

City of Cayce



Planning and Development Department
1800 12th Street
Cayce, SC 29033
803-796-9020

Notice to Potential Applicants

Purpose

The purpose of the Minor Home Repair (MHR) Program is to help maintain Cayce homes for long-term livability and help our community remain stable and healthy. The MHR program offers assistance to eligible elderly and/or disabled Cayce homeowners to make minor repairs to their homes.

Amount of Assistance

The program can provide up to \$5,000 in assistance for minor repairs (minimum \$500). All potential homes must meet the 2006 International Property Maintenance Code to be considered. Homes with major repair needs may be unable to receive assistance depending on the scope of repairs.

Where is This Program Available?

The Cayce MHR Program is only available to assist residents located in the City of Cayce.

Who Can Receive Assistance?

To be considered for the MHR Program your total household income cannot exceed the amounts shown in the table below and you must be elderly (62 years or older) and/or disabled:

Number of Family Members:	1	2	3	4	5	6	7	8
Maximum Annual Income:	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150

What Can Be Fixed?

Minor repairs can include: Roof Repair/Replacement, Handicap Accessibility Improvements (Ramps, etc.), Handrails or Banisters, Repair / Replace HVAC Systems, Repair / Replace Insulation, Replace Smoke Detectors

Types of Eligible Houses:

- Single Family Detached (stick-built, no rentals, no older than 50 years)
- Manufactured Homes (permanent foundation, must own land and home, no older than 20 years)

City of Cayce
Minor Home Repair Program

Application Checklist

Before submitting your application for Minor Home Repair Assistance, please use and submit the following checklist:

- Application completed and signed
- Copy of pay stub, social security or retirement check, etc for the past 2 months. (Self-employed persons must provide bank statements for the past 6 months.)
- Verification of other income (Child support/alimony, SSI statements, disability, etc.)
- Copy of the most recent federal tax returns for household members 18 and older. If you do not file a return complete a Request for Transcript of Tax Return.
- Proof of ownership (i.e. deed)
- Current year property tax paid receipt
- Proof of residency (i.e. electricity or water bill)
- Copy of Social Security Card for all household members
- Copy of identification for all household members 18 and older (i.e. drivers license, or South Carolina ID)

City of Cayce

Minor Home Repair Program

Application

I. Household Information

Head of Household

Name:	Social Security No:
Home Phone:	Cell Phone:
Work Phone:	Employer:
Occupation:	No. of years employed:
Date of Birth:	Drivers License Number:

Co-Applicant (If Applicable)

Name:	Social Security No:
Home Phone:	Cell Phone:
Work Phone:	Employer:
Occupation:	No. of years employed:
Date of Birth:	Drivers License Number:

How did you hear about this program? _____

City Use Only			
Total Income: \$	Income Limit: \$	Percentage:	%
Current Market Value (from Lexington County Assessor Website) \$			
Date Verified:	Verified By:		

II. Other Family Members

Provide the names, ages, relationship, and employer (if applicable) of all members of your household (related or not).

Full Name	Age	Relationship	Employer

Total number of persons living in the household (all ages): _____.

III. Household Income

List gross monthly income (before taxes) for all persons in the household who work or receive other income 18 and older.

Full Name	Social Security Number	Source of Income	Monthly Gross Amount

Check if you did not file a tax return.

Explain: _____ . Initial _____

IV. Property Information

Physical Address: _____
(House Number and Street) (City) (State) (Zip)

How long have you lived at this property address? _____ years

Type of house: Single Family Detached Stick Build Manufactured/Mobile Home

Year Home Built: _____ (May call Assessor's Office at 803-785-8190)

Do you have Homeowner's Insurance? Yes No

If yes, who with? _____ How much coverage? \$ _____

Is your home currently for sale? If yes, provide details below. Yes No

Applicants Certifications

The applicant(s) certifies that all information in the application and all information furnished in support of this application is given for the purpose of obtaining a Minor Housing Repair Program grant from the City of Cayce, and is true and complete to the best of the applicant's knowledge and belief. The applicant additionally certifies that the applicant is the OWNER and OCCUPANT of the property to be repaired.

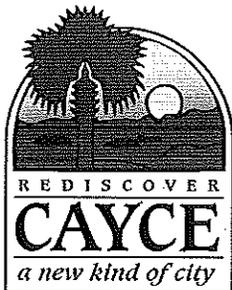
Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

WARNING: PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Title 18, Section 1001, provides: "Whoever in any matter within the jurisdiction of any department or agency of the United State, knowingly and willingly falsifies or makes false, fraudulent statement or representations, or makes or uses any false writing or document, knowing eth same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Please Return Application To:
City of Cayce
Planning and Development Department
Attn: Tara Yates
1800 12th Street
Cayce, SC 29033



City of Cayce

Minor Home Repair Program

Verification of Employment

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Minor Home Repair Program which we operate and to re-examine 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.

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

(Signature of Applicant)

(Date)

To Be Completed By the Employer Only

Company: _____

Employee: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Type of Employment: Full-time Part-time Temporary Other _____

Rate of Pay: \$ _____ per _____ (hour, week, or month)

Total earnings for the past 12 months: \$ _____ Effective date of last increase: _____

Overtime pay rate: \$ _____/hour Expected overtime per week for the 12 months: _____

Total overtime earnings for past 12 months: \$ _____

Any other compensation/bonuses/tips: For: _____ \$ _____ per _____

(Signature of 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 a false or fraudulent statement(s) to any department of the United States Government.