



413 Barnwell Hwy  
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 Allendale, SC 29810  
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## Housing Rehabilitation Intake Form Client Information

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: (If different) \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Number of people living in home: \_\_\_\_\_ Date: \_\_\_\_\_

Please list all sources of income for all family members, over 18, living in home. (Include SSI, Disability, Retirement, Child Support, etc.)

Wage Earner	Source Of Income	Annual Income

Please Check ONE of the following that apply to you:

Type of Home

- Site Built
- Mobile Home/Manufacture Date: \_\_\_\_\_

Foundation

- Slab on grade
- Crawl Space

Structure

- Block
- Brick
- Vinyl Siding
- Wood Siding
- Aluminum Siding

Amenities

- Central Air/Heat
- Window Units
- Water Heater
- Range Hood

Briefly describe the type of maintenances needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form with a copy of your deed and income verification of all household members.