



Date _____
 Customer Number (Unique ID) _____
 Applicant _____
 CoApplicant _____

Appeal Request

Please indicate below the reason for your appeal request.

*Then **fax** the requested documentation, along with this completed form, to (803) 551-4961.*

I was declined for assistance and would like to be reconsidered due to the following change in circumstance:

- Involuntary Reduction of Income (Please provide a current paystub, W-2s and tax returns to document *both* your current income and your previous income, along with an explanation of the events surrounding the reduction in income.)
- Involuntary Unemployment (Please provide documentation from the SC Department of Employment and Workforce showing your receipt of unemployment benefits.)
- Hardship Documentation - I can now provide documentation of my hardship. (Please provide a new letter that describes your hardship in addition to the documentation.)

I have already received assistance but would like to apply for additional monthly payments due to:

- Involuntary Reduction of Income (Please provide a current paystub, W-2s and tax returns to document *both* your current income and your previous income, along with an explanation of the events surrounding the reduction in income.)
- Involuntary Unemployment (Please provide documentation from the SC Department of Employment and Workforce showing your receipt of unemployment benefits.)
- Short Sale/Deed in Lieu (Please provide a copy of the executed deed for a Deed-in-Lieu or an executed sales contract and a Settlement Statement/HUD-1 for a short sale.)

I have not had a change in circumstance but I would like to request a second review for the following reason(s):

Other – My circumstance is not described above. I would like to be reconsidered for the following reason(s):

If you have any questions about the appeal process or need help to complete this form, please call (803) 896-9200. *Additional documentation may be required following review.