

**SOUTH CAROLINA HOUSING TRUST FUND
HTF – 1B HAZARDOUS MATERIALS AFFIDAVIT**

The undersigned, being first duly sworn, deposes and says that:

1. I understand that I am a beneficiary (homeowner) applying for financial assistance to repair my home located at _____ through the South Carolina Housing Finance and Development Authority’s Housing Trust Fund Program.

2. I understand that the nonprofit Sponsor hiring contractor(s) to perform repairs and/or remediation of hazardous materials to my property is the responsible entity and that South Carolina Housing Finance and Development Authority is not responsible for any risks of loss, actual loss or damage to real or personal property (personal property to include, but not limited to, furniture, appliances, electronics, pictures, jewelry, clothing, etc.), or personal injury (including death) that may be sustained during any repairs or remediation work undertaken at my residence.

3. I understand that I may be required to vacate my home or may be prohibited from accessing certain areas of my home while the repair and/or remediation work is being completed on my home. I further understand that if it is necessary to secure temporary housing during the repair and/or remediation of my property it will be at my own expense.

4. I understand that if I am required to vacate my home or I am prohibited from accessing certain areas of my home during the repair and/or remediation of my property, I must not re-enter my home or access prohibited areas of my home until I am notified that it is safe for me to do so.

5. I understand that it may be necessary to remove personal items from my home while the repair and/or remediation work is being completed on my home. I further understand that it is my responsibility to remove such items and return them after I have been notified it is safe to do so.

Date

Beneficiary (Homeowner) Signature

Print Name of Beneficiary (Homeowner)

Witness

SWORN to before me this ____
day of _____, 20____

Notary Public for the State of South Carolina

Name: _____

My Commission Expires: _____