



Richland County Community Development Homeownership Rehabilitation Program

Dear Prospective Applicant:

Richland County's Community Development Department appreciates your interest in our rehabilitation program. The program is designed to assist elderly/disabled or veterans with low to moderate income.

HUD and the County have set provisions on determining the eligibility of the home and the household of which both must be met before assistance is awarded. To assist us with determining your pre-eligibility prior to providing you with an application, we kindly request that you complete the pre-screening form.

Please note:

- If we determine that your home *and/or* household *do not* meet the minimum qualifications for the programs, you will be notified in writing.
- If we determine that your home and/or household <u>does meet</u> the minimum qualifications on this form, it does not signify that you have been approved for assistance but does mean you are eligible to complete an application for further review. If your pre-screening is approved, you will be notified in writing and provided a full application for completion.

Pre-screening forms are processed on a first-come, first-served basis.

Thank you,

Richland County Community Development

PLEASE RETURN TO:

Richland County Community Development – Homeownership Rehabilitation
2020 Hampton Street, Suite 3063B
Columbia, South Carolina 29204
Office: (803) 576-2044 Fax: (803) 576-2052
teasdelld@rcgov.us





Richland County Community Development – Homeownership Rehabilitation (HR) <u>Pre-screening Checklist</u>

The primary purpose of Richland County's rehabilitation programs is to restore/improve substandard housing conditions and to address health and safety hazards in the home.

Name:	Co-Applicant Name:			
Address:	City:		Zip: _	
Home Number:	Cell:			
E-mail Address, if available:				_
Applicant Date of Birth:		_ Male _	Female	_ Disabled: Y/N
Co-Applicant Date of Birth:				
Do you Own or Rent yo				
How long have you lived in you	r home?			
What year was your home built		'8? o	r After 1978	
Is the property located in an un				
Is the house a single-family det			.,.,	-
Is Your Home Connected to Sev	• •		Well or Utiliti	ies?
Current Appraised Value of Hor	ne? (if known) \$	How muc	ch owed? \$	
Mortgage and Tax Payments Cu				
(The after-rehabilitation property value			· aptey. Tes_	
Have you ever received a grant		County? \	res No	If ves. what vear?
Number of Persons Living in Yo				, ,
Annual Income of Household Be		ductions	: \$	
(Must include all sources of inc			-	 me)
Do you have a termite bond?	•	u 010		
Needed Repairs/Improvement	(circle or check all that ap	ply):		
1. Accessibility Modifications	11. Flooring (carpet/v	rinyl)	22. Li	ighting Fixtures (outdoor)
(ramps, showers, etc.)	12. Garage Door		23. P	ainting
2. Bathroom Shower/Tub	13. Gutters		24. P	lumbing
3. Bathroom Sink	14. Heating & Cooling	3	25. R	oofing
4. Bathroom Toilet	15. Insulation			eptic Tank
5. Deck/Porch	16. Kitchen			iding
6. Doors (storm/screen/	Cabinets/Countertop			moke Detectors
front/back)	17. Kitchen Appliance			teps (outside)
7. Drywall	18. Kitchen Sink			Vindows
8. Electrical	19. Landscaping		31. V	
9. Faucets	20. Lawn/Tree/Shrub		32. O	Other:
10. Fire Extinguisher	21. Lighting Fixtures (indoor)		
Applicant Signature:			Date:_	
Co-Applicant Signature:			Date:	