

SC Housing COVID-19 Mortgage Assistance Application

Use this form to apply for COVID-19 mortgage assistance. Type or print your information clearly using blue or black ink.

1. Property Information

Property address	City	State	ZIP
Mailing address <i>(if different than property address)</i>	City	State	ZIP

Loan number

2. Borrower Information

Borrower first name	M.I.	Last name
Phone*	Email	
Co-Borrower first name	M.I.	Last name
Phone*	Email	

* By providing your phone number(s), you agree that SC Housing may call you at those number(s). You also agree that you will notify SC Housing promptly if your telephone(s) or other contact information changes.

* This communication may be considered an attempt to collect a debt. Any information obtained will be used for that purpose. If you feel you do not owe this debt, you have 30 days to notify our office. In that event, SC Housing will provide written validation of the debt.

In the event you have filed for bankruptcy protection and are protected by an automatic stay, discharge or other bankruptcy protection, this communication does not represent an attempt to collect a debt from you personally. It is for informational purposes only.

3. Impacts of COVID-19

Events that contribute to my/our difficulty making payments <i>(Check all that apply)</i>	Mortgagor	Co-Mortgagor
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- **My income has been lost.** For example: Unemployment as a direct impact of COVID-19.
- **My income has been reduced.** For example: Underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings as a direct impact of COVID-19.
- **My household financial circumstances have changed.** For example: Death in family, serious or chronic illness as a direct impact of COVID-19. I have provided details below under "Explanation."
- **My expenses have increased.** For example: High medical and health-care costs as a direct impact of COVID-19. I have provided details below under "Explanation."
- There are other reasons I/we cannot make our mortgage payments specific to COVID-19. I have provided details below under "Explanation."

Explanation:

4. Signature(s)

1. I/we certify that the information included in this application is truthful and the event(s) identified above has/have contributed to my/our need to request assistance with my/our mortgage payments. I/we also acknowledge that the submission of false information may violate federal law.
2. To validate eligibility for a COVID-19 forbearance, I/we understand that SC Housing may require the submission of additional documentation to complete their review. I /we acknowledge that the submission of this form and/or additional information, if requested, does not guarantee my eligibility for this program.
3. I/we understand that, if approved, any auto-draft payment arrangements with SC Housing will be cancelled. I/we will be required to reactivate the auto-draft at the end of the forbearance when regular monthly payments resume. If I/we currently utilize a third-party "bill pay" provider to make the mortgage payments, I/we will contact them directly to stop these payments during the forbearance.

Borrower signature

Date

Co-Borrower signature

Date

(If you have typed your signature on this form, please include a copy of your driver's license with this application**.)**

Submit (*Select only one*)

Email: COVID19help@schousing.com

Fax: 803-896-8592

Mail: SC Housing, Attn: COVID-19

300 C Outlet Pointe Blvd. Columbia, SC 29210