



<b>Application Process</b>		<b>Schedule</b>
<p>The following Application Process is intended to provide Applicants with an understanding of the respective application process and procedures for consideration under the Neighborhood Assistance Program. While intended to explain the process, it is not intended to repeal, eliminate or otherwise limit any requirements, regulations or provisions of the Town of Bluffton's Unified Development Ordinance. Compliance with these procedures will minimize delays and assure expeditious application review and repair (if qualified).</p>		
Step 1. Pre-Application Meeting	Applicant & Staff	
<p>Prior to the filing of the Neighborhood Assistance Program Application, the Applicant should meet with the designated Staff member or their designee for advice on the application process and the required information needed.</p>		
Step 2. Gather Documentation	Applicant	
<p>Upon receiving input from Staff at the Pre-Application Meeting, the Applicant should gather the necessary documentation and complete the Neighborhood Assistance Program Application.</p>		
Step 3. Submission of Application/Determination of Completeness	Applicant & Staff	24 hour review
<p>The Applicant shall submit a completed Application and required supporting documentation. Staff will review the Application and required supporting documentation and will determine if the Application is complete or if additional information is necessary. Staff will notify the Applicant if additional information is required. The Application process may be delayed if the Application is not complete.</p>		
Step 4. Submission of Application to Lowcountry Council of Governments (LCOG) for Income Qualification	Staff & LCOG	One Week
<p>Within one week of Staff receiving a completed Application, Staff will provide the completed Application and supporting documentation to LCOG for review and income qualification. If LCOG requires additional information from the Applicant, the income qualification process may take longer to complete and the schedule will be prolonged the time it takes the Applicant to provide the necessary information.</p>		
Step 5. LCOG Provides Income Qualification Determination	Staff & LCOG	Two Weeks
<p>LCOG provides the income qualification determination. If the Applicant is not qualified the Application process is terminated at this point. If the Applicant is qualified by LCOG, the Application will progress to the next step. Staff will notify the Applicant of LCOG's determination</p>		
Step 6. Staff Sets Pre-Inspection With Applicant	Applicant & Staff	Two Weeks
<p>Staff will call Applicant to set up a time for a pre-inspection of the requested repair work. The Applicant should make every attempt to meet the Staff Member at the residence to ensure the repair process moves forward. A Staff Inspector will review the requested repair work at the residence and determine the type of contractor needed to perform the work.</p>		
Step 7. Staff Contacts Three (3) Qualified Contractors for Inspection and Bid / Staff Review and Awards Bid to Contractor	Applicant & Staff	Two Weeks
<p>Staff will contact three (3) qualified contractors and schedule a time to meet at the Applicant's residence to review the requested repairs. The Applicant will be contacted with a date and time and will need to make the necessary arrangements to permit the Staff member and contractor to enter the residence (if needed). Please be aware that if the Applicant is not responsive to requests for the contractor inspection, the Application process may be delayed. The contractors will provide a bid for the repair work. Staff will review the bids and select the most qualified bid. Staff will inform the Contractor of the bid selection and request the anticipated start date.</p>		
Step 8. Staff Notifies Applicant of Repair Work Start Date	Staff	Two Weeks
<p>Staff will inform the Applicant of the anticipated start date. The Contractor will coordinate directly with the Applicant regarding the start of repair work. The Contractor is responsible to obtain the necessary permits and inspections for the repair work. Permit and inspection fees are waived.</p>		

Town of Bluffton  
Growth Management Department  
P O Box 386  
20 Bridge Street  
Bluffton, South Carolina 29910  
843-706-4522



Case: \_\_\_\_\_

**Town of Bluffton  
Neighborhood Assistance Program  
Master Application**

**Minimum Requirements for Submittal**

ÿ Neighborhood Assistance Program Master Application

ÿ Temporary Access Easement Agreement

ÿ Income Information in one of the following forms for ALL adult household members

ÿ Three (3) consecutive payroll stubs

ÿ Social Security annual statement, Retirement statement, or stub

ÿ Bank statements-Deposit Snapshot from bank for social security income or income from other sources

ÿ Previous year income tax return

ÿ Certification of Zero Income

ÿ Proof of Ownership (Town Employees May be able to assist if County Tax Records are current)

I affirm that the information on this application is true to the best of my knowledge.

\_\_\_\_\_

**Print applicant Name**

**Signature of Applicant**

**Date**



CRM# _____
Date forwarded _____

Town of Bluffton      " Qualified " Not Qualified

**Neighborhood Assistance Program**

**Total Monthly Income Information**

All adult members of the household must attach a verification of their income, either 3 consecutive pay stubs or a statement from their employer, the Court, Social Security Administration, or income tax return or other payer documentation containing income figures.

	<u>Applicant</u>	<u>Co-Applicant</u>
Income from Employment Job #1	_____	_____
Income from Employment Job #2	_____	_____
Social Security	_____	_____
SSI	_____	_____
Disability	_____	_____
Pension/Annuity income	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Other	_____	_____

**Applicant's Employment Information**

**Co-Applicant's Employment Information**

Employer: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_

*I (We) hereby certify that the above information is correct and true to the best of my (our) knowledge. I (we) understand that any benefit received by this household due to the Neighborhood Assistance Program is contingent upon meeting certain income requirements. I (we) also understand that this income information may be verified and I (we) authorize the release of any information required to verify this information. If this information cannot be verified as true and correct, I (we) understand that I (we) may be required to repay funds in the amount spent to provide the improvement to the property on which I (we) reside.*

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Co-Applicant Signature                      Date

## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
  
3. I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

Please email your completed application to [vsmalls@townofbluffton.com](mailto:vsmalls@townofbluffton.com) or contact Victoria Smalls at 843-706-7826 for further assistance.

STATE OF SOUTH CAROLINA	)	
	)	TEMPORARY ACCESS
COUNTY OF BEAUFORT	)	EASEMENT AGREEMENT

This Temporary Access Easement Agreement ("Agreement") is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between the Town of Bluffton (hereinafter referred to as "Town") and \_\_\_\_\_, his/her/their heirs, successors, and assigns (hereinafter referred to as "Owner").

WHEREAS, The Town of Bluffton, South Carolina, has instituted a Neighborhood Assistance Program (the "Project"); and

WHEREAS, the Owner desires to utilize the Neighborhood Assistance Program, for repairs to a single family residence.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, along with the mutual promises contained herein, the parties agree as follows:

1. GRANT OF EASEMENT: The Owner hereby grants to the Town, its successors and assigns, which shall include its agents, employees and contractors, a temporary access easement of ingress and egress, over, across, under, through and on the Grantor's Property for the sole purpose of assessing requested repairs and performing the work described in the Work Authorization, attached as Exhibit "A" hereto and incorporated herein,
2. TOWN'S RESPONSIBILITIES: The Town agrees to cause all work contemplated herein to be performed in a workmanlike manner, with minimal interference to Grantor's property. The Town further agrees to cause the work to be completed in an expeditious and timely manner.
3. EXPIRATION OF EASEMENT: The Temporary Access Easements granted hereunder shall expire without further action of the Parties hereto upon completion of the repairs

Witness our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

**WITNESSES**

**OWNER**

\_\_\_\_\_

\_\_\_\_\_

**WITNESSES**

**TOWN OF BLUFFTON**

\_\_\_\_\_

By: \_\_\_\_\_

Name:

Its: \_\_\_\_\_

**STATE OF SOUTH CAROLINA** )

)

**ACKNOWLEDGMENT**

**COUNTY OF BEAUFORT** )

)

The undersigned Notary Public does hereby certify that Grantor(s) herein personally appeared before me this day and acknowledged the due execution of the forgoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for South Carolina

My Commission Expires:\_\_\_\_\_