



Richland County, South Carolina CDBG-DR Recovery 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.

May 15 – June 15*

9:00 a.m. – 5:00 p.m.

**Please return
this form by
mail, in person,
or by email:** Richland County Government Center
CDBG-DR Office, 1st Floor
PO Box 192
2020 Hampton Street
Columbia SC 29204

RichlandCountyCDBGDR@sites.tetrattech.com

***Note – Intake will last until June 15, 2017 at
5:00 P.M. or until we receive 600 forms.**

May 15 ONLY

9:00 a.m. – 5:00 p.m.

**Please return
this form in
person:** Gadsden Park Community
Center
1668 S. Goodwin Circle
Gadsden SC 29052

Return an original signed copy of this form and income documentation.

Submission of the registration form constitutes the beginning of the application process. Please make a copy of the completed registration form and keep it for your own records.

After you have submitted the registration form for processing, you will be assigned an Applicant ID. Your Applicant ID is unique to you and will be used for all future correspondence.

You will receive notification regarding your registration within thirty (30) days. This notification will outline your application status and next steps.

Should the program be able to proceed with your application, you will meet with a program counselor 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 counselor session.

Contact the Richland County Flood Intake Center at 888-964-1589 for additional information about the flood recovery program.

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 인쇄

PROGRAM USE ONLY:

Received Date: _____ Reviewed By: _____ Review Date: _____

Form Complete: Yes | No Applicant ID Assigned RCDR-SFHRP: _____

PNO: 1a | 1b | 1c | 2

Pass Threshold Criteria: Yes | No

Applicant Data Recorded Date: _____



Single Family Homeowner Rehabilitation Program

Date: _____

Applicant Name(s): _____

Phone Number: _____

Email: _____

Current Physical Street Address: _____
Number Street City, State Zip Code

Damaged Property Address: _____
Number Street City, State Zip Code

1. Number of individuals in your household: _____
2. What is your total annual gross (pre-tax) household income: \$ _____

Please attach at least one of the following:

- Most Recent Tax Return
- 2016 Form W-2
- Two Months of Pay Stubs
- Most Recent Social Security Statement

3. Is anyone in your home age 62 or older? Yes | No
4. Is anyone in your home disabled? Yes | No
5. Is anyone in your home a veteran? Yes | No
6. Are there children under the age of 5 in your home? Yes | No
7. Are you a single-parent household? Yes | No
8. Was your property damaged by the 2015 flooding? Yes | No
9. Are there life threatening health conditions in your home? Yes | No
10. Are you a US Citizen or Qualified Alien? US Citizen | Qualified Alien
11. What is the property construction type? Stick Built | Mobile Home | Modular Home | Other
12. Is the damaged property owner-occupied and your primary residence? Yes | No
13. Do you run a business out of your place of residence? Yes | No
14. Is your property in Richland County and outside the city limits of Columbia? Yes | No

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.

Applicant 1 Signature

Applicant 1 Printed Name

Date

Applicant 2 Signature

Applicant 2 Printed Name

Date

