

City of Conway
Owner Occupied Housing Rehabilitation Program

Application

Please fill out this form completely and accurately. Incomplete forms may delay the processing of your application. Applications can either be mailed or delivered to Conway City Hall.

Attention: Larry Schilling
Home Owner Housing Rehabilitation Program
City of Conway
1001 3rd Avenue
Conway, SC 29526

Attached to this application you must supply a copy of last years income tax return for all household members that filled out a tax return! Grant funds are limited and the City of Conway in no way guarantees that if a family is eligible that they will receive this grant. **Priority will be given to low income residents who are at the 50% of median income level or below for the Conway/Myrtle Beach Metropolitan area.**

Grants to families will not exceed \$2,500.00

I. Applicant Information

Applicant Name: _____

Property Address: _____ Conway SC

Name and Address of Employer:

Home Phone: _____

Self Employed? Yes _____ No _____

II. Co-Applicant Information

Co-Applicant Name: _____

Name and Address of Employer:

Self Employed? Yes _____ No _____

III. Household Information (This information is required to be collected by Federal Law)*

<i>Name</i>	<i>Social Security Number</i>	<i>Annual Gross Income</i> ⁽¹⁾

Total Annual Household Income: \$

* Information for all members of the household must be collected

(1) Annual gross income includes all forms of income including, but not limited to, salary/wages, social security, disability benefits, rent, child support, interest, dividends, veterans benefits, retirement payments, etc.

IV. General Information

Approximate age of dwelling _____ How long owned? _____

Check the Improvements You Would Like to be Completed:

Paint _____ **Paint Supplies** _____ **Insulation and Caulk** _____

Smoke or Carbon Monoxide Detector _____ (Conway Fire Department will purchase and install)

V. Applicants Statement

I/We declare that I/We have examined this application for the City of Conway Home Owner Occupied Rehabilitation Program and, to the best of my/our knowledge, certify that the information contained in this application is true, correct, and complete. I further understand that

the City of Conway has limited funds available for this program and in no way does this application obligate the City of Conway to grant funds to my family. Grants will be awarded based upon the families that fall into the 50% of median income level or less for this metropolitan area.

APPLICANTS SIGNATURE

DATE

CO-APPLICANTS SIGNATURE (IF APPLICABLE)

DATE