

REQUEST FOR HOUSING REPAIR ASSISTANCE

City of Beaufort Planning Department

P.O. Drawer 1167, Beaufort, S.C. 29901

Applicant name: _____

Applicant phone: _____

Property address: _____

Homeowner name (if different than applicant): _____

Homeowner phone: _____

List name and age of all persons living in dwelling. Note any disabilities.

Name

Age

Disabilities

Name	Age	Disabilities

Housing repairs needed: _____

Please attach: Income verification and copy of property deed.

Homeowner Signature

Date