CHECKLIST FOR SUBMITTING YOUR APPLICATION

☐ COMPLETED APPLICATION
Include self under HOUSEHOLD MEMBER INFORMATION

☐ COPIES OF DRIVERS LICENSE OR FEDERAL/STATE ISSUED ID **AND** SOCIAL SECURITY (***For all members of the household ages 18 and up)***

☐ SUBMIT HOMEOWNERSHIP CLASS CERTIFICATE- Valid for 12 months from issue date

☐ SUBMIT PRE-APPROVAL LETTER - ***(Make sure a soft CREDIT CHECKED is done. The letter needs to be from a Reputable Lender that is current and at least 30 days approval from time of submission. Must have an expiration date and approval amount.)***

☐ LATEST COMPLETED TAX RETURN ***(if self- employed bring the last 3 years)***

☐ 3 MONTHS OF LATEST BANK STATEMENTS

☐ 2 MONTHS MOST RECENT PAY CHECK STUBS

☐ PROOF OF RESIDENCE (***Rental Agreement or Utility Bill***)

☐ PROOF OF ADDITIONAL INCOME TO INCLUDE: SSI, ALIMONY, CHILD SUPPORT- (***If no child support is received for children in the home, documentation from the child support agency confirming this is required (DSS or Court documents). If child support is being received, supporting documentation must also be provided)***

☐ SIGNED CERTIFICATION OF NO INCOME (Only for those over the age of 18 living in the household with no income)

☐ SIGNED WAIVER OF PERSONAL INFORMATION

☐ SIGNED RACE AND ETHNIC DATA REPORTING FORM

☐ SIGNED FIRST-TIME HOME BUYER AND FEDERAL FUNDS NOTICE FORM

☐ SIGNED AGREEMENT OF INTENT TO PARTICIPATE

☐ SIGNED AUTHORIZATION FOR RELEASE OF INFORMATION

☐ SIGNED DECLARATION OF CITIZENSHIP FORM

☐ SIGNED MEDIA RELEASE FORM

TURN TO BACK→

☐ COLLEGE DOCUMENT SHOWING STUDENT(S) HAS ENROLLED IN CLASSES (CURRENT TRANSCRIPT)

☐ ANY DOCUMENTATION OF LEGAL SEPARATION

☐ **$50 APPLICATION FEE:
(***IN THE FORM OF A MONEY ORDER, OR A CASHIER'S CHECK***) **

All household members who are 18 years of age or older are required to submit the documents listed.

*** PLEASE NOTE THAT KNOWINGLY AND WILLFULLY PROVIDING FALSE OR MISLEADING INFORMATION TO OR FOR FEDERAL GOVERNMENT IS A FEDERAL VIOLATION AND CAN SUBJECT ONE TO FINES, IMPRISONMENT OR BOTH.**

** IF YOU SUBMIT YOUR APPLICATION WITH A PERSONAL CHECK OR CASH, RICHLAND COUNTY WILL NOT ACCEPT IT AND IT WILL BE GIVEN BACK TO YOU WITH A REQUEST FOR A MONEY ORDER OR CASHIER'S CHECK.

PLEASE NOTE THAT RICHLAND COUNTY COMMUNITY DEVELOPMENT OFFICE WILL NOT ACCEPT AN APPLICATION WITHOUT* ALL *THE ABOVE LISTED ITEMS that applies to your household.

PLEASE CALL THE RICHLAND COUNTY COMMUNITY DEVELOPMENT OFFICE AT (803) 576-2230 TO **SCHEDULE AN APPOINTMENT** TO SUBMIT YOUR **COMPLETED APPLICATION PACKET**.

DO NOT MAIL-IN YOUR APPLICATION, IT **WILL NOT** BE ACCEPTED. YOU **MUST** SUBMIT YOUR APPLICATION **IN-PERSON**.

Date Received: _____

By (Initial): _____

RICHLAND COUNTY
HOMEOWNERSHIP ASSISTANCE PROGRAM
(RCHAP) APPLICATION

I. Personal Information – MUST BE A CURRENT RESIDENT OF SOUTH CAROLINA

_____

Last Name First Name MI Maiden Name

_____

Social Security Number Birth Date (MM/DD/YY) Age

_____

Home Address Apt. No.

_____

City State Zip Code County

_____

Mailing Address

_____

City State Zip Code

Email: _____ Day Phone#_____

Status: Married ☐ Single ☐ Divorced ☐

Joint application ☐ Co-signer ☐

Co-Applicant-MUST BE A CURRENT RESIDENT OF SOUTH CAROLINA AND LISTED ON THE LOAN.

_____

Last Name First Name MI Maiden Name

_____

Social Security Number Birth Date (MM/DD/YY) Age

_____

Home Address Apt. No.

_____

City State Zip Code County

_____

Mailing Address

_____

City State Zip Code

Former Address (*if less than 2 years at present address)*

_____

Street Address Apt. No.

_____

City State Zip Code County

HOUSEHOLD MEMBER INFORMATION: (Must list *YOURSELF* and *ALL* members of household regardless of age)

Name:	Relationship to Member	Age	Receives Income
1. _____	_____	_____	◯Yes ◯No
2. _____	_____	_____	◯Yes ◯No
3. _____	_____	_____	◯Yes ◯No
4. _____	_____	_____	◯Yes ◯No
5. _____	_____	_____	◯Yes ◯No
6. _____	_____	_____	◯Yes ◯No
7. _____	_____	_____	◯Yes ◯No
8. _____	_____	_____	◯Yes ◯No

NAME AND NUMBER OF HANDICAPPED PERSONS IN THE HOUSEHOLD: _____

II. HOUSEHOLD INCOME – PLEASE ATTACH LATEST INCOME TAX FORM

HOUSEHOLD INCOME FROM EMPLOYMENT (GROSS MONTHLY INCOME)

Name of Family Member	**#1.**	**#2.**	**#3.**	**#4.**
Type	**Monthly Amount #1**	**Monthly Amount #2**	**Monthly Amount #3**	**Monthly Amount #4**
Base Employment				
Overtime				
Bonuses				
Commissions				
Self-Employment				

HOUSEHOLD INCOME FROM OTHER SOURCES

TYPE	**MONTHLY AMOUNT**	**TYPE**	**MONTHYLY AMOUNT**
Pension	$	TANF	$
SSI	$	Child Support	$
Disability other than SS	$	Business / Insurance	$
Foster Care	$	Alimony	$
Social Security	$	Rental Property	$

III. EMPLOYMENT HISTORY – LIST LAST TWO POSITIONS WITHIN 5 YEAR PERIOD

BEGIN WITH MOST RECENT JOB

Family Member: (Primary)		**Family Member: (Secondary)**	
Address of Employer	Yrs/Mo. on Job	Address of Employer	Yrs/Mo. on Job
Address of Employer		Address of Employer	
Address of Employer	Yrs/Mo. on Job	Address of Employer	Yrs/Mo. on Job
Address of Employer	Yrs/Mo. on Job	Address of Employer	Yrs/Mo. on Job

IV. ASSETS-LIST ALL HOUSEHOLD MEMBERS BANK INFORMATION.

Bank Name	Address	Account #	Amount

V. LIABILITIES

Household Liabilities include all outstanding debt including credit card debt, loans, alimony, child support, childcare, and job-related expenses.

Company Name & Account	Monthly Payment	Unpaid Balance

Have you owned property or a home in the last 3 years? ☐ Yes ☐ No

What is your Lender name and contact information? _____

Did the Lender perform a credit check? ☐ Yes ☐ No

I understand that Richland County will disqualify me from participating in the Homeownership Assistance Program if false information is reported or if information has been omitted from this application. I furthermore understand that knowingly and willfully providing false or misleading information or omitting information to or for Federal Government is a Federal violation and can subject me to fines, imprisonment, or both.

I authorize Richland County Homeownership officials to obtain information pertinent to program eligibility concerning statements made in this application in regard to income, employment, assets, deposits, or debts (including credit history). I agree that the application shall remain the property of Richland County Government Homeownership Assistance Program. I further understand that information obtained will be used only for the purpose of determining eligibility and will not be disclosed to any other organization or individual.

Applicant Signature Date

Signature Date

Signature Date

How did you hear about the Richland County Homeownership Assistance Program?

- ☐ Richland County Facebook
- ☐ Richland County Instagram
- ☐ News Station
- ☐ Radio
- ☐ Friend
- ☐ Other _____

Return this completed and signed application, supporting documentation and $50 application fee (money order or cashier's check) to the following address:

Richland County Government
Community Development Department
2020 Hampton Street, Suite 3058
Columbia, South Carolina 29204
Phone (803) 576-2230 Fax (803) 576-2052
www.rcgov.com

Richland County does not discriminate on the basis of age, color, race, religion, sex, national origin, familial status, or disability in the admission, access to, or treatment or employment in its federally assisted programs or activities. The TDD (803) 748-4999, has been designated to coordinate compliance with the non-discrimination requirements contained in the US Department of Housing and Urban Development's Regulation.

EQUAL HOUSING OPPORTUNITY

RICHLAND COUNTY
GRANTS DEPARTMENT
2020 Hampton Street, Suite 3058
Columbia, SC 29204
803-576-2230

Citizenship Declaration

INSTRUCTIONS: Complete the Declaration below by printing the person's first name, middle initial, and last name in the space provided.

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO._____ ALIEN REGISTRATION NO._____

ADMISSION NUMBER_____if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____(Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.

INSTRUCTIONS: In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

(A). United States Citizen(s)

(B). Non-Citizen with Eligible Immigration Status

(C). Non-Citizen without Eligible Immigration Status

Applicant Information (PLEASE PRINT)

Name	Sex	Age	Relationship	A B C	Signature
Applicant			**Self**	☐ ☐ ☐	
				☐ ☐ ☐	
				☐ ☐ ☐	
				☐ ☐ ☐	
				☐ ☐ ☐	

RICHLAND COUNTY
GRANTS DEPARTMENT
2020 Hampton Street, Suite 3058
Columbia, SC 29204
803-576-2230

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

_____ _____

Applicant Signature Date

WARNING! Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____
Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

RICHLAND COUNTY
GRANTS DEPARTMENT
2020 Hampton Street, Suite 3058
Columbia, SC 29204
803-576-2230

Waiver of Personal Information

By signing this waiver, I_____ and all other individuals over the age of 18 years of age do hereby, grant Richland County Community Development to receive my personal information and to release this personal information (provided to them by way of application) to appropriate organizations that provide homeownership opportunities. I understand that by allowing Richland County this release, I put myself in a better position to be assisted in the homeownership process.

_____	_____
Applicant Signature	Date
_____	_____
Signature	Date
_____	_____
Signature	Date

RICHLAND COUNTY
GRANTS DEPARTMENT
2020 Hampton Street, Suite 3058
Columbia, SC 29204
803-576-2230

10/01

Agreement of Intent to Participate

I (We), _____ & _____, agree to the following conditions and responsibilities as outlined below. I (we) understand that signing this Agreement neither implies nor guarantees the approval of my application for Richland County's ***Operation One Touch*** Program.

I (we) have discussed the following terms and responsibilities with a representative of the Richland County Community Development staff and I (we) understand and agree to:

- Allow access to my property for lead-based paint testing and hazard assessment as required by HUD and EPA regulations.
- Temporarily relocate (occupants, belongings, and furnishings) if it is determined necessary due to the extent or nature of the repairs to my home.
- Attend and participate in housing counseling if required by the County.
- Clean my house and yard to remove any interior clutter and yard debris prior to the start of rehabilitation activities. All large accumulations of trash, garbage, appliances, or other debris must be removed or properly stored. Automobiles that are not registered, licensed, or in running condition must be removed from property.
- Not to enter into any side deals with the contractor for additional work that is not included in the original scope of work. Separate agreements for any additional work can only be entered into after the work financed by this loan are completed and inspected.
- Maintain my property in standard condition for the term of the loan to the best of my ability.
- Maintain hazard insurance in an amount not less than the encumbrances on the property.
- Live in the house as my primary residence. If the house is sold or transferred within the terms of the loan the owner will responsible to pay back a pro-rata share of the loan. If the owner occupant transfers the property to an immediate family member upon their death to be used as their primary place of residence the loan may be assumed with the approval of the Housing Resiliency Committee.
- Allow County and HUD staff to have access to my property and house to take photographs, conduct inspections prior to, during, and after construction as may be necessary to comply with County and Federal requirements.

_____ _____
Applicant Signature Date

_____ _____
Signature Date

_____ _____
Signature Date

RICHLAND COUNTY
GRANTS DEPARTMENT
2020 Hampton Street, Suite 3058
Columbia, SC 29204
803-576-2230

First-time Home Buyer
and
Federal Funds Notice

I _____, agree that I am a first-time home buyer, meaning that I haven't owned land or a home in the last three (3) years.

I _____, understand that Richland County will disqualify me from participating in the Homeownership Assistance Program if false information is reported or if information has been omitted from this application. Knowingly and willfully providing false or misleading information to or for Federal Government is a Federal violation and can subject one to fines, imprisonment, or both.

_____ _____
Applicant Signature Date

_____ _____
Signature Date

_____ _____
Signature Date

This form must be completed by everyone in the household that is 18 years and older.

EQUAL HOUSING OPPORTUNITY

RICHLAND COUNTY
GRANTS DEPARTMENT
2020 Hampton Street, Suite 3058
Columbia, SC 29204
803-576-2230

Rev 6/2025

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize the release of any personal and financial information, as listed below, that may be requested by Richland County Community Development for the purpose of determining my/our eligibility to participate in the County's Housing Program:

- *Employment and Income Records*
- *Checking and Savings Accounts*
- *Personal and Credit References*
- *Credit Report(s)*
- *Social Services Agencies/Family Court Records*
- *Social Security Administration Records*
- *Payment Verification*

Applicant Printed Name: _____

Social Security Number: _____ DOB: _____

Applicant Signature: _____Date: _____

Printed Name: _____

Social Security Number: _____ DOB: _____

Signature: _____Date: _____

Printed Name: _____

Social Security Number: _____ DOB: _____

Signature: _____Date: _____

This form must be completed by everyone in the household that is 18 years and older.

EQUAL HOUSING OPPORTUNITY

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GRANTS DEPARTMENT
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Media Release Form

As a valued participant in the Richland County Homeownership Assistance Program (RCHAP) we would love to share your success story as part of our community outreach and public awareness efforts.

We develop materials that highlight how this program has positively impacted individuals and families. These may include printed publications, website content, presentations, and social media posts.

We kindly ask your permission to:

- Use photographs of you and/or your home
- Share a brief written story or testimonial
- Possibly schedule a short interview (in person, virtual, or by phone)

Your story could inspire other families who may benefit from similar assistance and help us show the importance of continued support for affordable housing programs.

Please indicate your preference by checking one of the boxes below:

☐ **Yes**, I give permission to use my photo, story, and/or participate in an interview.
☐ **No**, I do not wish to participate in any media or promotional efforts.

_____ _____
Applicant Signature Date

_____ _____
Signature Date

_____ _____
Signature Date

This form must be completed by everyone in the household that is 18 years and older.