

TAP FEE ASSISTANCE PROGRAM APPLICATION

	<u>U service area</u>				
	•		Sanitary Sewer Se		
В.	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
Ξ.	Day Phone #				
	Day Phone #	Evening Phon	e #	Mob	ile Phone #
_	Married () Single () Divo	orced () Ei	mail		
	Former Address (if less than 2 ye		address)		
			address)	City	Zip Code
G.	Former Address (if less than 2 ye	ears at present		·	•
Э. Н.	Former Address (if less than 2 yes Street Address HOUSEHOLD MEMBER INFO	ears at present	(Must list self and <u>all</u> m	embers of house	ehold regardless of age)
Э. Н.	Former Address (if less than 2 yes Street Address HOUSEHOLD MEMBER INFO Name:	ears at present	(Must list self and <u>all</u> m	embers of house	ehold regardless of age) Receives Income
G. H.	Former Address (if less than 2 years) Street Address HOUSEHOLD MEMBER INFO Name:	ears at present	(Must list self and <u>all</u> m	embers of house	ehold regardless of age) Receives Income Yes No
Б. Н.	Former Address (if less than 2 years) Street Address HOUSEHOLD MEMBER INFO Name:	ears at present	(Must list self and <u>all</u> m	embers of house	ehold regardless of age) Receives Income Yes No Yes No
G. H. 1. 2. 4.	Former Address (if less than 2 years) Street Address HOUSEHOLD MEMBER INFO Name:	ears at present	(Must list self and <u>all</u> m	Age:	ehold regardless of age) Receives Income Yes No Yes No Yes No Yes No
G. H. 1. 2. 4.	Former Address (if less than 2 years) Street Address HOUSEHOLD MEMBER INFO Name:	ears at present	(Must list self and <u>all</u> m	Age:	ehold regardless of age) Receives Income Yes No Yes No Yes No Yes No
G. H. 1. 2. 4.	Former Address (if less than 2 years) Street Address HOUSEHOLD MEMBER INFO Name:	ormation:	(Must list self and <u>all</u> m	Age: Age: Ceeive income on	ehold regardless of age) Receives Income Yes No Yes No Yes No Yes No Yes No Yes No A separate sheet of pap



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

ТҮРЕ	MONTHLY AMTOUNT	ТҮРЕ	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

1. Name of Family Member:		2. Name of Family Member:	
(Primary)		(Secondary)	
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	
3. Other:		4. Other:	
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:

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Checking:

IV. ASSETS

Bank, S&L, or Credit Union	Address	Account #	Amount
Savings:			
Bank, S&L, or Credit Union	Address	Account#	Amount
Life Insurance:			
Company Name	Address	Account #	Cash Value
Stocks & Bonds:			
Company Name	Address	Account #	Cash Value
Retirement Fund:			
Company Name	Address	Account#	Vested Interest
uthorize Richland County Wormation is reported or if information uthorize Richland County Homeow tements made in this application in agree that the application shall repogram. I further understand that interpolation in the disclosed to any other organical mot be disclosed to any other organical and the control of the country of the co	on has been omitted from the vinership officials to obtain regard to income, employmain the property of Ric formation obtained will be	nis application. n information pertinent to ment, assets, deposits, or hland County Government.	program eligibility concerning debts (including credit history) ent Homeownership Assistance
ll not be disclosed to any other organ	nization or individual.		

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.

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



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 (<i>IN THE FORM OF MONEY ORDER OR A CASHIER'S CHECK</i>)
□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.

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

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CALCULATING ANNUAL INCOME

		ASS	SETS			
Family Member		Asset Description	Current Cash Of Asset			ctual Income From Assets
Click here to enter t	ext. Click her	re to enter text.	\$Enter amount		\$Ente	er amount
Click here to enter t	ext. Click her	re to enter text.	\$Enter amount		\$Ente	er amount
Click here to enter t	ext. Click her	re to enter text.	\$Enter amount		\$Ente	er amount
Click here to enter t	ext. Click her	re to enter text.	\$Enter amount		\$Ente	er amount
Click here to enter t	ext. Click her	re to enter text.	\$Enter amount		\$Ente	er amount
3. Net Cash Va	alue of Assets	•••••	3. \$ Enter total amo	ount		
5. If line 3 is gr	reater than \$5,000	o, multiply line by				er total amount
5. If line 3 is grand enter re	reater than \$5,000 sults here; otherw	0, multiply line by	<u>2.5%</u> (Passbook	Rate)		
5. If line 3 is grand enter real and enter real enter real and enter real and enter real enter real and enter e	reater than \$5,000 esults here; otherways Wages/Salaries	0, multiply line by wise, leave blank ANTICIPATED A Benefits/ Pensions	2.5% (Passbook ANNUAL INCOM Public Assistance	Rate) E Other Income	5. \$ Ent	Asset Income
5. If line 3 is grand enter re	reater than \$5,000 esults here; otherw	0, multiply line by wise, leave blank ANTICIPATED A Benefits/	2.5% (Passbook ANNUAL INCOM Public	Rate) E Other Income	5. \$ Ent	er amount Asset
5. If line 3 is grand enter real and enter real enter real and enter real and enter real enter real and enter e	reater than \$5,000 esults here; otherways Wages/Salaries	0, multiply line by wise, leave blank ANTICIPATED A Benefits/ Pensions	2.5% (Passbook ANNUAL INCOM Public Assistance	Rate) E Other Income \$Enter	5. \$ Ent	Asset Income
5. If line 3 is grand enter real and enter real enter real and enter real and enter real enter real and enter e	wages/Salaries \$Enter amount	O, multiply line by wise, leave blank ANTICIPATED A Benefits/ Pensions \$Enter amount	Public Assistance \$Enter amount	Rate) E Other Income \$Enter	5. \$ Ent	Asset Income Enter the greater of lines 4 or 5
5. If line 3 is grand enter real and enter text. Click here to enter text. Click here to enter text.	wages/Salaries \$Enter amount	O, multiply line by wise, leave blank ANTICIPATED A Benefits/ Pensions \$Enter amount \$Enter amount	Public Assistance \$Enter amount	Rate) E Other Income \$Enter \$Enter	5. \$ Ent	Asset Income Enter the greater of lines 4 or 5 from above
Family Members Click here to enter text.	wages/Salaries \$Enter amount \$Enter amount	O, multiply line by wise, leave blank ANTICIPATED A Benefits/ Pensions \$Enter amount \$Enter amount	Public Assistance \$Enter amount \$Enter amount	Rate) E Other Income \$Enter \$Enter \$Enter	amount amount	Asset Income Enter the greater of lines 4 or 5

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TAP FEE ASSISTANCE PROGRAM APPLICATION

L		RSONAL INFROMATION — Primary residence for wh U service area	ich you are regi	uesting assistanc	e must be located in the
	Α.	Type of Service Requested: Water Sani	tary Sewer Serv	rice	
	В.	Property Owners' Name (print): Doe John	n		
			First Name	МІ	Maiden Name
	C.	111-11-1111 01/01/1980		34	
		Social Security Number Birth Date (MN			Age
	D.	123 Main Street	Hopkins		29061
		Street Address		City	Zip Code
	E.	(803) 555-5555 (803) 666-6666		, ,	7-7777
		Day Phone # Evening Phone #			Phone #
	F.	Married (*) Single () Divorced () Email Joh	nn.Doe@e	email.com	
	G	Former Address (if less than 2 years at present address)			
	0.	111 Main Street	Hopkins		29061
		Street Address	Порки	City	Zip Code
				-	
	Η.	HOUSEHOLD MEMBER INFORMATION: (Must list Name:	self and <u>all</u> men	nbers of househo Age:	Receives Income
	1.	John Doe		34	■ Yes □ No
		Jane Doe		33	
	2.				■ Yes No
	3.	Suzy Doe		10	Yes No
	4.	Timmy Doe		8	☐ Yes ■ No
	5.	Abigail Doe		65	☐ Yes ■ No
		st any additional household members, age, and whether	or not they rece	ive income on a	
	1.	NAME(S) AND NUMBER OF HANDICAPPED PERSON	ONS IN THE H	OUSEHOLD:	
		Abigail Doe (Grandmother)			
		, ,	າວ ວວວວ		
	J.	SPOUSE'S NAME AND SS# Jane Doe, 222-	22-2222		

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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 A mount #2	Monthly Amount #3	Monthly Amount #4
Base Employment	\$2000	\$1500		
Overtime				
Bonuses				
Commissions			_	
Self Employment				

HOUSEHOLD INCOME FROM OTHER SOURCES

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

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	Yrs/Mo. on Job	Name & Address of Employer	Yrs/Mo. on Job
Acme Company 1500 Acme Drive Columbia, SC 29212	5 years 3 months	Acme Mill Company 1505 Acme Drive Columbia, SC 29212	8 years
Position: Famen	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 en Job	Name & Address of Employer	Yrs/Mo on Job
Position:	Phone:	Position:	Phone:

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IV. ASSETS

Checking:			
BB&T	123 Main Street, Columbia, SC 29212	111-11111	\$1000
Bank, S&L, or Credit Union	Address	Account #	Amount
Savings:			
BB&T	123 Main Street, Columbia, SC 29201	222-22222	\$1500
Bank, S&L, or Credit Union	Address	Account#	Amount
Life Insurance:			
Company Name	Address	Account #	Cash Value
Stocks & Bonds:			
Company Name	Address	Account #	Cash Value
Retirement Fund:			
Principal Financial	555 Main Street, Columba, SC 29201	555-55555	\$10,000
Company Name	Address	Account#	Vested Interest
I understand that Richland County will information is reported or if information. I authorize Richland County Homeowne statements made in this application in re I agree that the application shall rema Program. I further understand that infor will not be disclosed to any other organize	has been omitted from this appli- ership officials to obtain inform, gard to income, employment, as in the property of Richland C mation obtained will be used or	cation. ation pertinent to progr sets, deposits, or debts county Government Ho	am eligibility concerning (including credit history). omcownership Assistance
		07/	03/14
Applicants Signature	_	Date	
Return this completed and signed applica	tion along with supporting docu	mentation and \$50 appl	ication fee to:
	Richland County Governme Richland County Utilities Depa 7525 Broad River Road Irmo, South Carolina 2906 Phone (803) 401-0050 Fax (803) 4 www.regov.com	ent rtment 53	

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.

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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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PLEASE NOTE THAT RICHLAND COUNTY COMMUNITY DEVELOPMENT OFFICE WILL NOT

ACCEPT AN APPLICATION WITHOUT ALL THE ABOVE LISTED ITEMS.

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CALCULATING ANNUAL INCOME

1. Name John Doe			2. Identification XXX-XX- 1111				
		ASS	ETS				
Family Member		Asset Description	Current Cash Value Of Assets		Actual Income From Assets		
John D	oe C	hecking	^{\$} 1000.00		^s 10.00		
John D	oe S	Savings	^s 1500.00		^s 15.00		
John D	oe Retin	ement Fund	\$10,000.00		\$200.00		
			s	T	s		
			S		s		
3. Net Cash Value of Asset			^{3. 8} 12,500				
4. Total Actual Income from Assets						4. § 225.00	
						12.50	
		ANTICIPATED A	NNUAL INCO	ME			
Family Members	Wages/ Salaries	Benefits/ Pensions	Public Assistance	Other Income		Asset Income	
John Doe	^s 24000	S	s	s		Enter the	
Jane Doe	s 18000	s	S	S		greater of	
Abigail Doe	S	s6000	s	s		lines 4 or 5	
	s	s s			from above		
	s	s	s	s		in e.	
6. Totals	a.§42000	ь.§	c. § 0.00	d.\$0.	00	e. § 312.50	
Enter total of ite This is Annual I	ms from 6a. thro					^{7. §} 48,312.5	

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