Dear Prospective Applicant:

Horry County Community Development appreciates your interest in the rehabilitation programs. The County manages several home repair programs funded through the U.S. Department of Housing & Urban Development. HUD programs have specific provisions on determining eligibility of the home and household of which both must be met before assistance is awarded. To help our team determine your pre-eligibility prior to providing you with an application, please complete the pre-screening form.

Also, Horry County, currently has over two hundred rehabilitations on the waiting list. Once the household and the property are determined to meet the minimum qualifications, your pre-screening application will be moved off of the waiting list into the application process. If we determine that your property or household does not meet the minimum qualifications for the program, you will be notified in writing. Our team wants to make this process easy for our customers. If you need assistance completing the pre-application, please do not hesitate to contact our office.

Sincerely,

[Signature]

Courtney Kain
Community Development Director

PLEASE RETURN TO:

Horry County Community Development
1515 Fourth Avenue
Conway, S.C. 29526
Office: (843) 915-7033  Fax: (843) 915-6184
wiestner.carol@horrycounty.org
Horry County Community Development
Housing Rehabilitation Pre-Screening Form

Applicant Name: ____________________________   Co-Applicant Name: ____________________________

Property Owner(s) if different from applicant(s): ___________________________________________________

Address:_________________________________ City __________________ Zip __________________

Home Phone #: ___________________________ Cell Phone #: _____________________________

Work Phone #: ___________________________ E-mail: ____________________________________________

Applicant Date of Birth: _________________   Male: _    Female: _   Disabled: Y / N   Veteran: Y / N

Co-Applicant Date of Birth: _______________   Male: _    Female: _   Disabled: Y / N   Veteran: Y / N

Do you own or rent your home? _______ Have you lived in your home at least a year? _________________

What year was your home built? ___________   Number of Persons living in your home: ___________

What type of Structure is your home:   Stick _____ Brick _____ Mobile _____

Is your home connected to Sewer? Y / N   Septic Tank? Y / N   Private well or Utilities? _____________

Have Termite Treatments been done on the home? Y / N

Current Assessed Value of the Home: (if known) $_____________   How much owed? $_____________

Mortgage and Tax Payments Current? Y / N   Reverse Mortgage? Y / N   In Bankruptcy? Y / N

Annual Income before taxes and other deductions: $_____________   Source of Income ____________________

(Must include all sources of income for person(s) 18 or older living in the home)

____________________________________________________

____________________________________________________

____________________________________________________

Have you ever received a grant/loan for home repairs? Y / N   If yes, what did you receive? _______________

____________________________________________________

When? _______________

Was your home affected by the October 2015 flood? Y / N   Or by Hurricane Matthew? Y / N

Describe the repairs you need to address health and safety hazards in your home

____________________________________________________

____________________________________________________

____________________________________________________

Applicant Signature: ______________________________________ Date: _____________

Co-Applicant Signature: ___________________________ Date: ______________