

## WORKFORCE HOUSING PROGRAM RENTAL APPLICATION CHECKLIST

Please review the qualifications for rental eligibility and complete the attached application.

You can drop off your application and information to Coastal Community Development Corporations office located at 1000 Main Street Suite100-B, Hilton Head or email it to info@ccdc-sc.org. You can also mail your application to our office at 1000 Main Street Suite100-B, Hilton Head SC 29926 please note that applications that are sent via postal mail may take longer to receive a response.



### Before submitting your application:

Did you remember to provide all documentation needed to process your application?

Did you sign the application on all pages?

Did you have any questions?

Call Coastal Community Development Corporation at 843-715-4209



### Coastal Community Development Corporation

Application Requirements, Qualifications and Prioritization

Please read through this document thoroughly. If you have any questions or are unsure of how to fulfill these requirements, please contact us at 843-715-4209.

#### **Application Requirements**

Every household member over the age of 18 must submit the following documents for qualification:

Most recent Federal tax return

Most recent paystubs covering one (1) month

Most recent bank statements covering one (1) month

Copy of a State or Federal photo ID

#### **Qualifications and Prioritization**

First priority is given to eligible households that have been or will be involuntarily displaced from the municipality or unincorporated county in which they resided or reside and work at a Local Business in, in which the available unit is located.

Second priority is given to eligible households that reside and work at a Local Business within the municipality or unincorporated county in which the available unit is located.

Third priority is given to eligible households that work at a Local Business within the municipality or unincorporated county in which the available unit is located.

Fourth priority is given to eligible households that reside and work at a Local Business within Beaufort or Jasper County, South Carolina.

Fifth priority is given to eligible households that work at a Local Business within Beaufort or Jasper County, South Carolina

#### **Local Business Definition**

To qualify as a Local Business, the business must meet all of & 'A" below or all of "B'.

- A.) (1) a business physically located within Beaufort or Jasper County, South Carolina, holding a business license with the Town of Hilton Head Island, Town of Bluffton, Town of Port Royal, Town of Hardeeville, Beaufort County or Jasper County, South Carolina or one that can provide other verification of business status physically located in Beaufort or Jasper County, South Carolina, and
- (2) A minimum of seventy-five percent (75%) of the business' clients or customers are physically located in Beaufort or Jasper County, South Carolina, and (3) the employees/owners must work in Beaufort or Jasper County, South Carolina to perform their job.

Or

B.) A business physically located in Beaufort or Jasper County, South Carolina who employs two or more Qualified Employees, which qualified employees must work in Beaufort or Jasper County, South Carolina to perform their job.

#### **Keeping the Coastal Community Development Corporation Informed**

The applicant must at any time report changes in writing in the applicant status, including changes in family composition, income or preference factor. The applicant shall also report and address or phone number changes. Changes in preference factor may change your status on the waiting list.

You must provide updated information at least once a year, at least 30 days prior to the end of the yearly lease date. You will be required to report any changes in income and family/household composition within 14 days of that change.

All income changes, such as pay increases and benefits, change of job, loss of job, loss of benefits, etc for all family/ household members

Any family/household member that has moved in or out (must receive approval PRIOR to move in and provide acceptable documentation for move out

All assets that you or your family/household members own and any assets that were sold in the last 2 years

#### **Beware of Fraud and Report Abuse**

Beware of fraud schemes. Do not pay money to file an application or move up on the waiting list. It is best to get a receipt for any money you pay and get a written explanation of any money paid for anything other than rent (such as maintenance charges).

If you are aware of anyone who has falsified an application or f anyone lies to persuade you to make false statements, report them to Program Manager of the Coastal Community Development Corporation.

#### **Notice of Records Check**

Please note that the information provided will be used to determine rental eligibility. A credit rating, rental history and criminal background check will be conducted. Unfavorable credit rating scores will not automatically disqualify any applicant.

Thave read and understand the preceding information.
Signature of Applicant:
Signature of Co-Applicant:

Thoughout and understand the preceding information.



## Coastal Community Development Corporation WORKFORCE HOUSING APPLICATION

(Attach sheet for employment/income information for additional household members age 18 and older)

Applicant:	Co-Applicant:		
Current Address:	Current Address:		
City/St/Zip:			
Phone #:			
Do you currently own your home? [] YES []NO	Do you currently own other property? [] YES [] NO		
If YES, what are your plans with the home(s)?			
SECTION I - (	GENERAL INFORMATION		
DEPENDENT(S)  NAME	AGE		
1.			
2.			
3.			
4.			
Other Household Occupants			
1.			
2.			
3. TOTAL NUMBER OF OCCUPANTS IN HOUSE	HOLD: MPLOYMENT INFORMATION		
3. TOTAL NUMBER OF OCCUPANTS IN HOUSE  SECTION II. El	MPLOYMENT INFORMATION		
3.  TOTAL NUMBER OF OCCUPANTS IN HOUSE  SECTION II. El  Applicant  Employer:  Supervisor:	MPLOYMENT INFORMATION  Phone #:		
TOTAL NUMBER OF OCCUPANTS IN HOUSE  SECTION II. El  Applicant  Employer:  Supervisor:  Position:	MPLOYMENT INFORMATION  Phone #: Length of employment:		
TOTAL NUMBER OF OCCUPANTS IN HOUSE  SECTION II. El  Applicant  Employer:  Supervisor:  Position:  Gross annual income:	MPLOYMENT INFORMATION  Phone #: Length of employment: Gross monthly income:		
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#### **SECTION III: RENTAL HISTORY INFORMATION**

CURRENT ADDRESS		
CITY, STATE,ZIP		
LANDLORD NAME / MORTGAC	SE HOLDER:	
MONTHLY PAYMENT:	PHONE #	FAX #
EMAIL ADDRESS:	HOW LONG?	(PLEASE CHECK ONE) $\square$ OWNED OR $\square$ RENT
REASON FOR LEAVING		
PRIOR STREET ADDRESS:		
CITY, STATE, ZIP		
LANDLORD NAME / MORTGAC	SE HOLDER:	
MONTHLY PAYMENT:	PHONE #	FAX #
EMAIL ADDRESS:	HOW LONG?	(PLEASE CHECK ONE) $\square$ OWNED OR $\square$ REN
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# Coastal Community Development Corporation "CCDC" WORKFORCE HOUSING APPLICATION REASONABLE ACCOMMODATION QUESTIONNAIRE

I (Applicant/Tenant)	request that reasonable accommodations
are made in order for me to accu	urately complete the application/re-examination process. I do hereby nable accommodations requested, I will not be able to complete my application/re-examiniation.
	Check all that apply:
TranslatorType (E	nglish, French, Spanish etc)
Sign Language Interpreter	
Power of Attorney	
Braile or Bold Print	
OtherPlease	list
Applicant/Tenant Signature:	Date:
Vitness:	Date:

# Coastal Community Development Corporation "CCDC" WORKFORCE HOUSING APPLICATION REASONABLE ACCOMMODATION FOR HOUSING QUESTIONNAIRE

A person with a disability(ies) may request a change, exception or adjustment to CCDC's rules, policies, practices, procedures or modifications to its housing units as a reasonable accommodation. Requesting an accommodation does not affect participation in the program. This form is to be completed and returned as part of the application and annual review process but can be requested and submitted at any time as needed. Contact the Program Manager with CCDC if assistance is needed in completing this form.

Head of Household Name:	
	Phone #
	n:
Please check the appropriate box, application.	provide the information as necessary, sign the bottom, and submit with the full
1.Does anyone in your household no	
No - If No, complete number 3 belo	W
Yes - If Yes, complete numbers 1a,	
	mber requiring the accommodation
1b. Describe the accommodation no	eeded
limited to): a licensed physician, ph	ty and the disability-related need for the accommodation, such as (but not ysical therapist, psychiatrist, social worker,caseworker, or counselor).
Phone number: ()	Fax number: ()
5. Signature: I certify the above info	rmation is correct:
Signature of Head of Household or 0	Cohead:
Date:	