



**TOWN OF BLUFFTON  
GROWTH MANAGEMENT DEPARTMENT  
NEIGHBORHOOD ASSISTANCE PROGRAM**

**Bluffton Home Series  
Workforce Homeownership Program  
Master Application**

The Town of Bluffton is currently offering the following services through the Workforce Homeownership Program. Availability of services is subject change based on funding. Award of these services is on a first come, first serve basis.

- **Income Qualification.** Assessment of household income to determine if income qualification requirements are met. Program participants must earn 120% or less of the current Beaufort County Area Median Income as established by the United States Department of Housing and Urban Development.
- **Homebuyer Education and Credit Counseling.** Assist current and prospective residents in preparing themselves to become homeowners through the Workforce Homeownership Program and addressing potential credit issues that may impede getting permanent home financing.
- **Home Ownership Grant.** Provide \$5,000 towards the construction of a new home from the Bluffton Home Series.
- **Site Planning / Engineering / Surveying Assistance.** Provide up to \$1,750 in site planning, engineering, and surveying services for constructing a new home from the Bluffton Home Series. Eligible cost include site planning, landscape design, foundation engineering, building engineering, and surveying.
- **Expedited Permit Review Process.** By using the preapproved home designs in the Bluffton Home Series, the Town of Bluffton provides an expedited permit review process for homes built through this program. Additionally, homes eligible to be constructed in the Old Town Bluffton Historic District are pre-approved by the Historic Preservation Commission.
- **Permit Application Fee Waiver.** Provide waiver on Town of Bluffton permit application fees.
- **Other Fee Waivers.** Provide fee reductions or waivers of non-Town of Bluffton fees. This includes Beaufort County Impact Fees and Beaufort Jasper Water Sewer Authority Capacity Fees.
- **Removal of Home.** Provides up to \$3000 in assistance towards the removal of an existing home that has been replaced by a home built through this program.

If you are interested in any of the services listed above, please complete the attached application and return it along with other required documentation to the Growth Management Customer Service Center located at the Theodore D. Washington Municipal Building, 20 Bridge Street. For more information, please contact the Growth Management Customer Service Center at 843-706-4522.

## Policy Statement

The Town of Bluffton has established the Workforce Homeownership Program to encourage the construction of owner-occupied housing. The goals of this program are:

- To increase homeownership opportunities to low and moderate income families;
- To increase affordable workforce housing within the Town of Bluffton;
- To expand accessibility to quality, affordable housing options for infill development and redevelopment that preserves the Town's culture, character and history;
- To improve the quality of existing housing stock by offering options for poor quality housing;
- To increase opportunities for homeowners to build wealth through equity by offering options to replace manufactured homes with permanent modular constructed homes; and
- To create a livable, sustainable community with enhanced quality of life.

## Eligibility

The program is available for qualified owners of property within the Town of Bluffton interested in building a new home from the Bluffton Home Series for their primary residence. The program is aimed at low to moderate income residents. In order to qualify, applicants must have an annual household income that does not exceed 120% of the current Area Median Income for Beaufort County\*. Eligibility for the program is based on the total income of all adults (18 years and older) living in the household and the number of household members.

The property must be zoned and suitable for construction of the new home and be free and clear of any liens or encumbrances other than appropriate land financing. All real property taxes must be paid to date.

In the case of replacing an existing home, applicants must own the structure that is to be replaced, free and clear of any liens or encumbrances other than appropriate land financing, or be able to satisfy any liens or encumbrances prior to receiving any financial assistance. If possible, applicants may continue to live in existing home until new house is built, but must remove preexisting home within 90 days after a Certificate of Occupancy has been issued for the new home.

Income verification and qualification is determined through an agreement with the LowCountry Council of Governments. In order to verify income, any (*not all*) of the following types of documentation must be submitted by the applicant and each adult living in the household.

- Three (3) consecutive payroll stubs **or**,
- A completed verification of employment form **or**,
- Social Security annual statement, Retirement statement or stub **or**,
- Bank statements-Deposit Snapshot from bank for social security income or income from other sources **or**,
- Current year income tax return.

All applicants are required to complete an approved homeownership education course prior to being granted for any financial assistance under this program.

**Checklist for Workforce Homeownership Program Requests**

*(All of the following items must be submitted upon application)*

- Copy of Beaufort County property tax information or other proof of real property ownership
- Proof of ownership of existing home to be replaced, if applicable
- Completed Application Form
- Total Monthly Income Information Form(s)
- Documentation of Income

Town of Bluffton  
 Growth Management Department  
 P O Box 386  
 20 Bridge Street  
 Bluffton, South Carolina 29910  
 843-706-4522



Case \_\_\_\_\_

## Town of Bluffton Neighborhood Assistance Program Master Application

<u>Address of Property</u>	
<b>Street Number</b>	<b>Street Name</b>
<u>Applicant Information</u>	
<b>Name:</b>	
<b>Mailing Address:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Work Phone:</b>	<b>Email Address:</b>
<u>Property Owner Information</u> <i>(The name listed on the tax bill if other than applicant)</i>	
<b>Name:</b>	
<b>Mailing Address:</b>	
<b>Home Phone:</b>	<b>Work or Cell Phone:</b>
<u>Household Members</u> <i>(Please list the names and ages of other people living in the home)</i>	
<b>Name</b>	<b>Age</b>
<u>Services Requested</u>	
Home Repair <input type="checkbox"/> Manufactured Home Repair <input type="checkbox"/> Property Clean-Up <input type="checkbox"/> E911 Address Posting <input type="checkbox"/> Septic System Repair/Maintenance <input type="checkbox"/> Heirs Property Title Assistance <input type="checkbox"/> Abatement/Demolition <input type="checkbox"/> Workforce Homeownership Program <input type="checkbox"/>	
Please describe the type of service or repairs that you are requesting. Attach a separate sheet of paper if you need additional space.	

*I affirm that the information on this application is true to the best of my knowledge.*

\_\_\_\_\_ *Print applicant name*

\_\_\_\_\_ *Signature of applicant*

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



CRM# _____
Date forwarded _____
<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified

## Town of Bluffton Neighborhood Assistance Program Total Monthly Income Information

All adult members of the household must attach a verification of their income, either 3 consecutive pay stubs or a statement from their employer, the Court, Social Security Administration, or income tax return or other payer documentation containing income figures.

	<u>Applicant</u>	<u>Co-Applicant</u>
Income from Employment Job #1	_____	_____
Income from Employment Job #2	_____	_____
Social Security	_____	_____
SSI	_____	_____
Disability	_____	_____
Pension/Annuity income	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Other	_____	_____

### Applicant's Employment Information

### Co-Applicant's Employment Information

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

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

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

*I (We) hereby certify that the above information is correct and true to the best of my (our) knowledge. I (we) understand that any benefit received by this household due to the Neighborhood Assistance Program is contingent upon meeting certain income requirements. I (we) also understand that this income information may be verified and I (we) authorize the release of any information required to verify this information. If this information cannot be verified as true and correct, I (we) understand that I (we) may be required to repay funds in the amount spent to provide the improvement to the property on which I (we) reside.*

\_\_\_\_\_  
*Applicant Name (Print)*

\_\_\_\_\_  
*Applicant Signature*                      /                      *Date*

\_\_\_\_\_  
*Co-Applicant Signature*                      /                      *Date*