

The City of Beaufort Planning and Development Services Department

# Project Repair Application

P.O. Drawer 1167 \* 701 Craven St. \* Beaufort, SC 29901

Phone: (843) 525-7011 \* Fax: (843) 525-7034

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

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

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Disabilities (if any): \_\_\_\_\_

Do you own or rent your home? (check one)  Own  Rent

How long have you lived in your home? \_\_\_\_\_

If you rent or do not own the home, please provide contact information for the homeowner:

Homeowner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Number of people living in home: \_\_\_\_\_

Please list all people living in the home with names, ages and relationship to the applicant:

\_\_\_\_\_  
Name Age relationship

\_\_\_\_\_  
Name Age relationship

\_\_\_\_\_  
Name Age relationship

**OVER**

Monthly Household Income: \_\_\_\_\_

Annual Household Income: (check one)

\$5,000-\$16,750    \$16,751-\$31,000    \$31,001-\$53,550    \$53,551-\$62,000    \$62,000 +

Does your home currently NOT have any of the following? (check any that apply)

Running Water    Heating or Air Conditioning    Working Plumbing    Electricity

Please list housing repairs which are needed in the space below:

I affirm that the information included in this application is true to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

Zoning District \_\_\_\_\_ Historic District \_\_\_\_\_ Above Ground Survey \_\_\_\_\_ Contributing \_\_\_\_\_  
<30% \_\_\_\_\_ <50% \_\_\_\_\_ <80% \_\_\_\_\_