



## **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](mailto: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 if 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.

**I have read and understand the preceding information:**

Signature of Applicant:\_\_\_\_\_

Signature of Co-Applicant:\_\_\_\_\_



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: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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 HOUSEHOLD:** \_\_\_\_\_

**SECTION II. EMPLOYMENT INFORMATION**

**Applicant**

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Gross annual income: \_\_\_\_\_

Gross monthly income: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Length of employment: \_\_\_\_\_

**Co-Applicant**

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Gross annual income: \_\_\_\_\_

Gross monthly income: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Length of employment: \_\_\_\_\_

I have read and understand the preceeding information:

Signature of Applicant: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

**SECTION III: RENTAL HISTORY INFORMATION**

**APPLICANT PREVIOUS RENTAL HISTORY**

CURRENT ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
LANDLORD NAME / MORTGAGE HOLDER: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_ (PLEASE CHECK ONE)  OWNED OR  RENT  
REASON FOR LEAVING \_\_\_\_\_

PRIOR STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
LANDLORD NAME / MORTGAGE HOLDER: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_ (PLEASE CHECK ONE)  OWNED OR  RENT  
REASON FOR LEAVING \_\_\_\_\_

**CO- APPLICANT PREVIOUS RENTAL HISTORY**

CURRENT ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
LANDLORD NAME / MORTGAGE HOLDER: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_ (PLEASE CHECK ONE)  OWNED OR  RENT  
REASON FOR LEAVING \_\_\_\_\_

PRIOR STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
LANDLORD NAME / MORTGAGE HOLDER: \_\_\_\_\_  
MONTHLY PAYMENT: \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_ (PLEASE CHECK ONE)  OWNED OR  RENT  
REASON FOR LEAVING \_\_\_\_\_



**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 accurately complete the application/re-examination process. I do hereby certify that without the reasonable accommodations requested, I will not be able to complete my application/re-examination.**

**Check all that apply:**

- Translator \_\_\_\_\_ Type (English, French, Spanish etc)**
- Sign Language Interpreter**
- Power of Attorney**
- Braile or Bold Print**
- Other \_\_\_\_\_ Please list**

**Applicant/Tenant Signature:\_\_\_\_\_ Date:\_\_\_\_\_**

**Witness:\_\_\_\_\_ 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: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Other preferred contact information: \_\_\_\_\_

Please check the appropriate box, provide the information as necessary, sign the bottom, and submit with the full application.

1. Does anyone in your household need a reasonable accommodation?

No - If No, complete number 3 below

Yes - If Yes, complete numbers 1a, 1b, 2, and 3 below

1a. Print the name of the family member requiring the accommodation \_\_\_\_\_

1b. Describe the accommodation needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Person who can verify the disability and the disability-related need for the accommodation, such as (but not limited to): a licensed physician, physical therapist, psychiatrist, social worker, caseworker, or counselor).

3. Name: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

4. E-mail (if known): \_\_\_\_\_

5. Signature: I certify the above information is correct:

Signature of Head of Household or Cohead: \_\_\_\_\_

Date: \_\_\_\_\_