

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 AMTOUNT	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

1. Name of Family Member: (Primary)		2. Name of Family Member: (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:

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

1. Name Click here to enter text.		2. Identification XXX-XX- Click here to enter text.			
ASSETS					
Family Member	Asset Description	Current Cash Value Of Assets	Actual Income From Assets		
Click here to enter text.	Click here to enter text.	\$Enter amount	\$Enter amount		
Click here to enter text.	Click here to enter text.	\$Enter amount	\$Enter amount		
Click here to enter text.	Click here to enter text.	\$Enter amount	\$Enter amount		
Click here to enter text.	Click here to enter text.	\$Enter amount	\$Enter amount		
Click here to enter text.	Click here to enter text.	\$Enter amount	\$Enter amount		
3. Net Cash Value of Assets.....		3. \$ Enter total amount			
4. Total Actual Income from Assets.....			4. \$ Enter total amount		
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			5. \$ Enter amount		
ANTICIPATED ANNUAL INCOME					
Family Members	Wages/ Salaries	Benefits/ Pensions	Public Assistance	Other Income	Asset Income
Click here to enter text.	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	Enter the greater of lines 4 or 5 from above in e.
Click here to enter text.	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	
Click here to enter text.	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	
Click here to enter text.	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	
Click here to enter text.	\$Enter amount	\$Enter amount	\$Enter amount	\$Enter amount	
6. Totals	a. \$Enter total amount	b. \$Enter total amount	c. \$Enter total amount	d. \$Enter total amount	e. \$Enter amount
Enter total of items from 6a. through 6e. This is Annual Income					7. \$ 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:

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
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Stocks & Bonds:

Company Name	Address	Account #	Cash Value
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Retirement Fund:

Principal Financial	555 Main Street, Columba, SC 29201	555-55555	\$10,000
Company Name	Address	Account#	Vested Interest

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Applicants Signature

07/03/14

Date

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Richland County Utilities Department
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Irmo, South Carolina 29063
Phone (803) 401-0050 Fax (803) 401-0030
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CALCULATING ANNUAL INCOME

1. Name John Doe		2. Identification XXX-XX- 111			
ASSETS					
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		
		\$	\$		
		\$	\$		
3. Net Cash Value of Assets.....		3. \$	12,500		
4. Total Actual Income from Assets.....				4. \$	225.00
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				5. \$	312.50
ANTICIPATED ANNUAL INCOME					
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	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
6. Totals	a. \$ 42000	b. \$ 6000	c. \$ 0.00	d. \$ 0.00	e. \$ 312.50
Enter total of items from 6a. through 6e. This is Annual Income					7. \$ 48,312.50