



# SC Safe Home

South Carolina Comprehensive Hurricane Damage Mitigation Program

## REIMBURSEMENT REQUEST FORM

Mail completed, signed and dated form to:  
SC SAFE HOME  
South Carolina Department of Insurance  
P.O. Box 100105  
Columbia, SC 29202-3105

<b>Name of Homeowner (Grantee)</b> <i>If more than one owner, please list all names.</i>	<b>Date of Receipt:</b> <i>Department Use Only – Do not write in this block</i>
<b>Address of Residence and Telephone Number</b> <i>(location where grant work is performed)</i>	<b>Application #:</b> <i>Department Use Only – Do not write in this block</i>
<b>County of Residence</b>	<b>County property appraiser parcel/TMS number:</b>

Once the residential improvements are completed, submit a Reimbursement Request form to the South Carolina Department of Insurance, SC Safe Home program. Each page must be thoroughly completed and signed by the homeowner(s) and contractor(s) where indicated. **If more than one contractor makes improvements to the residence, each contractor must complete a separate Contractor Verification form.**

The original completed, signed and dated documents should be submitted to the SC Safe Home program. Please keep a **copy** of all completed forms and contractor receipts for your files. These documents will not be returned to you, and the South Carolina Department of Insurance, who administers the grant program, is not responsible for lost or misplaced documents.

The complete Reimbursement Request form, including the Residence Improvement Explanation and all Contractor Verification pages, must be received by the SC Safe Home program by the Grant Reimbursement Deadline which is no later than six months after the date of your Grant Award Notification letter.

Homeowner(s)	Application #: Indicated on the Grant Award Notification letter.
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**RESIDENCE IMPROVEMENT EXPLANATION**

Description of Improvement	Estimated Cost	Amount Charged by Contractor	Amount to be Paid to Contractor

**I/We declare that the above referenced improvements have been made to the residential property at the address shown on page 1 of the Reimbursement Request form.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant  
(If Applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## PARTICIPATING CONTRACTOR VERIFICATION

*(If multiple contractors are used on a project, please make copies of this page for each participating contractor to complete.)*

**Description of Improvement:** \_\_\_\_\_

**Total Job Cost:** \$ \_\_\_\_\_

Material Type	# of Labor Hours	Labor Costs	Material Costs	Permit(s)* and other Miscellaneous Costs

**Description of Improvement:** \_\_\_\_\_

**Total Job Cost:** \$ \_\_\_\_\_

Material Type	# of Labor Hours	Labor Costs	Material Costs	Permit(s)* and other Miscellaneous Costs

If additional space is needed to verify residential improvements, please add additional pages and sign each page.

<b>Grand Total Job Cost</b>

### **CERTIFICATION**

I, the participating contractor named below, do hereby declare to the SC Safe Home program that:

1. The recommended improvement work detailed on page 2 of this form has been performed and completed by me or persons working under my supervision.
2. The work and all of the materials used fully comply with applicable building code(s).
3. The required building department permits and/or inspections have been obtained and completed.

Participating Contractor Name: \_\_\_\_\_ Contractor #: \_\_\_\_\_

(Number assigned by SC Safe Home)

\*Building Permit (s) #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Signature of Participating Contractor: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

## CHECKLIST FOR REIMBURSEMENT REQUEST FORM

Before submitting the Reimbursement Request form, please use the checklist below to make sure all of the proper documentation for reimbursement is included and complete. If any of the required documentation is missing or incomplete, the reimbursement request could be delayed or possibly denied. All documents submitted in a language other than English or Spanish must be accompanied with the English translation for the document. Please submit both the original document and the translation.

The following documents are included.

- Pages one and two of the Reimbursement Request form are completed and signed by the homeowner(s).
- Contractor Verification page(s) for each contractor who made improvements are completed and signed by the contractor(s).
- Completed W9 Form
- Contractor Invoice
- Documents addressed to:  
SC Safe Home  
South Carolina Department of Insurance  
P.O. Box 100105  
Columbia, SC 29202-3105
- The deadline for submitting your request for reimbursement is six months from the date of the Grant Award Notification letter. Reimbursement requests received by the SC Safe Home program after the grant reimbursement deadline will be ineligible. Items postmarked on the date of the grant reimbursement deadline will not be accepted.
- Keep a copy of all documents submitted to the SC Safe Home program. The South Carolina Department of Insurance, who administers the grant program, is not responsible for lost or misplaced documents.
- The SC Safe Home staff will review and process your reimbursement request once all of the documentation is received. Reimbursement checks will be made payable to the project contractor listed on the Contractor Verification page and mailed within thirty (30) days from the receipt of the paperwork to the address also listed on the Contractor Verification page.

If you have any questions about the reimbursement process, please visit the SC Safe Home website at [www.SCSafeHome.com](http://www.SCSafeHome.com) or call our office Monday – Friday from 8:30 a.m. to 5:00 p.m. at 1-803-737-6207.