



**TOWN OF BLUFFTON
NEIGHBORHOOD ASSISTANCE
PROGRAM APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4500
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Case: _____

Property Information

Street Address: _____

Property Owner Name *(The name listed on the tax bill if other than applicant):* _____

Applicant Information

Name:	Mailing Address:
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Phone:	Email Address:
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Other Phone:	What is the best way to reach you?:
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**Household Members
(Please list the names and ages of ALL people living in the home)**

Name	Age

Assistance Requested

Home Repair	Heirs Property	Septic System Cleanout
Manufactured Home Repair	Property Clean-up	Abatement/Demolition
Tree Mitigation	Street Repair	Sewer System Connection

Please indicate the type of repair(s) you are requesting.
 If not listed below, please include desired repair under the "other" category. The Neighborhood Assistance Program is a *SAFE AND DRY* program. All home repairs aim to make homes safe and dry in accordance with building code and to address weatherization needs.
Final determination of services will be made by Town of Bluffton Staff and qualified bidding contractors.

Roof Repair/ Replacement	Window Repair (Glass)	Window Repair (Locks)
Window Repair(Seal from elements)	Door Repair (Locks)	Door Repair (Seal from elements)
Ceiling Repairs (Water Damage)	Ceiling Repairs (Other)	Wall Repair (Water Damage)
Wall Repairs (Other)	Floor Repairs (Tripping hazard)	Floor Repair (Water Damage)
Floor Repair (Other)	Siding Repair	Deck/ stairs repair
Kitchen/Bathroom (Leak Repair)	Insulation Repairs	Other:

Minimum Requirements for Submittal

Neighborhood Assistance Program Master Application	Temporary Access Easement Agreement
Proof of Ownership <i>(Town Employees may be able to assist if County Tax Records are current)</i>	
Income Information in one of the following forms for <i>ALL</i> adult household members Three (3) consecutive payroll stubs Social Security annual statement, Retirement statement, or stub Bank statements-Deposit Snapshot from bank for social security income or income from other sources Previous year income tax return Certification of Zero Income	

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

Print Applicant Name

Signature of Applicant

Date

Application Process

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. The Town of Bluffton's Mission and Vision Statements help navigate staff to ensure that the goals outlined by Town Council are being met. As each project is being reviewed, Town staff will use the Mission Statement, Vision Statement, The Covenant for Bluffton and the current Strategic Plan to guide their review. Compliance with these procedures will minimize delays and assure expeditious application review.

Step 1. Pre-Application Meeting	Applicant & Staff	
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.		
Step 2. Gather Documentation	Applicant	
Upon receiving input from Staff at the Pre-Application Meeting, the Applicant should gather the necessary documentation and complete the Neighborhood Assistance Program Application.		
Step 3. Submission of Application/Determination of Completeness	Applicant & Staff	24 hour review
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.		
Step 4. Submission of Application to Lowcountry Council of Governments (LCOG) for Income Qualification	Staff & LCOG	One Week
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.		
Step 5. LCOG Provides Income Qualification Determination	Staff & LCOG	Two Weeks
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.		
Step 6. Staff Sets Pre-Inspection With Applicant	Applicant & Staff	Two Weeks
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.		
Step 7. Staff Contacts Three (3) Qualified Contractors for Inspection and Bid / Staff Review and Awards Bid to Contractor	Applicant & Staff	Two Weeks
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.		
Step 8. Staff Notifies Applicant of Repair Work Start Date	Staff	Two Weeks
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.		



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Total Monthly Income Information

“ Qualified ” “ Not Qualified ”

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)

Co-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 or contact Victoria Smalls at 843-706-7826 for further assistance.

Witness our hands and seals this _____ day of _____, 202____.

WITNESSES

OWNER

WITNESSES

TOWN OF BLUFFTON

By: _____

Name:

Its: _____

STATE OF SOUTH CAROLINA)

)

ACKNOWLEDGMENT

COUNTY OF BEAUFORT)

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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 _____, 202____.

Notary Public for South Carolina

My Commission Expires:_____