

Income Verification Form

Applicant Name _____

Applicant Address _____

Applicant Phone _____

Household Member(s) Name(s) _____

(List additional members on a separate sheet of paper)

Check source of income and include a **copy** (not the original) of source (Social Security or SSI check or award letter, copy of direct deposit statement, retirement check, etc.)

Social Security Benefits	_____
Supplemental Security Income	_____
Retirement/Pensions Income	_____
Annuity Income	_____
Part-time Employment	_____
Full time Employment	_____

Please make sure a copy (not the original) of your check stub or other form of income is included. Failure to provide this information may result in a delay of processing your application and possible approval for assistance.

I have no objection to inquiries made in verifying the above information that I have submitted regarding myself or any person listed. The above information is true and correct to the best of my knowledge.

Applicant signature

Date

VERIFICATION OF PUBLIC ASSISTANCE

City of North Charleston
Code Enforcement Department
4900 LaCross Road
P. O. Box 190016
North Charleston, SC 29419-9016
(843) 740-2670
FAX: (843) 745-1022

Date: _____
Applicant: _____
Social Security Number: _____

We are required to verify the annual household income of the above applicant who has submitted an application for the City of North Charleston's Community Development Block Grant which is funded by the U.S. Department of Housing and Urban Development. We ask your cooperation in supplying this required information. **Under NO circumstances should the applicant fill out this form. Forms should be completed by the case manager or social service official ONLY.**

Sincerely,

Angela McJunkin
Director of Code Enforcement

Please provide the following information:

List names and ages of all welfare recipients in household:

Name	Age

Date case opened and (if applicable) date closed: _____

Reason for termination: _____

Amount of AFDC received each month: \$ _____

Please list any income from other sources for the applicant's household

Name	Source	Amount

Signature

Title

Phone Number

Date

I hereby consent to the release of the information requested.

Signature of Applicant/Resident

Date

City of North Charleston

VERIFICATION OF EMPLOYMENT

Date: _____

*This form is to be signed by the Applicant and mailed to the Income Source by the City Of North Charleston. This form should **not** be delivered by the Applicant.*

TO: *(Name and address of Income Source)*

FROM: *(Name and address of Applicant)*

I have applied for assistance to demolish a structure from the City of North Charleston. Please provide my salary and employment verification requested below.

Signature of Applicant

Social Security Number of Applicant

EMPLOYER:

Is the applicant currently employed by you? YES / NO Position: _____

Dates of employment: _____ Probability of continued employment: _____

Date employment terminated: _____ Reason for Leaving: _____

____ Full Time ____ Part Time Hours per week: _____ Hours per year: _____

Basic Pay: \$ _____ /hour Basic Pay: \$ _____ /per year

Overtime Pay: \$ _____ /hour Overtime Hours per week: _____ per year: _____

Commission: \$ _____ /month \$ _____ /year

Bonus/Other: \$ _____ /month \$ _____ /year

Employer Signature & Title

Date

The above information is confidential. Thank you for your cooperation.

Please return this form directly to:

Angela McJunkin
City Of North Charleston
Code Enforcement Department
P. O. Box 190016
North Charleston, SC 29419-9016
Phone: (843) 740-2670 / Fax: (843) 745-1022

City of North Charleston

CERTIFICATION OF TOTAL HOUSEHOLD INCOME

Owner: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

ALL PERSONS WHO RESIDE WITH THE OWNER OF THE PROPERTY AND THEIR ANTICIPATED INCOMES MUST BE LISTED BELOW:

	Occupants	Relationship	Age	Sex	Total Anticipated Annual Income
1		Head of Household		M / F	\$
2				M / F	\$
3				M / F	\$
4				M / F	\$
5				M / F	\$
6				M / F	\$
7				M / F	\$
8				M / F	\$
The Total Anticipated Annual Household Income is:					\$

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 demolition 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.

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

Head of Household Signature

Instructions for

CONSENT TO DEMOLISH BUILDING AND INDEMNIFICATION AGREEMENT

1. Initial each page at the bottom left hand corner.
2. On Page 3, under Section 7.01, please list all parties with an interest other than yourself.
3. On Page 3, please sign your name on the first line on the right hand side of the page under the word "Owner". After you sign, two (2) witnesses must sign on the two lines provided under the word "Witness".
4. On Page 4, the name of the first witness that signed on Page 4 needs to go on the first line in this paragraph. The owner's name goes on the second line and the name of the second witness goes on the third line of the paragraph. The first witness must also sign the fourth line and this page must be notarized.

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

CONSENT TO DEMOLISH BUILDING
AND INDEMNIFICATION AGREEMENT

This CONSENT AND INDEMNIFICATION AGREEMENT made this _____ day of _____, 2_____, by the undersigned property owner(s) in the City of North Charleston (hereinafter THE OWNER(S)).

WHEREAS, the City of North Charleston (hereinafter THE CITY) is engaged in ongoing Code Enforcement efforts throughout the City.

WHEREAS, the Code Enforcement Division of the Department of Urban Development and Revitalization has identified the structure which is the subject of this agreement as being in imminent danger of collapse and a danger to person(s) occupying the parcel on which the structure is situated, the adjacent properties, and the public in general, and as such, the subject property could be subject of actions under the City's ordinances relating to housing unfit for human habitation and emergency demolition provisions of the International Building Code and other related codes; and,

WHEREAS, the undersigned as the owner(s) of the structure situated on property located at _____, North Charleston, South Carolina bearing Tax Map # _____ desire to have the structure located on said property demolished and the debris removed to bring the property into compliance with the applicable provisions of law and eliminate the eminent threats to safety cited hereinabove and the City has indicated its willingness to undertake such work in the present emergency situation.

NOW THEREFORE, in consideration of the premises and other good and valuable consideration, THE OWNER(S) agree as follows and upon the following conditions:

1.01 PERMISSION FOR WORK TO BE DONE.

THE OWNER(S) hereby give permission to THE CITY, it's contractors, agents, servants, successors or assigns to tear down and carry away all of the materials comprising the structure located on the property described hereinabove down to the level of the cellar floor, is any, including all foundation and other walls. The premises shall be left clean and free from debris created by such demolition. THE OWNER(S) hereby also give permission to THE CITY, it's contractors, agents, servants, successors or assigns to clean, clear, and carry away all debris from said property.

Owner(s) Initial _____

2.01 LABOR AND EQUIPMENT.

THE CITY will provide all labor and materials and furnish and erect, at its own expense whatever equipment or works may be necessary for the expeditious and property exercise of its rights and duties hereunder.

3.01 OBTAINING PERMITS.

THE CITY will secure, at its own expense, all permits, licenses, franchises, and consents required by law or necessary to perform its work and will give all notices and pay all fees and otherwise comply with all applicable city and state laws, ordinances, rules and regulations.

4.01 TERMINATION.

If work is not commenced within six (6) months and completed within twelve (12) months from the date of signing hereof, THE OWNER(S) may terminate this consent by giving written notice of such termination to THE CITY at least ten (10) days in advance of the proposed termination date.

Notice shall be mailed to:

North Charleston Code Enforcement
Post Office Box 190016
North Charleston, SC 29419

5.01 INDEMNIFICATION.

THE OWNER(S) will indemnify THE CITY, against all suits or claims arising out of this contract and THE CITY'S exercises of rights and performance of duties hereunder, regardless of who makes the claim or whether the claim is based on the alleged negligence of THE CITY. THE CITY may defend all such actions at THE OWNER'S expense, including attorney's fees, and THE OWNER(S) will satisfy any judgment rendered against THE CITY in and such action.

6.01 MAINTENANCE OF PREMISES AFTER DEMOLITION.

THE OWNER(S) hereby agree to maintain and keep the property which is subject of this agreement in a neat, and clean condition upon the completion of demolition and not to cause or allow the existence of any conditions or uses upon such property which are prohibited by the city ordinance or state law.

7.01 WARRANTY OF TITLE AND/OR AUTHORITY.

THE OWNER(S) hereby warrant to THE CITY that THE OWNER(S) are the sole owner(s) of the premises which are the subject of this contract or, if not otherwise the sole owner(s), that THE OWNER(S) have full authority to act on behalf of all persons having an interest in said property, including but not limited to owner(s) in fee simple and mortgage or lien holders except as follows:

8.01 SIGNATURE BY MORTGAGES OR OTHER LIENHOLDER DENOTING CONSENT.

Any mortgage or other lienholder signing this instrument signs not as party hereto but merely to denote its consent to THE OWNERS' execution of the within CONSENT TO DEMOLISH BUILDING AND INDEMNIFICATION AGREEMENT.

IN WITNESS WHEREOF, THE OWNER(S) AND LIENHOLDERS have executed this instrument at North Charleston, South Carolina, the day and year first above written.

WITNESS:

OWNER(S):

We consent to the within CONSENT TO DEMOSLISH BUILDING AND IDEMNIFICATION AGREEMENT.

WITNESS:

MORTGAGES OR LIENHOLDERS

Owner(s) Initial _____

STATE OF SOUTH CAROLINA

)

)

PROBATE

COUNTY OF CHARLESTON

)

PERSONALLY appeared before me the undersigned witness, _____, and made oath that (s)he saw _____ sign, seal and as his act and deed, deliver the within written instrument, and that (s)he with the other witness, _____ witnessed the execution thereof.

SUBSCRIBED and SWORN to before me

This _____ day of _____, 2____.

_____(Seal)

Notary Public for South Carolina

My Commission expires: _____

Owner(s) Initial _____