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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: _____