Single Family Homeowner Rehabilitation Program



## Richland County, South Carolina CDBG-DR Single Family Homeowner Rehabilitation Registration Form

INSTRUCTIONS:	Fill out this form completely and to the best of your ability. All answers must be truthful. False information will result in the rejection of your application and may result in legal action.			
	Richland County Government Center			
Please return	2020 Hampton Street, Ste. 1022			
this form by	1 <sup>st</sup> Floor, Flood Recovery Office			
mail, in person,	PO Box 192			
or by email:	Columbia SC 29204			
	RichlandCountyCDBGDR@sites.tetratech.com			
Return an origina	al signed copy of this form and income documentation.			
Submission of this registration form constitutes the beginning of the application process. Please make a copy of the completed registration form to keep for your records.				
	ubmitted the registration form for processing, you will be assigned an Applicant ID. Your Applicant ou and will be used for all future correspondence.			
You will receive notification regarding your registration, which will outline your application status and next steps.				
Should the program be able to proceed with your application, you will meet with a program case manager to complete the full program application. The full application requires supporting documentation that will be used to verify all of the information you submit. The documentation requirements will be communicated to you prior to your first in person appointment.				
Contact the Rich recovery program	land County Flood Intake Center at 888-964-1589 for additional information about the flood m.			
En Español: Contacto el Richland County Departamento de desarrollo comunitario (888-964-1589) para obtener más información sobre el programa de recuperación de inundaciones, impreso en español.				
리치 랜드 카운티 커뮤니티 개발 부서 (888-964-1589) 홍수 복구 프로그램에 대 한 자세한 내용은 연락처에에서 인쇄				
PROGRAM LISE O	NI V·			

PROGRAM USE ONLY:						
Received Date:	Reviewed By:	Review Date:				
Form Complete:	☐ Yes   ☐ No Applicant ID Assigned R	CDR-SFHRP:				
PNO:   1a     1b     1c     2						
Applicant Data Rec	corded Date:	<u></u>				

Rev. 5/2018





Date:								
Applicant Name(s):								
Phone Number:								
Email:								
Mailing Address:								
	Number	Street	City, State	Zip Code				
Damaged Property Address:	Number	Ctroot	City State	7in Codo				
	Number	Street	City, State	Zip Code				
1. Damage Description:								
2. Number of individuals in your	household:							
3. What is your total annual gro		usehold income: \$						
Please attach at least one	of the following	<u>ng:</u>						
<ul> <li>Most Recent Tax Return</li> </ul>	า							
• 2017 Form W-2								
<ul> <li>Three Months of Pay St</li> </ul>								
<ul> <li>Most Recent Social Secu</li> </ul>	-	t						
4. Is anyone in your home age 6				☐ Yes   ☐ No				
5. Is anyone in your home disab	☐ Yes   ☐ No							
6. Is anyone in your home a vet	]	☐ Yes   ☐ No						
7. Are there children under the age of 5 in your home?								
8. Are you a single-parent house	8. Are you a single-parent household?							
9. Was your property damaged	by the 2015 flo	oding?		☐ Yes   ☐ No				
10. Are there life threatening hea	alth conditions	in your home?	[	□ Yes   □ No				
L1. Are you a US Citizen or Qualif		,	□ US Citizen   □	•				
L2. What is the property constru	_	☐ Stick Built   ☐ Mobile	·					
L3. Is the damaged property owr		•	•	☐ Yes   ☐ No				
L4. Do you run a business out of	•		_	☐ Yes   ☐ No				
L5. Is your property in Richland C		☐ Yes   ☐ No						
is your property in memana c	ounty AIVD out	side the city inities of cold	iioia.					
Applicant 1 Signature		Applicant 1 Printed	Name	Date				
Applicant 2 Signature		Applicant 2 Printed	Name	Date				

I attest that the information I provided in this document is, to the best of my knowledge, accurate and truthful. I understand that providing false or misleading information in this document or during this program could result in legal action and/or the repayment of loan funds. Title 18, Section 1001 of the U.S. Code provides that a person is guilty of a felony for knowingly and willingly making materially false or fraudulent statements or representations in any manner within the jurisdiction of any branch of the United States government.

PLEASE NOTE: COMPLETING THIS REGISTRATION FORM DOES NOT GUARANTEE ASSISTANCE.