



## CITY OF BEAUFORT REPAIR PROGRAM APPLICATION

1911 Boundary Street, Beaufort SC 29902  
Phone: (843) 525-7011 Fax: (843) 986-5606  
www.cityofbeaufort.org

### OFFICIAL USE

Date received:

Time received:

Received by:

### SECTION 1: APPLICANT & PROPERTY INFORMATION

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Co-Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Zone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ (Use the map on page 3 to find your neighborhood zone)

### SECTION 2: HOUSEHOLD DETAILS

Total number of household members: \_\_\_\_\_

List of household members and their ages:

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

### SECTION 3: ELIGIBILITY REQUIREMENTS CHECKLIST

- ☐ I am the legal owner and primary resident of the property.  
☐ My household income does not exceed 80% AMI.  
☐ My property taxes are current.  
☐ I will attend a Homeowner Maintenance Webinar before repairs begin.

### SECTION 4: INCOME VERIFICATION\*

- ☐ 3 consecutive pay stubs from all income sources and for each member of the household  
☐ Social Security annual statement  
☐ Bank statement with income deposits  
☐ Most recent income tax return  
☐ Certification of Zero Income - if needed
- ☐ Copy of Valid ID for all household members (over the age of 18)  
☐ Proof of residency (e.g., utility bill)
- \*Will be referred to LCOG for income certification.**

### 2025 BEAUFORT COUNTY, SOUTH CAROLINA AREA MEDIAN INCOME LIMITS

Income Limits	Number of persons in Household							
	One (1)	Two (2)	Three (3)	Four (4)	Five (5)	Six (6)	Seven (7)	Eight (8)
80%	\$61,700	\$70,500	\$79,300	\$88,100	\$95,150	\$102,200	\$109,250	\$116,300

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**SECTION 5: TYPE OF REPAIR REQUESTED**

- |  |   |
|--|---|
| <input type="checkbox"/> Roof Repair/Replacement | <input type="checkbox"/> Deck/Stairs Repair       |
| <input type="checkbox"/> Window Repair           | <input type="checkbox"/> Ramp Installation        |
| <input type="checkbox"/> Door Repair             | <input type="checkbox"/> Attic Insulation         |
| <input type="checkbox"/> Plumbing                | <input type="checkbox"/> Demolition (safety only) |
| <input type="checkbox"/> HVAC                    | <input type="checkbox"/> Foundation               |
| <input type="checkbox"/> Floor/Subfloor Repair   | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Electrical              |   |

Emergency Repair? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SECTION 6: PROJECT NARRATIVE**

Describe the issue and scope of requested repair: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SECTION 7: ATTACHMENTS CHECKLIST**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Proof of Ownership</b>                             | <input type="checkbox"/> <b>Proof of Property Tax Payment</b>         |
| <input type="checkbox"/> <b>Income Documentation</b>                           | <input type="checkbox"/> <b>Quote for repairs in hand</b>             |
| <input type="checkbox"/> <b>Photos of Needed Repairs</b>                       | <input type="checkbox"/> <b>Any additional information</b>            |
| <input type="checkbox"/> <b>Private Covenants/Restrictions (if applicable)</b> | <input type="checkbox"/> <b>Social Media Release Form (on page 4)</b> |

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**SECTION 8: AUTHORIZATION & SIGNATURE**

I certify the information provided is true and complete. I authorize BJHT and the City of Beaufort to inspect the property and share my information with contractors for program purposes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Additional Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE** LCOG Verification

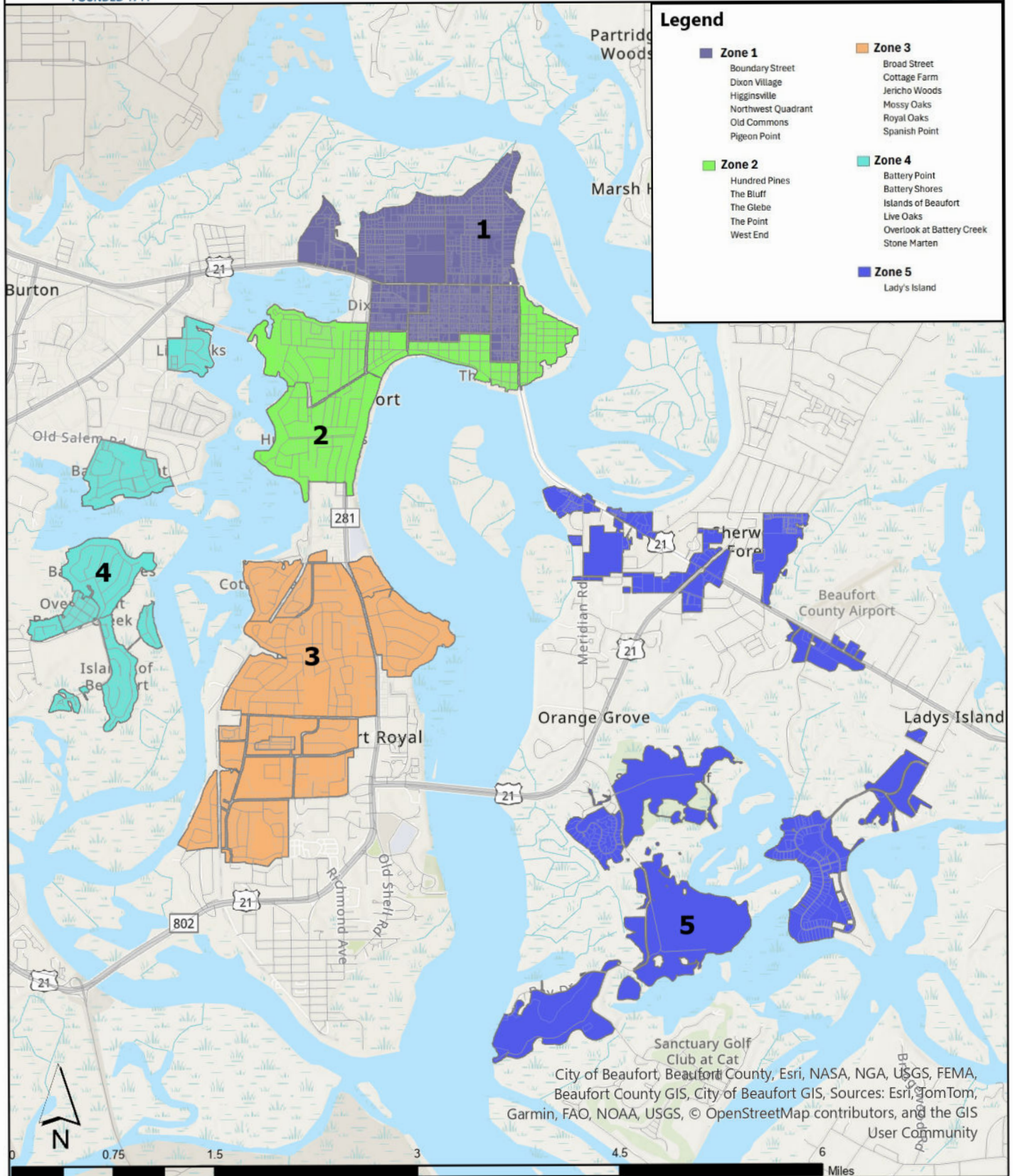
# Repair Program Zones

June 24, 2025



## Legend

- |  |  |
|--|--|
| <p><b>Zone 1</b></p> <ul style="list-style-type: none"> <li>Boundary Street</li> <li>Dixon Village</li> <li>Higginsville</li> <li>Northwest Quadrant</li> <li>Old Commons</li> <li>Pigeon Point</li> </ul> <p><b>Zone 2</b></p> <ul style="list-style-type: none"> <li>Hundred Pines</li> <li>The Bluff</li> <li>The Glebe</li> <li>The Point</li> <li>West End</li> </ul> | <p><b>Zone 3</b></p> <ul style="list-style-type: none"> <li>Broad Street</li> <li>Cottage Farm</li> <li>Jericho Woods</li> <li>Mossy Oaks</li> <li>Royal Oaks</li> <li>Spanish Point</li> </ul> <p><b>Zone 4</b></p> <ul style="list-style-type: none"> <li>Battery Point</li> <li>Battery Shores</li> <li>Islands of Beaufort</li> <li>Live Oaks</li> <li>Overlook at Battery Creek</li> <li>Stone Marten</li> </ul> <p><b>Zone 5</b></p> <ul style="list-style-type: none"> <li>Lady's Island</li> </ul> |
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SOCIAL MEDIA RELEASE FORM

This Social Media Release ("Release") is executed on \_\_\_\_\_, by \_\_\_\_\_ ("Releasor"),  
DATE NAME  
who acknowledges and agrees to the terms below:

- 1. The Releasor grants permission to Beaufort Jasper Housing Authority and the City of Beaufort ("Releasee") to use their image, voice, or likeness in photographs, audio recordings, or video recordings on Releasee's website and social media accounts, including, but not limited to, Facebook, Instagram, TikTok, and X (Twitter), without acknowledgment or recognition given to the Releasor.
- 2. The Releasor grants the Releasee creative permission to alter the photographs, provided that the photographs are not altered in an explicit manner or used to maliciously represent the Releasor or their associates.
- 3. The Releasor understands that they will not receive any monetary compensation from the Releasee for the permissions granted herein and hereby waives any right of inspection or approval of the photos or recordings prior to the Releasee posting on their social media accounts.
- 4. The Releasor acknowledges that any third party (including any agency, client, publication, or other organization or institution) may distribute the photographs and recordings on their social media accounts for the purposes of publicity and promotion of the Releasee.
- 5. In giving this consent, the Releasor releases the Releasee from liability for any violation of any personal or proprietary right the Releasor may have in connection with all third parties' use of the images on social media.
- 6. The Releasor certifies that they are 18 years of age or older. If the Releasor is under the age of 18, their parent or guardian must sign this Release.

In witness whereof, the Releasor executes this Release by signing below.

Releasor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Releasor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Releasor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Internet sales, care-taking etc.);
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_

\_\_\_\_\_  
**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.**

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date