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| **CCNEW** | **CHARLESTON COUNTY** **CRITICAL REPAIR PROGRAM HOMEOWNER APPLICATION** | **RETURN APPLICATION TO:****Community Development Department****5010 Lawyers Lane** **North Charleston 29418****843-202-6986****Fax: (843)760-4181****Email:** **CHR@charlestoncounty.org** |

|  |  |  |
| --- | --- | --- |
| Date Received: |  |  |
| Date Certified: |  |  |
| Assigned to Grant Partner ID: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: |  |  |  | First Name: |  |  | MI: |  |
|  |
| DOB: |  |  |  | Age: |  |  |  | PID #: |  |  |
|  |
| Property Address:  |  |  |  | City: |  |  | County & Zip Code: |  |  |
|  |
| Telephone Number: |  |  |  |  | Alternate Number: |  |  |
|  |
| Race:  |  | [ ]  Caucasian [ ]  African American [ ]  Hispanic  | Marital Status: |  | [ ]  Single [ ] Married [ ]  Divorced [ ]  Widowed |
| Disabled |  | [ ]  Yes [ ]  No |
| Have you applied for repair services assistance in the past? [ ]  Yes [ ]  No |
| If previous question was marked yes from which agency did you request assistance? |  |  |
|  |
| Date that you applied. |  |  |  | Were you approved? [ ]  Yes [ ]  No |
|  |  | Please complete the chart for each member of household: |  |  |  |  |  |  |  |

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| **NAME** | **AGE** | **DOB** | **DISABLED?** If yes, please specify type. | **RELATIONSHIP** TO APPLICANT |
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| Do you own the property? [ ]  Yes [ ]  No |  | Is this Heir’s Property? [ ]  Yes [ ]  No |  | Year Property built? |  |  |
| Years applicant has lived on the property: |  |  |

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| --- | --- | --- |
| House Type: |  | [ ]  Single Family Detached [ ]  Single Family Attached (Duplex or Townhouse) [ ]  Mobile Home |
| # of Bedrooms: |  |  |  | # of Bathrooms: |  |  |

**Please list all monthly income:**

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Gross Monthly Amount** | **Source**  |
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Describe in detail the home repairs you are seeking assistance with:

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Exposure to outside elements (wind, rain) [ ]  Yes [ ]  No

Describe:

|  |
| --- |
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Is the applicant or household member trapped inside their home? (i.e., no wheelchair ramp) [ ]  Yes [ ] No

Is accessibility to the bathroom, kitchen, or bedroom limited for any member of the household? [ ] Yes [ ]  No

Please check all that apply:

Running water: [ ]  Yes [ ]  No [ ]  Hot Water [ ] Septic tank working: [ ]  Yes No [ ] Window AC Unit/ Central HVAC

City Water: [ ]  Yes [ ]  No County Sewer: [ ]  Yes [ ]  No Window AC Unit working: [ ]  Yes [ ]  No

Problems with bugs: [ ]  Yes [ ]  No

Charleston County staff will collect verification of all income reported, proof of ownership, verification of residence and pictures of requested repairs. The review of the application will be delayed if this information is missing.

**The Critical Repair Program includes energy audits, assessments and possible insulation and weatherization services conducted by the Sustainability Institute. Your signature below indicates your awareness and consent to this application and eligibility information being shared with the Sustainability Institute.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant Signature |  | Date |

*My signature indicates that the information provided is true and accurate.*

County Notes:

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