South Carolina State Housing Finance and Development Agency

300-C Outlet Pointe Blvd., Columbia, SC 29210

Authority Use Only - Project #:
Approved for Processing
By:
Date:

All Requested Information Must Be Complete and Accurate.

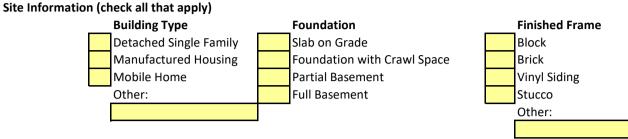
A hard copy of this application and all other required information must be submitted for funding consideration.

Sponsor Informatio	n:								
Sponsor Name							Contact		
Address							Email		
City, State, Zip							Phone		
							Cell Phone:		
Alternate Contact							Phone		
Email							Cell Phone		
Funds Requested									
HTF Amount Reques	sted	\$		-					
HTF Developers Fee		\$		-	Ot	her So	ources Reque	sted <mark>\$</mark>	-
Total HTF Amount Requested		\$		-	Total Rehabilitation Costs \$ -				
Beneficiary/Proper	ty Informatio	n							
Homeowner's Name	2							Phone	
Address									
City, State, Zip								County	
# of Household Mer	nbers								
Population			Disabled	E	lderly			Handicapped	
Property meets defi	nition of sub	standard unit?)	□ Y	es			No	
Are property taxes current?			Yes	🗌 N	0		Assessor's M	ap #	
Provide a copy of the	ne most rece	nt property ta	x receipt.						
Provide a legible cop the recordation date				vith the	benet	ficiarie	es name and	legal description	on. The deed must include
	e, DOOK, and	page numbers	•						
Date Deed Recorde	d								
Deed Book #		All	individuals	with a	n inter	est in	the property	who are listed	d on the deed as "Grantees'
Deed Page #		1							
		1							
Is the Homeowner's	Name the sa	ime as the dee	d "Grantee	s"?	[Yes	🗌 No	
If no, please explain									
Are there any liens	recorded on t	he property?			Yes		🗌 No	If yes, pro	ovide an explanation below
Does the homeown	er have home	eowner's insur	ance?		Yes		🗌 No	If yes, pr	ovide a copy.

Beneficiary/Property Information (con't)

Sponsor must submit for the beneficiary completed income forms along with third party income documentation for each household member (See forms HTF-3A, HTF-3B, HTF-3C).

Provide the completed Declaration of Citizenship (HTF-3D) form.



Rehabilitation Construction Requirements: Each applicant must submit a detailed work write-up (Form HTF-2B).

Project Summary

Project Summary: Describe the proposed project, the beginning and ending dates, and how the project will be implemented within the allowed time frame.

Funding Information Applicant must provide financial commitments (if applicable). Housing Trust Fund amount requested: Grants from other sources: \$ Loans from other sources: \$ TOTAL SOURCES OF FUNDING: \$ **Funding Sources** SC Housing Trust Fund Source 1 Amount \$ _ Grant Repayable Loan (Local Gov't Only) Award Type Deferred Forgivable Loan per annum Term Payment \$ Rate years Source 2 Amount \$ Grant Deferred Forgivable Loan Repayable Loan Award Type Term per annum years Payment \$ Rate

Sponsor is required to submit one (1) original and one (1) copy of the Beneficiary Application. Additionally, the Beneficiary Checklist with all required documentation (one (1) original and one (1) copy also required) must be submitted or the application will be returned to the Sponsor. Send all information to: South Carolina State Housing Finance and Development Authority, ATTN: Housing Development, OOR Beneficiary Application, 300-C Outlet Pointe Blvd., Columbia, SC 29210. **The Applicant acknowledges and understands that Submission of a complete application does not guarantee a Housing Trust Fund award.**

Date

Sponsor	
Certified By	
Title	

HTF OOR Beneficiary Application Rev: 6/2017 for 2018 Program Year