



COUNTY OF LEXINGTON

COMMUNITY DEVELOPMENT DEPARTMENT

212 South Lake Drive, Ste. 401, Lexington SC 29072 Phone: (803)785-8121 Fax: (803)785-8188

GRANT PROGRAMS DIVISION

Dear Applicant:

Thank you for requesting information about the County of Lexington Home Rehabilitation Program. The funding for this program is provided by the US Department of Housing and Urban Development.

All applications will be processed on a first come, first serve basis. If you wish to participate in this program, return the completed application, and the documents listed in the application checklist to our office in person or by mail.

Please read the attached guidelines carefully. If you have any questions with regard to the application or required information, please call our office (803)785-8121.

Sincerely,

Lexington County Grants Division



COUNTY OF LEXINGTON HOMEOWNER REHABILITATION PROGRAM

212 South Lake Drive, Ste. 401 • Lexington, SC 29072 • (803) 785-8121 • (803) 785-8188 fax

Checklist for submitting your application

Before submitting your application for Housing Rehabilitation Assistance, please use and submit the following checklist:

- A copy of bank statements for the past 6 months (Self employed persons 2 years worth of bank statements); if you do not have a checking account submit a written signed statement that you do not have one.
- A copy of state and federal tax returns for the past 2 years. If you do not file a return complete a Request for Transcript of Tax Return form.
- A copy of pay stubs, social security or retirement check, etc. for the past 2 months. If you do not earn any income, provide a written signed statement that you do not earn any income.
- Evidence that you have homeowner's insurance/flood insurance
- Evidence that you have ownership of the property (i.e. deed)
- If there is a mortgage on the property provide evidence of current payment. If there is not a mortgage provide a written signed statement that there is no mortgage.
- Copy of social security card for all household members, and a picture ID for those 18 and older
- Current year property tax paid receipt
- Signed verification of employment or current year's Social Security Benefits Statement
- Copy of utility bill as proof residency (i.e. electricity or water bill)



Lexington County HOME Program Housing Rehabilitation Application



Applicant Name:		Address:		Telephone	
Location of Property to be Improved:					
Current # Living in Units:		Year House Built:		Manufactured Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Purchased:		Deed Recorded, Book:		Page:	
Name on Title:					
1 st Mortgage (interest rate):		2 nd Mortgage (interest rate)			
Original Mortgage Amount:		Current Balance:			
Housing Costs:	Month	Year		Month	Year
Mortgage			Hazard Insurance		
Taxes			Flood Insurance		
Electric			Improvement Loan		
Gas			Other:		
Sewer			Other:		
Water			Other:		
Combined Total for all housing costs:					

Project Data – Describe Necessary Improvements:

Race: (check)

- White, non-Hispanic Asian or Pacific Islander American Indian/Alaskan Native
- Hispanic Black, non-Hispanic

(Racial data is obtained for statistical purposes only and will not be considered in determining applicant's eligibility.)

Household members' information:			
Name	Age	Relationship to Head of Household (spouse, child, etc.)	Social Security Number

Are you a veteran? Yes No

Do you or anyone in your family have a disability or handicap? Yes No

If yes, please describe:

Sources of Income:		
NAME (of household member)	SOURCE	AMOUNT PER YEAR

ASSET VALUES:			
Current Home Value:		Savings Bond:	
Stocks:		Other Investments:	
Other Real Estate:		Other:	

I/we the undersigned, certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant's knowledge and belief. I understand that Lexington County will disqualify me from participating in the Home Rehabilitation Program if false information is reported or if information has been omitted from this application. I authorize the Lexington County Grant Programs Division official to obtain information pertinent to program eligibility concerning statements made in this application in regard to income, employment, assets, deposits, debts (including credit history). I agree that the application shall remain the property of Lexington County 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

Applicant Signature Date

Lexington 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.

PENALTY FOR FALSE OR FRADULENT STATEMENT

U.S.C Title 18, Sec. 1001, provides: whoever, in any manner within the jurisdiction of any Department of Agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both.

Return completed application and supporting documentation to:
Lexington County
Community Development HOME Program
212 South Lake Drive, Suite 401
Lexington, South Carolina 29072

Date Application Received:	
Date of Application Review:	
Total Income:	
Income Limit for HH size:	
LMI %:	
Amount of Assistance:	
Type of Assistance (grant or loan):	
Approved or Rejected (include date) :	
Reason (s), if rejected:	

Signature of Authorized CD Representative

Date

THINGS THAT HOMEOWNERS WILL DO IN THE REHABILITATION PROGRAM

The CD staff will assist homeowners during the rehabilitation process; however the property owner is responsible for making several decisions and is expected to be involved in the activities listed below.

1. The property owner will help the rehabilitation inspector during the initial inspection of the house and point out any known problems.
2. The property owner will sign the improvement contract with the contractor(s).
3. The property owner, CD staff, and the contractor(s) will be involved in settling disagreements that may occur during the rehabilitation process.
4. The property owner will be responsible for contacting the contractor(s) to correct problems covered by contractor warranties during the first year after work has been completed.

THINGS THAT THE HOMEOWNER SHOULD THINK ABOUT BEFORE MAKING THE FINAL COMMITMENT TO THE REHABILITATION PROGRAM:

1. All work requested by the property owner may not always be completed.
2. The work completed will address the program requirements and address health/safety issues, but will probably not solve all problems.
3. Don't expect that your house will be completely new when the work is finished.
4. Don't expect that all floors, walls, ceilings, doors, windows, and other components in your older home will be completely plumb, level, square, etc. when the work is finished.
5. Remember that sometimes, but not always, the small construction companies because of low overhead can do more work for the same investment that the larger companies with the higher overhead.
6. It often can be very stressful for you to live in the house while the contractor is performing rehab activities.
7. Not often is everyone completely satisfied with the things that they buy or have repaired. Buying a house and having a home repaired is often no different. While the rehab work is being completed, focus on the reason for the work being done and the quality of materials and workmanship.
8. Residential property is almost constantly in need of some degree of repair. It might be a good habit to set aside at least \$25 each month to help with the cost of any future needed repairs or for regular maintenance.
9. Your house will be assessed to determine that it doesn't exceed the maximum after rehabilitation value. This assessment may result in an increase in the taxable property value of your home.

Homeowners Signature

Date

Program Representative

Date

VERIFICATION OF MORTGAGE OR DEED OF TRUST

The applicant identified below has applied for a housing rehabilitation loan from the County of Lexington Home Rehabilitation Program. The applicant has authorized this Agency in writing to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Agency and the U.S. Department of Housing and Urban Development. Please furnish the information requested below and return this form using the stamped, addressed envelope provided. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

_____ () _____
Name Title Telephone No.

PART I. APPLICANT INFORMATION (To be completed by applicant)

Name of Applicant _____
Address of Applicant _____
Address of Mortgaged Property _____
Mortgage Account Number _____

PART II. LENDER INFORMATION (To be completed by applicant)

Name of Lender _____
Address of Lender _____

PART III. MORTGAGE INFORMATION (To be completed by LENDER)

Date of Mortgage _____ Original Principal Amount \$ _____
Date of Maturity _____ Current Principal Balance \$ _____
Monthly Payment: Principal and Interest \$ _____
Mortgage Insurance \$ _____
Real Estate Tax Escrow \$ _____
Hazard Insurance Escrow \$ _____
Other _____ \$ _____
Total Monthly Payment \$ _____

Type of Mortgage: _____ Conventional _____ FHA _____ VA _____ Other
Terms: _____ Fixed _____ ARM _____ Other
Lien Position: _____ 1st Mortgage _____ 2nd Mortgage _____ Other

Are Payments Current? _____ Yes _____ No

If No, amount in arrears \$ _____ and periods of arrears _____

Termination fee or prepayment penalty \$ _____

Completed By: Name _____

Title _____

Signature _____

Telephone No. _____

Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

VERIFICATION OF EMPLOYMENT

Employee Name: _____

LEXINGTON COUNTY COMMUNITY DEVELOPMENT

GRANTS DIVISION/HOME

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

Employed since: _____ Occupation: _____

Salary: _____

Effective date of last increase: _____

Base pay rate:

\$_____/Hour; or \$_____/Week; or \$_____/Month

Average hours/week at base pay rate: _____ Hours

No. weeks _____, or No. weeks _____ worked/Year

Overtime pay rate: \$_____/Hour

Expected average number of hours overtime worked per week during next 12 months _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$_____ per _____

Is pay received for vacation? Yes No

If Yes, no. of days per year _____

Total base pay earnings for past 12 mos. \$_____

Total overtime earnings for past 12 mos. \$_____

Probability and expected date of any pay increase: _____

Does the employee have access to a retirement account? Yes No

If Yes, what amount can they get access to: \$_____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Signature of _____ or Authorized

Representative _____

Title: _____

Date: _____

Telephone: _____

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

Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the Lexington County HOME funds:

1. The annual household income for my family does not exceed the allowable limits as follows:

Household Size	1	2	3	4	5	6	7	8
Max Allowable Income	\$34,350	\$39,250	\$44,150	\$49,050	\$53,000	\$56,900	\$60,850	\$64,750

Income from all household members must be included.

2. I/We certify that my/our total assets do not exceed the \$20,000 asset limit and understand a portion or the full value of retirement accounts are included in determining the \$20,000 asset limit. Applicants sixty-two (62) years or older however, may have liquid assets up to a maximum of \$30,000.
3. The household size listed on the application form includes only and all the people that live in the residence.
4. I/We certify all data supplied on the application is true and accurate to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration and/or repayment of funds.
5. I/We further authorize Lexington County/Grants Division to verify any and all income, assets and other financial information, to verify any and all household, resident location and workplace information and directs any employer, landlord or financial institution to release any information to Lexington County/Grants Division and consequently the project's monitoring agency, for the purpose of determining eligibility.
6. I/We certify I/we currently occupy the home as my/our principal residence.
7. Program requirements are established by Lexington County/Grants Division. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the Grants Division staff is final.
8. I/We have completed an application and have reviewed and understand the process that will be utilized to distribute HOME funds. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

Applicant

Co-Applicant

Date:

* Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

Seal:

Notary Public

PROGRAM GUIDELINES-HOMEOWNER REHABILITATION PROGRAM

LEXINGTON COUNTY HOME INVESTMENT PARTNERSHIP PROGRAM

ADMINISTRATION

The administration of the County's HOME Program will be carried out by the Community Development Office – Grants Division staff in conformance with the guidelines established herein. These Guidelines are established, and may be amended, by the Community Development Grants Staff. The administration and operation of the program will conform to all local codes and ordinances as well as requirements established by the U. S. Department of Housing and Urban Development (HUD) and the County of Lexington pertaining to the HOME Investment Partnerships Program.

PURPOSE OF PROGRAM

- To provide financial assistance for the purpose of housing rehabilitation assistance to benefit low-moderate income elderly and/or disabled property owners.
- To prevent hazardous health conditions and code violations in Lexington County.
- To improve the quality of housing stock for low-moderate income persons.

MAXIMUM AMOUNT

Up to \$20,000 (exceptions may be granted depending on circumstances). Homeowners are selected on a first-come, first-served basis.

INCOME AND FINANCIAL INFORMATION

- Eligible applicants must be qualified as a household of low to moderate income according to the current HUD income limits below. (6 month time limit on certifications)

Household Size	1	2	3	4	5	6	7	8
Max Allowable Income	\$34,350	\$39,250	\$44,150	\$49,050	\$53,000	\$56,900	\$60,850	\$64,750

Source: 2013 HUD Income Limits

- Income is considered to be all funds received on a full-time basis by the applicant from sources including, but not limited to:
 - Employment
 - Social Security (minus Medicare deductions)
 - Pensions
 - Net rental proceeds
 - Interest income
 - Public assistance

Income of all adult household members will be counted in the income calculation.

- Applicants wishing to qualify for assistance may not have “liquid assets” in excess of \$20,000. Applicants sixty-two (62) years or older however, may have liquid assets up to a maximum of \$30,000.

OWNERSHIP OF PROPERTY

Owner of the property must be elderly (62+) and/or disabled (or the primary caretaker of a disabled household member), or veterans.

An applicant must hold 100 percent interest in a fee simple title; be an owner/occupant of the property under a fee simple title with a recorded deed; or meet such other criteria as is acceptable to CD Staff. No life estates permitted.

Applicant must have resided in the home as their primary residences for a minimum of 18 months prior to submitting an application.

ADDITIONAL REQUIREMENTS

- Current on mortgage and taxes – applicant must not be in arrears on mortgage payments that would bring about a foreclosure on the dwelling by the mortgage holder or be delinquent in real estate taxes that would bring about a lien and/or tax foreclosure.
- Hazard Insurance – applicant must show proof that the unit has sufficient insurance that would replace the dwelling if it were destroyed by fire or other means (including flood insurance where applicable). If insurance cannot be obtained due to the rehabilitation needed for the unit, the applicant shall be required to sign a certificate of hazard insurance at the completion of work,

agreeing to maintain insurance on the property for the term of the loan and in an amount not less than the total of outstanding encumbrances on the property. The County of Lexington shall be assigned as a mortgagee on the required hazard insurance policy for the term of the loan.

ELIGIBLE PROPERTIES

- Property must be located in Lexington County.
- Primary Residence: Applicant must own and occupy the property as their principal residence. Heir property and life estates are not eligible.
- Value: The after-rehabilitation property value must be less than 95 percent of the median purchase price for Lexington County (\$200,160). The value may be determined by the County staff appraiser or tax assessment.
- Type: Single-family detached or manufactured homes (manufactured home must be less than 20 years old and have permanent utility hook ups and foundation.)
- The property presently does not conform to HUD Section 8 HQS or related local codes and regulations (i.e. building, housing, fire, electrical and plumbing codes)
- The Community Development Department will review the application for income eligibility (including verifying employment/income) and determine ownership. The applicant will receive, in writing, the status of the application within 30 days of receiving the application. Note: Income eligibility is valid for six months from the date of notification, after which the household income will be need to be re-verified.
- All housing units will be inspected to determine if repairs can be undertaken within the scope of the Program. Factors to be evaluated include but are not limited to the type of repair, ability to be undertaken without disturbing a painted surface, and the total cost of the repair(s). If a unit does not qualify for assistance based on the inspection, the homeowner will be notified.
- The property is subject to the inspector's approval and acceptance. It will be inspected to determine its suitability for rehabilitation based on feasibility and reasonableness. The unit may not be eligible for assistance if it is not structurally or financially feasible for rehabilitation. This assessment may be based on such factors as the presence of mold, absence of a solid foundation or lack of a structural base capable of supporting rehabilitation construction (due to flooding, termite damage, inadequate original construction, etc.), thereby preventing the unit from being improved (feasibility test). The unit may not be assisted if after rehabilitation value would not be worth more than the cost of the rehabilitation plus rehabilitation personnel (reasonableness test).

Units previously-assisted by the County of Lexington Community Development office (i.e. CDBG or HOME), within the past 3 years, may not apply for assistance.

ELIGIBLE COSTS

- Code Violations: Items that are not in compliance with minimum housing standards
- Lead Based Paint Hazards: Items necessary to make the property lead-safe
- Proposed Improvements: Water, heating, electrical, plumbing and sewer, repairs to deteriorated steps, walls, ceilings, floors, porches, roofs, down spouts, chimneys and foundations, work on exterior walls including painting, siding, windows and insulation, demolition of deteriorated structures for the purpose of housing-related improvements to meet the special needs of handicapped persons.

Rehabilitation assistance funded through this program must provide for the purchase and/or installation of smoke detectors in all dwellings proposed for rehabilitation which do not contain such devices; location and installation shall comply with State law.

INELIGIBLE REPAIRS AND IMPROVEMENTS

- Elaborate/luxury materials, fixtures, and landscaping which exceed those customarily used in the locality.
- Purchase of appliances, except where required by codes or where an unusual hardship can be demonstrated.
- Acquisition of land, except where needed to bring property into compliance with housing code or zoning requirements or to allow the expansion of a dwelling unit when an overcrowding violation exists.
- The property is subject to the inspector's approval and acceptance.

TEMPORARY RELOCATION

In certain circumstances of hardship, the County of Lexington may provide for temporary relocation of owner-occupants. Relocation is not required for owner-occupied units.

AFFORDABILITY PERIOD AND FORM OF ASSISTANCE

To ensure the HOME investments yield affordable housing over the long term, HOME imposes occupancy requirements over the length of an affordability period. The assistance is provided in the form of a deferred forgivable loan, this type of loan is interest free and requires no repayment as long as there is no change in ownership or occupancy for a period of no more than ten (10) years. If there is a change in ownership or occupancy of the property a prorata portion (1/10th forgiven each year) of the loan is due in full. The property owner will be required to sign a lien against the property for ten (10) years.

Citizens interested in participating in the Lexington County Homeowner Rehabilitation Program may contact the County of Lexington, Community Development Department at (803) 785-8121 or at cdcustomerservice@lex-co.com.

- Interested citizens must request an application from the Community Development office and submit it to the following address:

County of Lexington
Community Development Department – HOME Program
212 South Lake Drive – Suite 401
Lexington, SC 29072

