

**Horry County Government**

**Community Development**

www.horrycounty.org



**Community Development & Grants**

1300 Second Avenue, Suite 102

Conway, South Carolina 29526

Phone 843.915.7033 || Fax 843.915.6184

Dear Prospective Applicant:

Horry County Community Development appreciates your interest in the rehabilitation programs. The County manages several home repair programs funded through the U.S. Department of Housing & Urban Development. HUD programs have specific provisions on determining eligibility of the home and household of which both must be met before assistance is awarded. To help our team determine your pre-eligibility prior to providing you with an application, please complete the pre-screening form.

Once the household and the property have been determined to meet the minimum qualifications, you will be contacted and we will begin the application process. If we determine that your property or household does not meet the minimum qualifications for the program, you will be notified in writing. Our team wants to make this process easy for our beneficiaries. If you need assistance completing the pre-application, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Tranter".

Elizabeth Tranter  
Community Development Director

PLEASE RETURN TO:

Horry County Community Development  
1300 Second Avenue, Suite 102  
Conway, S.C. 29526  
Office: (843) 915-7033  
[wyley.delcenia@horrycounty.org](mailto:wyley.delcenia@horrycounty.org)

**Horry County Community Development**  
**Housing Rehabilitation Pre- Screening Form**

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Property Owner(s) if different from applicant (s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Disabled: Y / N

Co-Applicant Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Disabled: Y / N

Do you **OWN or RENT** your home? \_\_\_\_\_ What year was your home built? \_\_\_\_\_

Is your home a mobile home? Y / N Do you also own the land? Y / N Please list all names on title or deed \_\_\_\_\_

Is your home located in unincorporated area of county? \_\_\_\_\_

Current Assessed Value of the Home: (if known) \$ \_\_\_\_\_ How much owed? \$ \_\_\_\_\_

Mortgage and Tax Payments Current? Y / N Reverse Mortgage? Y / N In Bankruptcy? Y / N

What is the **TOTAL Household Annual Income of ALL living in the home** before taxes and other deductions:  
\$ \_\_\_\_\_ # Of persons living in the home? \_\_\_\_\_

Source(s) of Income \_\_\_\_\_  
(Must include all sources of income for person(s) 18 or older living in the home)

Have you ever received a grant/ loan for home repairs? Y / N If yes, what did you receive? \_\_\_\_\_  
\_\_\_\_\_ When? \_\_\_\_\_

Has your home been affected by a storm or flooding in the past 5 years? Year \_\_\_\_\_ Storm Name \_\_\_\_\_  
Year \_\_\_\_\_ Storm Name \_\_\_\_\_ Year \_\_\_\_\_ Storm Name \_\_\_\_\_

Describe the repairs you need to address health and safety hazards in your home  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_