



Small Rental Rehabilitation Program

# Richland County, South Carolina CDBG-DR Recovery Small Rental Rehabilitation Program Application 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.

**Please return this form by mail or in person:** Richland County Government  
Flood Recovery Office, Ste. 1022  
PO Box 192  
2020 Hampton Street  
Columbia SC 29204

**Or by email:** RichlandCountyCDBGDR@sites.tetrattech.com

### Program Details:

The Richland County Small Rental Rehabilitation Program provides U.S. Department of Housing and Urban Development funds for housing rehabilitation assistance for rental properties, containing 1-4 units, damaged by the October 2015 flood events. The funds will be provided as a five (5)-year forgivable loan forgiven at 20% per year secured by a lien upon the property for the duration of the forgiveness period. Applications must be completed and submitted by the property owner or their legal representative. In order to participate in the program the applicant must be the owner of the property seeking rehabilitation and must be a legal U.S. citizen or qualified alien. The owner must be current on all property taxes and child/spousal support if applicable. **The applicant (property owner) is only eligible if their household earns 120% or less area median income based upon their household size.** Only units containing low/moderate income tenant households are eligible for rehabilitation and once rehabilitated the rental units must be rent restricted during the affordability period of five years for low to moderate income (LMI) persons. The rents, at a minimum, must comply with High HOME Investment Partnership (HOME) Rents and may not exceed 30% of the monthly income for a household earning 80% or less of the Area Median Income (AMI). Units which are rehabilitated under this program must also accept Section 8 vouchers for the duration of the affordability period.

### Completion and Submission Process:

Please complete this application form and obtain all of the required documents requested in the application. Once you have completed the application and gathered the required material please contact the Richland County Flood Recovery Office at 1-803-576-2149 to schedule an in-person-consultation. Provide an original signed copy of this form, including all eight (8) pages and the required documentation, to the case manager upon your in-person consultation.

Applications may also be mailed in to the Richland County Flood Recovery Office. Once received flood recovery staff will contact you to schedule an in person consultation. Please make a copy of the completed SRR Program Application Form and keep it for your own records. You will receive notification after your application is reviewed and be provided an outline of your next steps.

**Contact the Richland County Flood Intake Center at 888-964-1589 for additional information.**

**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 대한 자세한 내용은 연락처에서 인□

### PROGRAM USE ONLY:

Received Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Review Date: \_\_\_\_\_

Form Complete:  Yes |  No Applicant ID Assigned RCDR-SRRP: \_\_\_\_\_

Applicant Data Recorded Date: \_\_\_\_\_



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**SUPPORTING DOCUMENTATION**

**(Please provide the following documentation as it pertains to the items in the application)**

The following supporting documentation is required. Please bring all of these materials with you to your appointment. Materials are required for applicant only, with the exception of income.

**Proof of Identity:** (at least one)

- Driver's License
- State-Issued ID Card
- US Passport
- US Passport Card
- Permanent Resident Card
- Military ID
- Other Official State or Federal Photo ID

**Proof of Citizenship or Qualified Alien Status:** (at least one)

- FEMA Award for Individual Housing Assistance (preferred)
- US Passport
- US Passport Card
- US Birth Certificate
- Certificate of Naturalization
- Certificate of Citizenship
- Alien Number or I-94 Submission Number

**Proof of Ownership:**

- Property Title/Deed

**Documentation of Other Assistance Received:**

- FEMA registration number and structural damage award amounts
- SBA loan application number and approved/received amount
- Flood insurance payments received
- Homeowners insurance received
- Increased Cost of Compliance (ICC) payment received
- Amounts of assistance received from non-profit groups to repair the home (in kind or actual payment)
- Flood insurance payments received
- Homeowners insurance received

**Documentation for Income Verification (required for each tenant and applicant household member earning income):**

- Most recent IRS 1040, 1040A or 1040 EZ Tax Return (adjusted gross income)
- Most recent (2017) W-2
- Minimum of 3 consecutive pay stubs
- Social Security or SSI statement
- Disability income
- Pension/retirement income documents
- Other fixed income documentation
- 3 months of bank statements



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Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Number Street City Zip Code

Damaged Property Address: \_\_\_\_\_  
Number Street City Zip Code

1. Do you own the property?  Yes |  No  
**Please provide a copy of the title/deed indicating your ownership of the property.**
2. Was your property damaged by the 2015 flooding?  Yes |  No
3. Is your damaged property located in Richland County?  Yes |  No
4. Is your damaged property outside Columbia City Limits?  Yes |  No
5. What year was your property constructed? \_\_\_\_\_
6. Are your property taxes paid and current?  Yes |  No  
If not, are you on an approved payment plan?  Yes |  No  
If so, are you current on the payment plan?  Yes |  No
7. Are you a US Citizen or Qualified Alien?  Yes |  No
8. Are you required to pay spousal support?  Yes |  No
  - a. If Yes, are you current on all payments?  Yes |  No
  - b. If you are not current on payments are you participating in an approved payment plan?  Yes |  No
9. Are you required to pay child support?  Yes |  No
  - a. If Yes, are you current on all payments?  Yes |  No
  - b. If you are not current on payments are you participating in an approved payment plan?  Yes |  No
10. Is the structure a stick built residence?  Yes |  No
11. Did you own the property on October 5, 2015?  Yes |  No
12. Do you currently live in one of the units on the property?  Yes |  No





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13. Number of rental units on the property: \_\_\_\_\_

14. Please indicate the unit, number of bedrooms and the monthly rent charged for each unit.

Unit	# of Bedrooms	Monthly Rent

15. Does rent include any utilities or other services?  Yes |  No

a. If Yes, please indicate which utilities and/or services are provided in the rent. \_\_\_\_\_  
 \_\_\_\_\_

16. Do you maintain a lease for each unit?  Yes |  No

**Please provide a copy of each lease**

17. Are any of the households single-parent households?  Yes |  No

a. If Yes, please indicate which units contain single-parent households. \_\_\_\_\_  
 \_\_\_\_\_

18. Please indicate race, ethnicity and female head of household for each unit (A-D)

**Unit** \_\_\_\_\_ **Race:**  White |  Black or African American |  American Indian or Alaska Native |  Asian |  Native Hawaiian or Other Pacific Islander

**Ethnicity:**  Hispanic |  Non-Hispanic **Female Head of Household:**  Yes |  No

**Unit** \_\_\_\_\_ **Race:**  White |  Black or African American |  American Indian or Alaska Native |  Asian |  Native Hawaiian or Other Pacific Islander

**Ethnicity:**  Hispanic |  Non-Hispanic **Female Head of Household:**  Yes |  No

**Unit** \_\_\_\_\_ **Race:**  White |  Black or African American |  American Indian or Alaska Native |  Asian |  Native Hawaiian or Other Pacific Islander

**Ethnicity:**  Hispanic |  Non-Hispanic **Female Head of Household:**  Yes |  No

**Unit** \_\_\_\_\_ **Race:**  White |  Black or African American |  American Indian or Alaska Native |  Asian |  Native Hawaiian or Other Pacific Islander

**Ethnicity:**  Hispanic |  Non-Hispanic **Female Head of Household:**  Yes |  No





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19. Did you receive financial compensation from any state or Federal agencies, such as FEMA or SBA, insurance providers, or any other sources to assist in making repairs to the property?  Yes |  No

a. If Yes, please indicate how much financial compensation you received? \_\_\_\_\_

20. What were the sources of financial compensation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. What did the financial compensation referenced in #20 assist in repairing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>2017</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>
30% AMI	\$14,100 or less	\$16,240 or less	\$20,420 or less	\$24,600 or less
50% AMI	\$14,101-\$23,450	\$16,241-\$26,800	\$20,421-\$30,150	\$24,601-\$33,500
80% AMI	\$23,451-\$37,550	\$26,801-\$42,900	\$20,151-\$48,250	\$33,501-\$53,600
More than 80% AMI	\$37,551 or more	\$42,901 or more	\$48,251 or more	\$53,601 or more
	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
30% AMI	\$28,780 or less	\$32,960 or less	\$37,140 or less	\$41,320 or less
50% AMI	\$28,781-\$36,200	\$32,961-\$38,900	\$37,141-\$41,550	\$41,321-\$44,250
80% AMI	\$36,201-\$57,900	\$38,901-\$62,200	\$41,551-\$66,500	\$44,251-\$70,800
More than 80% AMI	\$57,901 or more	\$62,201 or more	\$66,501 or more	\$70,801 or more





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22. Please indicate the unit, household size and household member’s income for all units on the property. Please provide documentation to verify the following household income (A-D):

Unit # \_\_\_\_\_ (A)

Household Member’s Name	Age	Household Member’s Income
<b>Total Household Income:</b>		

Unit # \_\_\_\_\_ (B)

Household Member’s Name	Age	Household Member’s Income
<b>Total Household Income:</b>		

Unit # \_\_\_\_\_ (C)

Household Member’s Name	Age	Household Member’s Income
<b>Total Household Income:</b>		

Unit # \_\_\_\_\_ (D)

Household Member’s Name	Age	Household Member’s Income
<b>Total Household Income:</b>		



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**23. Applicant Household Income:** Please list the name, age, individual income and income source documentation provided for verification. If the person does not earn any wages, including children please just place a zero in the income column.

Name	Age	Annual Income	Income Source
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Total Household Income \$ \_\_\_\_\_

**Property Owner Household Eligibility Table**

Household size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Household Income	\$56,300	\$64,300	\$72,350	\$80,400	\$86,850	\$93,250	\$99,700	\$106,150

I attest that the information I provided in this document is, to the best of my knowledge, accurate and truthful. I understand that false or misleading information provided by myself 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.

Applicant 1 Signature	Applicant 1 Printed Name	Date
Applicant 2 Signature	Applicant 2 Printed Name	Date





<b>TO BE COMPLETED BY RCD CD STAFF</b>		
<u>Applicant Eligibility Verification</u>	<u>Case Manager Initials</u>	<u>Date</u>
Was adequate documentation provided to verify property ownership? <input type="checkbox"/> Yes   <input type="checkbox"/> No Documentation provided to verify ownership. _____	_____	_____
Is the property located in Richland County outside of the City of Columbia? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____
Is the applicant current on property tax payments? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____
Is the applicant a US Citizen or Qualified Alien? <input type="checkbox"/> Yes   <input type="checkbox"/> No Documentation provided to verify citizenship. _____	_____	_____
Is the property an eligible structure? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____
Is the applicant required to pay spousal/child support? <input type="checkbox"/> Yes   <input type="checkbox"/> No If yes, are they on an approved payment plan? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____
Was adequate documentation provided to verify applicant's household income? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____
How many units contain income qualified households? _____	_____	_____
Was adequate documentation provided to verify each household's income? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____
<u>DOB Verification</u>	<u>Case Manager Initials</u>	<u>Date</u>
DOB Funding Source _____ Was adequate documentation provided? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____
DOB Funding Source _____ Was adequate documentation provided? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____
DOB Funding Source _____ Was adequate documentation provided? <input type="checkbox"/> Yes   <input type="checkbox"/> No	_____	_____

