



Case Manager: _____

Contact Number: _____

SCOR Disaster Housing Program Application Checklist

Proof of Identification

Any One (1) of the Following for Each Household Member:

- **Valid SCDMV Driver's License**
- **Valid SCDMV Identification Card**
- **Valid Passport**
- **Valid Military Identification Card**
- **Valid Certificate of Naturalization**
- **Valid Permanent Resident Card**
- **Valid Birth Certificate**

Proof of Home Ownership at Time of Disaster

Any One (1) of the Following with Pre-Disaster Dates:

- **Deed of Record for Home**
- **Bargain for Sale Deed**
- **Quit Claim Deed**
- **Proof of Life Estate or Trust Ownership**
- **Mobile Home (MHU) Title**
- **SCDMV Certified MHU Bill of Sale**
- **MHU Manufactured Certificate of Origin**
- **Mortgage Statement**

Proof of Primary Residency at Time of Disaster

Any One (1) of the Following:

- **Income Tax Return for Year of Disaster**
- **Proof of FEMA or SBA Disaster Assistance**

OR

Any Two (2) of the Following with Pre-Disaster Dates:

- **Utility Bills**
- **Vehicle Registrations**
- **Insurance Documents**

Proof of Insurance, If You Were Insured

Any of the Following That is Applicable:

- **Name of Homeowner's Insurer & Insurance Policy Document or Policy Number**
- **Name of Flood Insurer & Insurance Policy Document or Policy Number**

Proof of FEMA and/or SBA Documentation

Any of the Following That is Applicable:

- **Proof of FEMA or SBA Decision Letter**

Proof of Disability for Each Disabled Household Member

Need the SCDMV Parking Placard and one of the other options

- **SCDMV Parking Placard-Need**
- **Social Security Disability Letter**
- **Veteran Administration Disability Letter**
- **Disability Letter from Your Doctor**
- **Disability Identification**

Proof of Taxable Income for All Household Members Age 18 or Older

The Following Document is Preferred:

- **Most Recent Income Tax Return**
- **Certification of Zero Taxable Income**

OR

Any of the Following Applicable to Individual Household Members:

- **Current Year W2 Forms & 1099 Forms**
- **Three Most Recent Paystubs**
- **Current Social Security Benefit Letter**
- **Current Veteran Administration Benefit Letter**
- **Current Pension/Annuity Benefit Letter**
- **Current Unemployment Award Letter**

Social Security Numbers for All Household Members

One (1) for each Household Member:

- **Copy of Social Security Card or Social Security Number**

CERTIFICATION OF NEED BY APPLICANT(S):

By signing below, the Applicant(s) certify: 1) They have had the required documents & information on this checklist explained to them, 2) They know that additional documents & information may be requested if needed, and 3) They understand they cannot move forward in the application process until all required & requested documents & information are provided. They also certify they have been made aware that because of Federal funding restrictions and program priority guidelines, providing all required documents & information does not guarantee they will be eligible or receive assistance, and becoming eligible does not guarantee they will receive assistance. Finally, they understand that while it is not guaranteed, other documents may be accepted for one or more categories above on a case-by-case basis.

CLIENT/APPLICANT: _____ **DATE:** _____

CLIENT/CO-APPLICANT: _____ **DATE:** _____