



## TAP FEE ASSISTANCE PROGRAM APPLICATION

**I. PERSONAL INFORMATION** – *Primary residence for which you are requesting assistance must be located in the RCU service area*

A. Type of Service Requested: ☐ Water ☐ Sanitary Sewer Service

B. Property Owners' Name (print): \_\_\_\_\_  
Last Name First Name MI Maiden Name

C. \_\_\_\_\_  
Social Security Number Birth Date (MM/DD/YY) Age

D. \_\_\_\_\_  
Street Address City Zip Code

E. \_\_\_\_\_  
Day Phone # Evening Phone # Mobile Phone #

F. Married ( ) Single ( ) Divorced ( ) Email \_\_\_\_\_

G. Former Address (*if less than 2 years at present address*)

\_\_\_\_\_  
Street Address City Zip Code

**H. HOUSEHOLD MEMBER INFORMATION: (Must list self and all members of household regardless of age)**  
Name: Age: Receives Income

1. \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Yes ☐ No

2. \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Yes ☐ No

3. \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Yes ☐ No

4. \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Yes ☐ No

5. \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Yes ☐ No

(*List any additional household members, age, and whether or not they receive income on a separate sheet of paper*)

I. NAME(S) AND NUMBER OF HANDICAPPED PERSONS IN THE HOUSEHOLD: \_\_\_\_\_

J. SPOUSE'S NAME AND SS# \_\_\_\_\_



## II. HOUSEHOLD INCOME – PLEASE ATTACH LATEST INCOME TAX FORM

### HOUSEHOLD INCOME FROM EMPLOYMENT (GROSS MONTHLY INCOME)

Name of Family Member	#1.	#2.	#3.	#4.
Type	Monthly Amount #1	Monthly Amount #2	Monthly Amount #3	Monthly Amount #4
Base Employment				
Overtime				
Bonuses				
Commissions				
Self Employment				

### HOUSEHOLD INCOME FROM OTHER SOURCES

TYPE	MONTHLY AMOUNT	TYPE	MONTHLY AMOUNT
Pension	\$	TANF	\$
SSI	\$	Child Support	\$
Disability other than SS	\$	Business / Insurance	\$
Foster Care	\$	Alimony	\$
Social Security	\$	Rental Property	\$

## III. EMPLOYMENT HISTORY –LIST LAST TWO POSITIONS WITHIN FIVE YEAR PERIOD

### BEGIN WITH MOST RECENT JOB

<b>1. Name of Family Member: (Primary)</b>		<b>2. Name of Family Member: (Secondary)</b>	
Name & Address of Employer	Yrs/Mo. on Job	Name & Address of Employer	Yrs/Mo. on Job
Position:	Phone:	Position:	Phone:
Name & Address of Employer		Name & Address of Employer	
<b>3. Other:</b>		<b>4. Other:</b>	
Name & Address of Employer	Yrs/Mo on Job	Name & Address of Employer	Yrs/Mo on Job
Position:	Phone:	Position:	Phone:
Name & Address of Employer	Yrs/Mo on Job	Name & Address of Employer	Yrs/Mo on Job
Position:	Phone:	Position:	Phone:



#### IV. ASSETS

*Checking:*

Bank, S&L, or Credit Union	Address	Account #	Amount
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*Savings:*

Bank, S&L, or Credit Union	Address	Account#	Amount
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*Life Insurance:*

Company Name	Address	Account #	Cash Value
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*Stocks & Bonds:*

Company Name	Address	Account #	Cash Value
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*Retirement Fund:*

Company Name	Address	Account#	Vested Interest
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I understand that Richland County will disqualify me from participating in the Tap Fee Assistance Program if false information is reported or if information has been omitted from this application.

I authorize Richland County Homeownership officials to obtain information pertinent to program eligibility concerning statements made in this application in regard to income, employment, assets, deposits, or debts (including credit history). I agree that the application shall remain the property of Richland County Government 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.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Return this completed and signed application along with supporting documentation and \$50 application fee to:

**Richland County Government**  
**Richland County Utilities Department**  
**7525 Broad River Road**  
**Irmo, South Carolina 29063**  
**Phone (803) 401-0050 Fax (803) 401-0030**  
**www.rcgov.com**

Richland 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 programs or activities.



## CHECKLIST FOR SUBMITTING YOUR APPLICATION

- ☐ COMPLETED APPLICATION (Include self under **HOUSEHOLD MEMBER INFORMATION**)
- ☐ LATEST COMPLETED TAX RETURN (if self employed bring the last 3 years)
- ☐ 6 MONTHS OF LATEST BANK STATEMENTS
- ☐ 2 MONTHS MOST RECENT PAY CHECK STUBS
- ☐ SIGNED WAIVER OF PERSONAL INFORMATION\*
- ☐ DRIVERS LICENSE OR FEDERAL/STATE ISSUED ID
- ☐ \*\*\$50 APPLICATION FEE (***IN THE FORM OF MONEY ORDER OR A CASHIER'S CHECK***)\*\*
- ☐ PROOF OF ADDITIONAL INCOME TO INCLUDE: CHILD SUPPORT, SSI, ALIMONY, ETC.
- ☐ ANY DOCUMENTATION OF LEGAL SEPARATION

**\* PLEASE NOTE THAT KNOWINGLY AND WILLFULLY PROVIDING FALSE OR MISLEADING INFORMATION TO OR FOR FEDERAL GOVERNMENT IS A FEDERAL VIOLATION AND CAN SUBJECT ONE TO FINES, IMPRISONMENT OR BOTH.**

**\*\* IF YOU SUBMIT YOUR APPLICATION WITH A PERSONAL CHECK, RICHLAND COUNTY WILL NOT ACCEPT IT AND IT WILL BE GIVEN BACK TO YOU WITH A REQUEST FOR A MONEY ORDER OR CASHIER'S CHECK.**

**PLEASE NOTE THAT RICHLAND COUNTY UTILITIES DEPARTMENT OFFICE WILL NOT ACCEPT AN APPLICATION WITHOUT ALL THE ABOVE LISTED ITEMS.**



## CALCULATING ANNUAL INCOME

<b>1. Name</b> <a href="#">Click here to enter text.</a>		<b>2. Identification XXX-XX-</b> <a href="#">Click here to enter text.</a>			
<b>ASSETS</b>					
<b>Family Member</b>	<b>Asset Description</b>	<b>Current Cash Value Of Assets</b>	<b>Actual Income From Assets</b>		
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount		
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount		
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount		
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount		
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount		
<b>3. Net Cash Value of Assets.....</b>		<b>3. \$</b> Enter total amount			
<b>4. Total Actual Income from Assets.....</b>			<b>4. \$</b> Enter total amount		
<b>5. If line 3 is greater than \$5,000, multiply line by <u>2.5%</u> (Passbook Rate) and enter results here; otherwise, leave blank</b>			<b>5. \$</b> Enter amount		
<b>ANTICIPATED ANNUAL INCOME</b>					
<b>Family Members</b>	<b>Wages/ Salaries</b>	<b>Benefits/ Pensions</b>	<b>Public Assistance</b>	<b>Other Income</b>	<b>Asset Income</b>
<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	<b>Enter the greater of lines 4 or 5 from above in e.</b>
<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	
<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	
<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	
<a href="#">Click here to enter text.</a>	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	
<b>6. Totals</b>	<b>a.</b> \$Enter total amount	<b>b.</b> \$Enter total amount	<b>c.</b> \$Enter total amount	<b>d.</b> \$Enter total amount	<b>e.</b> \$Enter amount
<b>Enter total of items from 6a. through 6e. This is Annual Income</b>					<b>7. \$</b> Enter total amount



## TAP FEE ASSISTANCE PROGRAM APPLICATION

**I. PERSONAL INFORMATION** – *Primary residence for which you are requesting assistance must be located in the RCU service area*

A. Type of Service Requested: ☐ Water ☒ Sanitary Sewer Service

B. Property Owners' Name (print): Doe John  
Last Name First Name MI Maiden Name

C. 111-11-1111 01/01/1980 34  
Social Security Number Birth Date (MM/DD/YY) Age

D. 123 Main Street Hopkins 29061  
Street Address City Zip Code

E. (803) 555-5555 (803) 666-6666 (803) 777-7777  
Day Phone # Evening Phone # Mobile Phone #

F. Married (☒) Single ( ) Divorced ( ) Email John.Doe@email.com

G. Former Address (if less than 2 years at present address)  
111 Main Street Hopkins 29061  
Street Address City Zip Code

H. HOUSEHOLD MEMBER INFORMATION: (Must list self and all members of household regardless of age)

Name:	Age:	Receives Income
1. <u>John Doe</u>	<u>34</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. <u>Jane Doe</u>	<u>33</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. <u>Suzy Doe</u>	<u>10</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. <u>Timmy Doe</u>	<u>8</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. <u>Abigail Doe</u>	<u>65</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(List any additional household members, age, and whether or not they receive income on a separate sheet of paper)

I. NAME(S) AND NUMBER OF HANDICAPPED PERSONS IN THE HOUSEHOLD: Abigail Doe (Grandmother)

J. SPOUSE'S NAME AND SS# Jane Doe, 222-22-2222



## II. HOUSEHOLD INCOME – PLEASE ATTACH LATEST INCOME TAX FORM

### HOUSEHOLD INCOME FROM EMPLOYMENT (GROSS MONTHLY INCOME)

Name of Family Member	#1. John doe	#2. Jane Doe	#3.	#4.
Type	Monthly Amount #1	Monthly Amount #2	Monthly Amount #3	Monthly Amount #4
Base Employment	\$2000	\$1500		
Overtime				
Bonuses				
Commissions				
Self Employment				

### HOUSEHOLD INCOME FROM OTHER SOURCES

TYPE	MONTHLY AMOUNT	TYPE	MONTHLY AMOUNT
Pension	\$	TANF	\$
SSI	\$	Child Support	\$
Disability other than SS	\$	Business / Insurance	\$
Foster Care	\$	Alimony	\$
Social Security	\$500 - Abigail Doe	Rental Property	\$

## III. EMPLOYMENT HISTORY –LIST LAST TWO POSITIONS WITHIN FIVE YEAR PERIOD

### BEGIN WITH MOST RECENT JOB

1. Name of Family Member: (Primary)	John Doe	2. Name of Family Member: (Secondary)	Jane Doe
Name & Address of Employer Acme Company 1500 Acme Drive Columbia, SC 29212	Yrs/Mo. on Job 5 years 3 months	Name & Address of Employer Acme Mill Company 1505 Acme Drive Columbia, SC 29212	Yrs/Mo. on Job 8 years
Position: Foreman	Phone: (803) 111-3333	Position: Shift Supervisor	Phone: (803) 111-3333
Name & Address of Employer		Name & Address of Employer	
3. Other:		4. Other:	
Name & Address of Employer	Yrs/Mo on Job	Name & Address of Employer	Yrs/Mo on Job
Position:	Phone: (803) 111-3333	Position:	Phone:
Name & Address of Employer	Yrs/Mo on Job	Name & Address of Employer	Yrs/Mo on Job
Position:	Phone:	Position:	Phone:





#### IV. ASSETS

*Checking:*

<b>BB&amp;T</b>	123 Main Street, Columbia, SC 29212	<b>111-11111</b>	<b>\$1000</b>
Bank, S&L, or Credit Union	Address	Account #	Amount

*Savings:*

<b>BB&amp;T</b>	123 Main Street, Columbia, SC 29201	<b>222-22222</b>	<b>\$1500</b>
Bank, S&L, or Credit Union	Address	Account#	Amount

*Life Insurance:*

Company Name	Address	Account #	Cash Value
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*Stocks & Bonds:*

Company Name	Address	Account #	Cash Value
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*Retirement Fund:*

<b>Principal Financial</b>	555 Main Street, Columbia, SC 29201	<b>555-55555</b>	<b>\$10,000</b>
Company Name	Address	Account#	Vested Interest

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**07/03/14**

Applicants Signature

Date

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Richland County Government  
Richland County Utilities Department  
7525 Broad River Road  
Irmo, South Carolina 29063  
Phone (803) 401-0050 Fax (803) 401-0030  
www.rcgov.com

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## CHECKLIST FOR SUBMITTING YOUR APPLICATION

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- ☐ LATEST COMPLETED TAX RETURN (if self employed bring the last 3 years)
- ☐ 6 MONTHS OF LATEST BANK STATEMENTS
- ☐ 2 MONTHS MOST RECENT PAY CHECK STUBS
- ☐ SIGNED WAIVER OF PERSONAL INFORMATION\*
- ☐ DRIVERS LICENSE OR FEDERAL/STATE ISSUED ID
- ☐ \*\*\$50 APPLICATION FEE (*IN THE FORM OF MONEY ORDER OR A CASHIER'S CHECK*)\*\*
- ☐ PROOF OF ADDITIONAL INCOME TO INCLUDE: CHILD SUPPORT, SSI, ALIMONY, ETC.
- ☐ ANY DOCUMENTATION OF LEGAL SEPARATION

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**\*\* IF YOU SUBMIT YOUR APPLICATION WITH A PERSONAL CHECK, RICHLAND COUNTY WILL NOT ACCEPT IT AND IT WILL BE GIVEN BACK TO YOU WITH A REQUEST FOR A MONEY ORDER OR CASHIER'S CHECK.**

**PLEASE NOTE THAT RICHLAND COUNTY COMMUNITY DEVELOPMENT OFFICE WILL NOT ACCEPT AN APPLICATION WITHOUT ALL THE ABOVE LISTED ITEMS.**



## CALCULATING ANNUAL INCOME

<b>1. Name</b> John Doe		<b>2. Identification XXX-XX-</b> 1111			
<b>ASSETS</b>					
Family Member	Asset Description	Current Cash Value Of Assets	Actual Income From Assets		
John Doe	Checking	\$ 1000.00	\$ 10.00		
John Doe	Savings	\$ 1500.00	\$ 15.00		
John Doe	Retirement Fund	\$ 10,000.00	\$ 200.00		
		\$	\$		
		\$	\$		
<b>3. Net Cash Value of Assets.....</b>		<b>3. \$ 12,500</b>			
<b>4. Total Actual Income from Assets.....</b>			<b>4. \$ 225.00</b>		
<b>5. If line 3 is greater than \$5,000, multiply line by 2.5% (Passbook Rate) and enter results here; otherwise, leave blank</b>			<b>5. \$ 312.50</b>		
<b>ANTICIPATED ANNUAL INCOME</b>					
Family Members	Wages/ Salaries	Benefits/ Pensions	Public Assistance	Other Income	Asset Income
John Doe	\$ 24000	\$	\$	\$	Enter the greater of lines 4 or 5 from above in e.
Jane Doe	\$ 18000	\$	\$	\$	
Abigail Doe	\$	\$ 6000	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>6. Totals</b>	<b>a. \$ 42000</b>	<b>b. \$ 6000</b>	<b>c. \$ 0.00</b>	<b>d. \$ 0.00</b>	<b>e. \$ 312.50</b>
<b>Enter total of items from 6a. through 6e. This is Annual Income</b>					<b>7. \$ 48,312.50</b>