



**Qualifications for the Community Foundation of the Lowcountry  
Hilton Head Island Water & Sewer Assistance Funds  
Grant Requirements**

1. Please complete a Water or Sewer Application for Service and Tap-in form.
2. Attach proof of income i.e., income tax returns for the previous two years, Social Security notice and current pay stub. Your Adjusted Gross Income from your Income Tax return will be compared to the Beaufort County HUD Median Family Income (MFI).

**Current income guidelines:** If your Adjusted Gross Income is less than 50% of MFI, you will be awarded a full grant. If it is below 75% you will be awarded an 85% grant and if it is below 90% you will be awarded a 50% grant. Over 90%, no grant will be awarded.

3. Attach a copy of your property tax bill.
4. Attach proof of residency/occupancy of the subject property such as a copy of a driver's license or paid utility bill (if applicable).

**IF THE SUBJECT PROPERTY IS TITLED IN SOMEONE ELSE'S NAME (EX. HEIRS PROPERTY), PLEASE ATTACH A STATEMENT EXPLAINING HOW YOU HOLD A LEGAL OWNERSHIP INTEREST IN THE PROPERTY ALONG WITH ANY APPLICABLE SUPPORTING DOCUMENTATION (EX. COPY OF OLD DEED, EXPLANATION OF INHERITANCE/DESCENT, COPY OF WILL OR PROBATE ESTATE PAPERS, ETC.), WHICH STATEMENT IS INCORPORATED INTO THIS APPLICATION. IF THERE IS A KNOWN PRIMARY OR HEAD HEIR (IE. SOMEONE WHO HOLDS A MAJORITY OWNERSHIP INTEREST IN THE PROPERTY OR WHO HAS EXERCISED PRIMARY CONTROL AND/OR MANAGEMENT OF THE PROPERTY FOR A PERIOD OF YEARS), PLEASE FILL OUT THE AFFIDAVIT BELOW.**

5. The Foundation will only pay for a three-quarter inch (3/4") meter. This size meter will be suitable for a two or three bedroom home with one or two bathrooms.

**AFFIDAVIT**  
**Grant Requirements**

I AM AWARE THIS GRANT IS A 5-YEAR "FORGIVABLE LOAN." IF THE STATUS OF THE PROPERTY (sold or rented) OR OCCUPANTS CHANGE BEFORE THIS LOAN EXPIRES, I WILL BE REQUIRED TO PAY THE PRO-RATED BALANCE DUE.

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Signature

Sworn to and subscribed before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

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**SIGNATURE OF NOTARY PUBLIC FOR SOUTH CAROLINA**

MY COMMISSION EXPIRES: \_\_\_\_\_



**Hilton Head Island Water & Sewer Assistance (Project SAFE) Funds**

**Application for Water/Sewer Connection Grant**

Applicant's Name:

\_\_\_\_\_

Applicant's Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status: Married    Unmarried (Include: Single, Divorced, Widowed)    Separated

Applicant's Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

(Indicate City only if other than Hilton Head)

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

Co-Applicant's Name:

\_\_\_\_\_

Co-Applicant's Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Co-Applicant's Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

(Indicate City only if other than Hilton Head)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

How long have you lived at the above address?

\_\_\_\_\_

List below the Names of all the people who live in your home including yourself:

| Name | Age | M/F | Relationship to Applicant |
|------|-----|-----|---------------------------|
| 1.   |     |     |                           |
| 2.   |     |     |                           |
| 3.   |     |     |                           |
| 4.   |     |     |                           |
| 5.   |     |     |                           |
| 6.   |     |     |                           |

Present Housing Situation:

Own          Rented          Other (Please Describe) \_\_\_\_\_

Do you own Land?    No    Yes, If so where? \_\_\_\_\_

If renting, give the name of your Landlord: \_\_\_\_\_

What is the Condition of the house in which you live?      Excellent      Good    Fair    Poor

What is the approximate age of the house in which you live? \_\_\_\_\_



**The Hilton Head Island Water & Sewer Assistance (Project SAFE) Funds**

**CERTIFICATION OF TOTAL HOUSEHOLD INCOME**

Name: \_\_\_\_\_

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

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

City: Hilton Head Island

State: S.C.

Zip: \_\_\_\_\_

***ALL PERSONS WHO OCCUPY THE HOUSING UNIT AND THEIR ANTICIPATED INCOMES (FROM ALL SOURCES) MUST BE LISTED BELOW:***

| Occupants  | Relationship      | Age | Sex   | <i>Total Anticipated Annual Income &amp; SS#</i> |
|--|-------------------|-----|-------|--|
| 1  | Head of Household |     | M / F | \$<br>SS#  |
| 2  |                   |     | M / F | \$<br>SS#  |
| 3  |                   |     | M / F | \$<br>SS#  |
| 4  |                   |     | M / F | \$<br>SS#  |
| 5  |                   |     | M / F | \$<br>SS#  |
| 6  |                   |     | M / F | \$<br>SS#  |
| 7  |                   |     | M / F | \$<br>SS#  |
| 8  |                   |     | M / F | \$<br>SS#  |
| The Total Anticipated Annual Household Income is:                      |                   |     |       | \$   |
| The Beaufort County area median income adjusted for household size is: |                   |     |       | \$   |

**AFFIDAVIT**

**Household Income**

I/We have provided verification of all anticipated Annual Income and other information necessary to satisfy the requirements for grant assistance to the household named herein. I/We certify that the statements and all information herein are true and complete to the best of my/our knowledge and are given under the penalty of perjury.

I/We agree that the household income, household composition and other eligibility requirements shall be conditions of this grant assistance and that failure or refusal to comply with a request for information with respect thereto shall be deemed a violation of conditions. I/We will assist in obtaining any information or documents required in verifying the statements certified herein. I/We agree that if our income increases or if we sell the improved property before five (5) years have elapsed, we will be required to pay back all or a portion of the grant assistance provided. I/We further agree that if I/We do not abide by the program requirements, or become otherwise disqualified for the program, we will be ineligible for subsequent water/sewer assistance.

The Certification of Total household Income is to be made part of the agreement entered into by the Occupant(s).

My/Our signature(s) below indicate(s) that I have read and understand the above.

Head of Household Signature/Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC FOR SOUTH CAROLINA**

MY COMMISSION EXPIRES: \_\_\_\_\_



**Hilton Head Water & Sewer Assistance (Project SAFE) Funds**

**Additional Financial Information**

Other Income: (Include AFDC, Food Stamps, Social Security, SSI, Disability, Child Support, etc)

| Name who Receives Income | What kind of Income | Monthly Income |
|--------------------------|---------------------|----------------|
| 1.                       |                     |                |
| 2.                       |                     |                |
| 3.                       |                     |                |
| 4.                       |                     |                |

Debts: (To Whom Does the Family Owe Money?)

| Person/Company | What For? | Amount Owed | Monthly Payment |
|----------------|-----------|-------------|-----------------|
| 1.             |           |             |                 |
| 2.             |           |             |                 |
| 3.             |           |             |                 |
| 4.             |           |             |                 |

Have you applied for or received financial assistance for water connection from any other source?

No    Yes    If so, identify source:

References: (please list at least Two people not related to you that you know very well.)

| Name of Reference | Address | Phone Number |
|-------------------|---------|--------------|
|                   |         |              |
|                   |         |              |
|                   |         |              |
|                   |         |              |

Signature: \_\_\_\_\_

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

FOR OFFICE USE ONLY

Date Received:     \_\_\_/\_\_\_/\_\_\_

Date Letter Sent:   \_\_\_/\_\_\_/\_\_\_

Accepted        Denied        Hold    Applicant's Consent Obtained?

Date Letter Sent:   \_\_\_/\_\_\_/\_\_\_        Comments: