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## SC UpLift Community Outreach In-take Form for Owner-Occupied Rehab/Emergency Repair

DATE: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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

County: \_\_\_\_\_

City: \_\_\_\_\_ SC Zip: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Have you received State Housing Trust Fund Services Before: (Y/N) \_\_\_\_\_

If so, which program(OOR/ER) \_\_\_\_\_

Do you own your home: (Y/N) \_\_\_\_\_ If so, how long have you owned your home: \_\_\_\_\_

Are property taxes current: (Y/N) \_\_\_\_\_

Can you provide a copy of your Deed to show ownership:(Y/N) \_\_\_\_\_

Is your home considered a mobile unit: (Y/N) \_\_\_\_\_ If so, how old is the home? \_\_\_\_\_

Do you own the land that the mobile home is on: (Y/N) \_\_\_\_\_

What type of work needs to be complete: Roof or HVAC(Heating and Air Unit)? (What type of structure is the home, i.e. wood, brick, etc.)

# of People in Household: \_\_\_\_\_

# of People 18 yrs. of age or older working: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_