | | | | |
|-------------------------------------|-------|---------------------------------|-------|--------------------------------------|
| Are any household members disabled? | _____ | If "Yes", check all that apply: | _____ | Physically Impaired |
| | | | _____ | Sensory Impaired |
| | | | _____ | Intellectually Impaired |
| | | | _____ | I choose to not answer this question |
| | | | _____ | Other _____ |

Is the Homeowner (HOH) elderly (Age 62 or older)? _____

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____ Other _____

Total Household Income: 50% or Below AMI _____ 80% or Below AMI _____

Property Information:

Property has storm damage? Are property taxes current? Tax Assessor's Map #
If yes, was the damage caused by a "named storm"?
If yes, name of weather event

Date Deed **Recorded** Deed **Book #** Deed **Page #**

List ALL individuals with an interest in the property who are listed on the deed as "Grantees" (Separate with commas)

Is the Homeowner's name the same as listed on the Deed?

If no, please explain.

Does the Homeowner have homeowner's insurance?

Has an insurance claim been filed?

If the answer is "YES", please provide a copy of the claim and any documentation of claim approvals and/or denials for damage coverage.

Is the home located in a FEMA declared disaster area?

If yes, has a claim been filed with FEMA?

Project Summary:

Describe the repairs completed for the project, and the household served and the time frame for project completion.

Describe the completed repairs below.

How did the proposed repairs benefit the Homeowner and/or household?

Site and Construction Information:

of Acres: Year Built: Heated Square Footage: # of Bedrooms: # of Bathrooms:

Building Type

Check all that
apply-->

☐
☐
☐
☐
☐

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:

Housing Trust Fund amount:
Grants from other sources:
Loans from other sources:
TOTAL SOURCES OF FUNDING:

Prior Assistance:

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

| | | | | | |
|--|----------------------|-------------------------|----------------------|--------------|----------------------|
| Year provided | <input type="text"/> | Name of Funding Source: | <input type="text"/> | Award Amount | <input type="text"/> |
| List the type of repairs <input type="text"/> | | | | | |
| Is there a lien on the property? <input type="text"/> If yes, provide a copy of the lien document with the Application behind Tab 2. | | | | | |

Non-SC Housing Funding Sources:

Were additional sources needed to rehabilitate the property?

If yes, provide the amount and source of funds being provided below.

If additional funding was provided to complete the project provide details on the amount of funding provided and include all terms and conditions of the additional funding source.

| | | | | | | | | | |
|---------|----------------------|---------|----------------------|--------|--------------------------|------------------------|----------------------|---------------|----------------------|
| Amount: | <input type="text"/> | Source: | <input type="text"/> | Terms: | <input type="text"/> yrs | Restrictive Use Period | <input type="text"/> | Grant or Loan | <input type="text"/> |
|---------|----------------------|---------|----------------------|--------|--------------------------|------------------------|----------------------|---------------|----------------------|

| | | | | | | | | | |
|---------|----------------------|---------|----------------------|--------|--------------------------|------------------------|----------------------|---------------|----------------------|
| Amount: | <input type="text"/> | Source: | <input type="text"/> | Terms: | <input type="text"/> yrs | Restrictive Use Period | <input type="text"/> | Grant or Loan | <input type="text"/> |
|---------|----------------------|---------|----------------------|--------|--------------------------|------------------------|----------------------|---------------|----------------------|

Total Non-SC Housing Funding:

Demographic Information of Homeowner:

The purpose of collecting this information is to help ensure that all Homeowners 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.

HOH Ethnicity:

HOH Race:

Acknowledgments:

The ULG/COG and Homeowner certify that all information furnished in support of this application is true and complete to the best of the ULG/COG's and Homeowner's knowledge and belief. The ULG/COG and Homeowner 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 ULG/COG certifies it is in compliance with SC Housing programs in which it participates or has participated. Neither the ULG/COG 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 ULG/COG 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 ULG/COG's activities.

The ULG/COG and Homeowner agree to abide by all South Carolina Housing Trust Fund Program rules and regulations. The ULG/COG and Homeowner understand and agree SC Housing may suspend or debar the ULG/COG and its principals and/or its Homeowners from participation in the Housing Trust Fund or all SC Housing programs when SC Housing determines the ULG/COG or Homeowner 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 an ULG/COG or Homeowner 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 ULG/COG and all other persons or organizations involved with the ULG/COG 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.

Hold Harmless Agreement:

WHEREAS, the homeowner is/are the owner(s) and resident(s) of the house located at the above reference Property Address,
WHEREAS, the homeowner needs and wants home repairs of said house to be completed by a third party,
WHEREAS, SC Housing is unwilling to pay for said home repairs through any of its Home Repair Programs (Program) unless indemnified by the Homeowner as provided hereinafter, and
WHEREAS, the homeowner acknowledges and accepts that SC Housing is not responsible for and should not be held liable for the actions of any third party performing said home repairs,
NOW, THEREFORE, in consideration of Program funding for the home repairs of said house, the homeowner agrees to save, defend, hold harmless, and indemnify SC Housing from and against any and all claims, loss damage, injury, deprivation, cost, charge, liability or expense, including court costs and attorneys' fees, that the Beneficiary may sustain, suffer, or be put to now or in the future as the result of the home repairs paid for by a Program.

WITNESS the hand(s) and seal(s) of the Homeowner on this day of , .

WITNESSES:

Witness Signature

Homeowner Signature

Print Name: _____

Print Name: _____

Duplication of Benefits:

A duplication of benefits occurs when a person, household, business, or other entity receives financial assistance from multiple sources for the same purpose. The homeowner certifies that they have not received funding from another funding source to pay for the rehabilitation and repair work being paid for with HTF Disaster Assistance Program funding, awarded through this application.

Conflicts of Interest:

The ULG/COG understands no member, officer, or employee, of the Sponsor or Partner of the Sponsor of its designees or agents, which the program is situated, nor any other public official of such locality or localities who exercises any functions or responsibilities with respect to the project or program during his or her tenure or for one year thereafter, shall have any interest, direct or indirect, in any contract or subcontract, or any proceeds resulting therefrom, for work to be performed in connection with the program of project.

The ULG/COG and Homeowner acknowledge and understand that submission of a complete application does not guarantee a Housing Trust Fund award.

ULG/COG: _____
Signature

Date: _____

Printed Name: _____

Title: _____



Homeowner (HOH): _____
Signature

Date: _____

Printed Name: _____