

March 21, 2016

South Carolina State Housing
Finance & Development Authority
300-C Outlet Pointe Blvd
Columbia, SC 29210

RE: Removal of Restrictive Covenant/Property
Housing Trust Fund Project #42114-4
Rural Initiatives Foundation Sponsor

Attn: Dorothy Sutton

Dear Mrs. Sutton,

I spoke with you on March 4, 2016 and asked you to review my file. The file you mailed to me on December 9, 2015, indicates forgery, concealment and Mr. Myers as the Notary Public for South Carolina, commission expires on September 12, 2019.

Mr. Myers concealed the information of a restrictive covenant from me. It was never discussed nor shown to me. I was not given the option to accept or deny this covenant before work began. Mr. Myers presented only the last page of the covenant and said, by signing this document, I was signing off on the work that had been done to my home. He then forged my signature on the actual sign off work sheet and notarized the documents. He would never give me a copy of my file, because he knew I would discover this forgery. (Recorded January 2015 at Edgefield Courthouse) He failed to return any of my phone calls or reply to my text messages, since December 2014.

Based on this information alone, I should be granted released of this Restrictive Covenant on my property.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Scott". The signature is written in black ink and is positioned above the printed name and address.

Pamela Scott
1276 Rainbow Falls Rd
North Augusta, SC 29860
File #803-663-9480

Enclosed: Restrictive Covenant, Signatures and Forged Signature on worksheet
CC: Governor Nikki Haley, SC Senator Shane Massey, House of Representative William Clyburn

**HTF-2D Certification
of Work Completed**

A Sponsor's Request for Payment will not be processed and funds will not be disbursed unless this form is fully completed and returned to the Authority.

HTF Project #: 42114

Sponsor: rural initiatives foundation inc

Beneficiary Name: pamela scott

Property Address: 1726 rainbow falls rd

north augusta , s.c

I hereby acknowledge and certify that all of the work described and approved by me in the Work Write-Up (HTF-2B) dated Jan. 6, 2015 and any approved Change Orders (HTF-2C) has been completed.

Pamela Scott
Beneficiary Signature

1/6/15

Date

I hereby certify that I have performed a physical inspection of the construction work performed and all work has been completed.

Donna M. Hayes Sr.
Sponsor's Official Signature

1/6/15

Date

Rural Initiatives Foundation
Name of Organization

SCSHFDA

JAN 06 2015

Housing Development

STATE OF SOUTH CAROLINA)
COUNTY OF EDGEFIELD)

**AGREEMENT AS TO
RESTRICTIVE COVENANTS**

THIS AGREEMENT is made and entered into as of the 8th day of December, 2014 by and between **Pamela Scott** (hereinafter referred to as the "Owner"), and the South Carolina State Housing Finance and Development Authority (hereinafter referred to as the "Authority") as administrator of the South Carolina Housing Trust Fund (hereinafter referred to as the "Trust Fund").

WHEREAS, Rural Initiatives Foundation, Inc. (hereinafter referred to as the "Recipient") has received an award from the Trust Fund for a project to correct life, health and safety issues, to provide accessibility for disabled persons, to repair or replace major housing systems and/or to address structural problems of owner-occupied housing units; and

WHEREAS, the provisions of the South Carolina Housing Trust Fund Act require that the monies of the fund are used to increase the supply of safe, decent and affordable housing for members of very low or lower income households; and

WHEREAS, the Owner is a member of very low income household and holds title to and occupies the property located in Edgefield County, South Carolina that is further described below; and

WHEREAS, the Recipient intends to utilize **\$22,250.00** from its award from the Trust Fund to make improvements to the Owner's property;

NOW, THEREFORE, in consideration of the award from the Trust Fund being used to make improvements to the Owner's property, the Owner covenants and agrees with the Authority as follows:

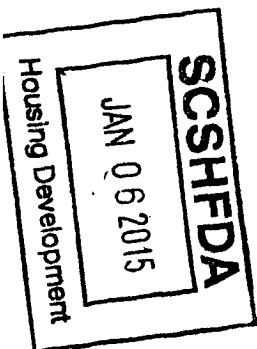
1. **The Property.**

The Property shall consist of the real property described herein, to-wit:

All that certain piece, parcel, or tract of land with all improvements thereon situate, and being in the County of Edgefield, State of South Carolina, containing 1.00 acres, more or less, being bounded, now or formerly, as follows: On the NORTH and EAST by lands of Moses and Roberta Garrett; on the SOUTH by Highway S-19-277; and on the WEST by lands of D. Houston. Reference is had to that plat prepared by M.E. Reames, R.L.S., dated November 27, 1979 and recorded in the Office of the Clerk of Court for Edgefield County in Record Book 24 at Page 5.

DERIVATION: This being the same property conveyed to Pamela Scott by Deed of Torrence Scott, Thomas Scott and Tyrone Scott, dated September 6, 2014 and recorded September 8, 2014 in the

201400003754
Filed for Record in
EDGEFIELD COUNTY, SC
SHIRLEY F NEWBY, CLERK OF COURT
At 01:10 PM.
11.00
AGREEMENT
OR Book 1504 Page 227 - 231



Office of the Clerk of Court for Edgefield County, South Carolina in
Book 1491, at Page 106.

2. Use Restriction.

The Owner agrees that the Property described above shall be used solely for the purpose of providing housing to the Owner initially, and thereafter to other members of very low income households within the meaning of the South Carolina Housing Trust Fund Act.

3. Covenant.

The Owner acknowledges that this Agreement is in the nature of a covenant appurtenant to and running with the property and every part thereof so as to be binding upon all property owners, tenants, licensees, occupants, and their successors in interests with respect to the Property throughout the term specified herein.

4. Term.

This Agreement shall be effective as of the date first above written and shall end on the 20th anniversary of said date (the "Release Date"), unless released earlier by the Authority.

5. Survival.

Subject to the limitations specified herein, this Agreement shall survive a sale, transfer, or other disposition of the Property.

6. Enforceability.

This Agreement shall bind the Owner and their respective heirs, successors and assigns and shall inure to the benefit of the Authority and its respective successors and assigns. The failure of the Authority to enforce any provisions hereof shall not be deemed a waiver of any of the provisions of this Agreement.

7. Default: Corrective Action.

In the event that the Authority detects noncompliance with this Agreement and the Owner does not immediately take steps to correct such noncompliance upon notification by the Authority, such noncompliance may be enjoined, abated, restrained or otherwise remedied by appropriate legal or equitable proceedings.

In the event of proceedings brought by any party or parties to enforce or restrain violation of any provision of this Agreement or to determine the rights or duties of any person, firm or corporation hereunder, the prevailing party may recover reasonable attorneys' fees to be fixed by the court in addition to court costs and any other relief awarded by the court in such proceedings.

8. Release.

This Agreement may be released by the Authority prior to the Release Date upon repayment to the Authority of an amount equal to the amount utilized by the Sponsor

to make improvements to the Owner's property as described above, less 5% of such amount for each 12 month period which has since the date of this Agreement.

9. Gender and Number.

All pronouns used herein shall be deemed to include the masculine, feminine and neuter entities as well as the singular and plural wherever the context requires or permits.

10. Effect of Headings.

The headings of the sections herein are for convenience only and shall not affect the meanings or interpretation of the contents thereof.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties have set their hands as of the date first above written.

Mary Barrett
Witness 1

Pamela Scott
Pamela Scott, Owner

Wallace S. Garrett
Witness 2

STATE OF SOUTH CAROLINA)
COUNTY OF Edgefield)

PROBATE

PERSONALLY appeared before me the undersigned witness, who being first duly sworn, deposes and says that he saw the within named Owner(s) sign, seal, and as their act and deed, deliver the within written Agreement As To Restrictive Covenants, and that he, with X WALLACE S. GARRETT witnessed the execution thereof.

Mary Barrett
Witness 1

SWORN to before me this 12 day of
Dec., 2014.

Kimberly M. Jones (L.S.)
Notary Public for South Carolina
My Commission Expires: Sept. 14th, 2019

IN WITNESS WHEREOF, the parties have set their hands as of the date first above written.

Dwight Sutton
Witness 1

Lisa Benfield
Witness 2

South Carolina State Housing
Finance and Development Authority,
as Administrator of the South
Carolina Housing Trust Fund

By: *Leanne Johnson*

Leanne Johnson,
Its: Development Applications Manager

STATE OF SOUTH CAROLINA)
COUNTY OF LEXINGTON)

PROBATE

PERSONALLY appeared before me the undersigned witness, who being first duly sworn, deposes and says that he saw the within named South Carolina State Housing Finance and Development Authority as Administrator of the South Carolina Housing Trust Fund, by Leanne Johnson, its Development Applications Manager, sign, seal, and as its act and deed, deliver the withinwritten Agreement As To Restrictive Covenants, and that he, with Lisa Benfield witnessed the execution thereof.

SWORN to before me this *8th* day of
December, 20 .

Dwight Sutton
Witness 1

K. Dew (L.S.)
Notary Public for South Carolina

My Commission Expires: *9-19-24*

HTF-3A Certification of Total Household Income

Date: 10/23/14

Beneficiary: pamela scott

County: edgefield

Project Address: 1726 rainfalls road

City: north augusta s c

State: S.C. Zip: 29860

ALL PERSONS WHO INTEND TO OCCUPY THE HOUSING UNIT AND THEIR ANTICIPATED INCOMES MUST BE LISTED BELOW:

	Occupants	Relationship	Age	Sex	Total Anticipated Annual Income
1	pamela scott	Head of Household		Female	\$ 18,323
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
The total anticipated annual household income is:					\$ 18,323
The targeted income percentage stated in your Application for the above listed household is:					50%
The development county area median income adjusted for household size is:					\$ 19600

I/We have provided verification of all anticipated Annual Income and other information necessary to satisfy the requirements for occupancy for each person named herein. I/We certify that the statements and all information herein are true and complete to the best of my/our knowledge and are given under the penalty of perjury.

I/We agree that the household income, household composition and other eligibility requirements shall be conditions of this occupancy and that failure or refusal to comply with a request for information with respect thereto shall be deemed a violation of conditions. I/We will assist in obtaining any information or documents required in verifying the statements certified herein.

The Certification of Total Household Income is to be made part of the agreement entered into by the Recipient and the Occupant(s).

X Pamela Scott
Head of Household Signature

Head of Household Signature

Work Write-Up (Single Family Units)

GENERAL INFORMATION: (1) Enter information in yellow highlighted cells only
(2) All rows should calculate to show total amounts

COLUMN A Enter Materials	COLUMN B Enter Quantity	COLUMN C Material Costs	COLUMN D Labor Costs	COLUMN E Total Cost	COLUMN F HTF use only	COLUMN G Enter Quantity	COLUMN H Material Costs	COLUMN I Labor Costs	COLUMN J Total Cost
Homeowner's Name(s)	pamela scott								
Homeowner's Address	1275 rainbow falls road								
City, State, Zip	north augusta, sc 29860								
Phone	803-663-9480 803-341-3387								
Foundation Area	HTF				Complete	Other Sources			
Description of Material	Quantity Ordered	Material Costs	Labor Costs	Total Costs		Quantity Ordered	Material Costs	Labor Costs	Total Costs
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (included above)		0	0	0			0	0	0
Total									
Description of work to be completed:									
1)									
2)									
3)									
Exterior	HTF				Complete	Other Sources			
Description	Quantity	Material	Labor	Total		Quantity	Material	Labor	Total
front porch railing	55 57 in ft	800	625	1425	1100 (325)		0	0	0
back porch	36 47 in ft	690	485	1175	720 (455)		0	0	0
side landing	16	225	175	400			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (included)		0	0	0			0	0	0
Total									
Description of work to be completed:									
1)									
2)									
3)									

Roofing	HTF				Complete	Other Sources			
Description	Quantity	Material	Labor	Total		Quantity	Material	Labor	Total
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total									

Description of work to be completed:

1)

2)

3)

Kitchen/Dining Area	HTF				Complete	Other Sources			
Description	Quantity	Material	Labor	Total		Quantity	Material	Labor	Total
sink and faucet	1	75	50	125			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total									

Description of work to be completed:

remove kitchen mixer and install new one

2)

3)

Bathroom 1	HTF				Complete	Other Sources			
Description	Quantity	Material	Labor	Total		Quantity	Material	Labor	Total
commode	1	150	150	300			0	0	0
60" tub/shower	1	450	450	900			0	0	0
plumbing/faucet	1	87.5	87.5	175			0	0	0
ceiling moulding	34 ln ft	40	40	80			0	0	0
plyboard	64 sq ft	60	60	120			0	0	0
Tax (Included)		0	0	0			0	0	0
Total									

Description of work to be completed:

1)

2)

3)

bathroom 1					Complete	Other Sources			
Description	HTF Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
underlayment	64 sq ft	26	26	52			0	0	0
vinyl	6.6 yards	80	60	140			0	0	0
sheet rock / <i>Painting</i>	224 sq ft	247	248	495	683		0	0	0
vanity	24"	135	135	270			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

1)

2)

3)

bathroom 1					Complete	Other Sources			
Description	HTF Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
moulding basse/shoe	68 in ft	130	100	230			0	0	0
demo		0	330	330			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

tear out all fixtures and flooring down to joist. Install 3/4 plyboard and underlayment. 2) install new finished wall board to bathroom. 3) install new commode, tub shower c

2)

3)

bathroom 2					Complete	Other Sources			
Description	HTF Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
commode	1	150	150	300			0	0	0
60" tub/shower	1	500	400	900			0	0	0
plumbing/faucet	1	87.5	87.5	175			0	0	0
ceiling moulding	32 in ft	40	40	80			0	0	0
plyboard	64sqft	60	60	120			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

1)

2)

3)

bathroom 2					Complete	Other Sources			
Description	HTF Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
underlayment	64sqft	28	28	52			0	0	0
vinyl	6.2yd	80	155	135			0	0	0
sheet rock	224sqft	247	248	495	683		0	0	0
vanity	24"	135	135	270			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

1)

2)

3)

bathroom 2					Complete	Other Sources			
Description	HTF Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
moulding base/shoe	60lnft	120	100	220			0	0	0
demo		0	330	330	530		0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

1)

2)

3)

Plumbing					Complete	Other Sources			
Description	HTF Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
40 gallon water heater	1	350	150	500			0	0	0
water heater/hut	1	225	175	400			0	0	0
water heater pad	1	35	25	60			0	0	0
plumbing	54lnft	49	0	49			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

tear out and install new gas hot water heater in hut on outside of house 2) install copper gas line with shut off valve and gas vent 3) install pipes from inside to outside wa

2)

3)

electrical	HTF				Complete	Other Sources			
Description	Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
gfi	4	100	80	180			0	0	0
200 amp	1	1000	700	1700			0	0	0
panel/outlet		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

add 1 gfi in each bathroom and 2 in kitchen 2) upgrade house to 200 amp to include mast/meter can/panel box with 20 spaces according to 2012 irc housing construction

2)

3)

Doors & Windows	HTF				Complete	Other Sources			
Description	Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
doors	3	0	0	0			0	0	0
windows	18	3240	3060	6300			0	0	0
storm door	1	0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

install weather stripping to exterior door 2) tear out existing storm door and install new storm door in den

2)

3)

Insulation	HTF				Complete	Other Sources			
Description	Quantity	Materials	Labor	Total		Quantity	Material	Labor	Total
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
		0	0	0			0	0	0
Tax (Included)		0	0	0			0	0	0
Total		0	0	0			0	0	0

Description of work to be completed:

1)

2)

3)

[illegible]

Description of work to be completed:

add 5 smoke / carbon detectors; 1 in each bedroom and 1 co/smoke in hall way to include hardwiring and battery back-up

2)

3)

[illegible]

Description of work to be completed:

1

2

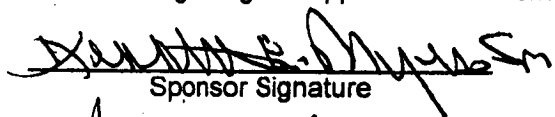
3

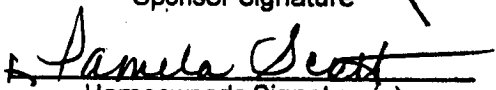
[illegible]


Homeowner's Name(s)	NAME
Homeowner's Address	STREET ADDRESS
City, State, Zip	CITY, STATE, ZIP
Phone	PHONE


TOTAL AMOUNT REQUESTED	HTF			Other Sources		
	Materials	Labor	Total	Material	Labor	Total

The undersigned gives approval of the work listed above:

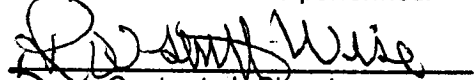

 Sponsor Signature



 Homeowner's Signature(s)


 Date


 Date

The undersigned certifies that the work write-up submitted is complete for work to be performed:


 Contractor's Signature


 Date

Contractor's Printed Name: Roosevelt Wise

Business Name: _____

Address: 1435 10th Summer Creek

City, State, Zip: Aiken SC 29803

Contractor's License#: 48424

Telephone #: 803-270-3549

Contractor's Insurance: Insurance + Bonding

The data contained within this document is intended solely to ascertain the conformance between the written Scope of Work as submitted by the applicant and the viewable physical conditions that existed on the date of the inspection. It is the responsibility of the applicant and the contractors to insure that all required inspections, permits, fees, licenses, etc. have been secured and completed. It is the responsibility of the applicant and the contractors to insure that all project work has been approved by local administrative inspecting authorities for Compliance to all applicable Standards and Code conditions.