



**County of Lexington Community Development
Grant Programs Division
*Minor Home Repair (MHR) and
Comprehensive Housing Rehabilitation (CHR) Programs***



Dear Prospective Applicant:

The County of Lexington Community Development Department appreciates your interest in our rehabilitation programs. The County's Grant Programs Division manages two grant allocations we receive annually from the U.S. Department of Housing & Urban Development (HUD), which are the HOME Investment Partnerships (HOME) and the Community Development Block Grant (CDBG). Both programs are designed to assist low-and moderate-income homeowners with repairs to their homes.

HUD and the County have set provisions on determining the eligibility of the home and the household of which both must be met before assistance is awarded. To assist us with determining your pre-eligibility prior to providing you with an application, we kindly request that you complete the pre-screening form.

If we determine that your home *or* household *does not* meet the minimum qualifications for the programs, you will be notified in writing.

If we determine that your home *and* household *does meet* the minimum qualifications on this form, it does not signify that you have been approved for assistance but does mean you are eligible to complete an application for further review. If your pre-screening is approved, you will be notified in writing and provided a full application for completion.

Pre-screening forms are processed on a first-come, first-served basis.

Thank you,

Grant Programs Division

PLEASE RETURN TO:

County of Lexington Community Development – Grant Programs Division
212 South Lake Drive, Suite 401
Lexington, South Carolina 29072
Office: (803) 785-8121 Fax: (803) 785-8188
cdcustomerservice@lex-co.com

County of Lexington Community Development - Grant Programs Division
Comprehensive Housing Rehabilitation (CHR) and Minor Home Repair (MHR) Programs

Pre-screening

Applicant Name: _____ **Co-Applicant Name:** _____

Property Owner(s) if different from applicant(s): _____

Address: _____ **City:** _____ **Zip:** _____

Home Number: _____ **Cell:** _____ **Work:** _____

E-mail Address, if available: _____

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? How long have you lived in your home?** _____

What year was your home built? _____ **Before 1978?** ___ **or** **After 1978** ___

Type of Dwelling: Apartment? ___ Mobile Home? ___ Modular Home? ___ On Permanent Foundation? ___
Single Family Detached? ___ Townhouse? ___ Duplex? ___ Condo? ___

Is Your Home Connected to Sewer? ___ **Septic Tank?** ___ **Private Well or Utilities?** ___

Current Appraised Value of Home? (if known) \$ _____ **How much owed?** \$ _____

Mortgage and Tax Payments Current? Yes ___ No ___ **In Bankruptcy?** Yes ___ No ___

Have you ever received a grant /loan from the County of Lexington? Yes ___ No ___ **If yes, what year?** _____

Number of Persons Living in Your Home: _____

Annual Income of Household Before Taxes and Other Deductions: \$ _____

(Must include all sources of income for all persons 18 and over living in the home)

Needed Repairs/Improvement (circle or check all that apply):

The primary purpose of the County's rehabilitation programs is to repair and improve dwellings to address health and safety hazards.

- | | | |
|--|----------------------------------|-----------------------|
| 1. Accessibility Modifications
(ramps, showers, etc.) | 9. Faucets | 19. Painting |
| 2. Bathroom Shower/Tub | 10. Lighting Fixtures | 20. Plumbing |
| 3. Bathroom Sink | 11. Flooring (carpet/vinyl) | 21. Roofing |
| 4. Bathroom Toilet | 12. Garage Door | 22. Lighting Fixtures |
| 5. Deck/Porch | 13. Gutters | 23. Siding |
| 6. Doors (storm/screen/
front/back) | 14. Heating & Cooling | 24. Smoke Detectors |
| 7. Drywall | 15. Insulation | 25. Steps (outside) |
| 8. Electrical | 16. Kitchen Cabinets/Countertops | 26. Windows |
| | 17. Kitchen Appliances | 27. Walls |
| | 18. Kitchen Sink | 28. Other: |

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____