



## **Like Home Community Movement** Application for Home Repair Movement

N.O.W.W. Empowerment has established the Like Home Community Movement to provide assistance for home repairs and upgrades to households that meet the following qualifications.

- The household must be the owner of the home.
- The repairs/upgrades must be necessary to maintain the health, safety, and welfare of the occupants.
- The repair is estimated \_\_\_\_\_
- No household may receive more than \_\_\_\_\_

When more applications are received the money is available, preference will be given based on the following criteria:

1. **Emergency Repair:** Applications for emergency repairs to make the home safe and prevent further damage will be considered before all other applications are considered
2. **Income:**
3. **First Time Applicants:** Unless the application is of an emergency nature, any household who has received a Like Home Community Movement in the past will be considered after all other first-time

To be completed by the applicant. This section of the application will determine if a household and repair project is eligible to receive a Like Home Community Movement.

1. **Date:** \_\_\_\_\_
2. **Name (please print):** \_\_\_\_\_
3. **Mailing Address:** \_\_\_\_\_
4. **Daytime Phone #:** \_\_\_\_\_
5. **Best way to contact you:** \_\_\_\_\_

document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

**APPLICANT’S CERTIFICATION:** The applicant certifies that all information in this application, and all information furnished in support of this application is for the purpose of obtaining funds for the improvement of the above-mentioned property, and that these statements are true to the best of the applicant’s knowledge and belief.

\_\_\_\_\_  
Applicant Signature/Date

\_\_\_\_\_  
Applicant Signature/Date

***Please submit this application, along with proof of homeownership and any other documentation needed, to N.O.W.W. Empowerment.***

Applications can be dropped off or mailed to the N.O.W.W. Empowerment:

N.O.W.W. Empowerment Like Home Community Movement  
4129 Highway 9 West  
Dillon, SC 29536

Please call (843) 409-1533 for more information, help in filling out the application, or directions to N.O.W.W. Empowerment. You will be notified within three weeks if you qualify for the program. If your repair is of an emergency nature, you will be notified sooner. If your request for the Like Home Community Movement has been approved, instructions will be provided about how to make arrangements for the repair.

For Planning Department Use Only:

Date Received: \_\_\_\_\_

Case No. \_\_\_\_\_

Application Complete (attachments provided): Yes? No

Action:

\_\_\_\_\_

ACCOUNT AGREEMENT  
CHECKING ACCOUNT

FIRST BANK

ACCOUNT TITLE AND ADDRESS

NOWW EMPOWERMENT  
4129 HIGHWAY #9 WEST  
DILLON, SC 29536

ACCOUNT OPEN DATE	ACCOUNT NUMBER	OWNERSHIP TYPE	PRODUCT NAME	DOCUMENT CREATION DATE	INITIAL DEPOSIT
December 7, 2022	811005763	Corporation Tax Classification: C	BUSINESS ESSENTIALS	12/07/2022	\$50.00

**DEFINITIONS.** Throughout this Agreement, these terms have the following meaning:

- "You," "your," and "account owner" refer to the Customer named on the account.
- "We," "our," and "us" refer to the Bank, FIRST BANK.
- "Item" or "items," as defined by Article 4 of the Uniform Commercial Code (UCC), means an instrument or a promise or order to pay money handled by a financial institution for collection or payment. The term includes a check but does not include a payment order governed by Article 4A of the UCC or a credit or debit card slip.
- "Debit transactions," "debit," or "debits" refer to funds that are taken out of your account. Common types of debits may include: checks that you have written, ACH payments, wire transfers, PIN-based debit card transactions, and signature-based debit card transactions.
- "Credit transactions," "credit," or "credits" refer to deposits of funds into your account. Common types of credits include: cash deposits, direct deposits, check deposits, and ACH and wire transfers made payable to you. Credits are generally added to your account and are made available to you in accordance with our funds availability schedule.

**GENERAL AGREEMENT.** You understand that the following Account Agreement ("Agreement") governs your Checking account with us, along with any other documents applicable to your account, including any account opening Disclosures that have been provided to you, which are incorporated by reference. You understand that your account is also governed by applicable law. The information found in any account opening Disclosures may change from time to time in our sole discretion. If the fees, charges, minimum balance requirements, or other items change in a manner that would adversely affect you, we will provide you with written notice prior to the change. By providing a written or electronic signature on the Account Information document or other agreement to open your account, or by using any of our deposit account services, you and any identified account owners agree to the terms contained in this Account Agreement.

**YOUR CHOICE OF ACCOUNT.** You have instructed us as to the title and type of the account that you have chosen. You acknowledge that it is your sole responsibility to determine the full legal effect of opening and maintaining the type of account you have chosen. We have not set forth all laws that may impact your chosen account. You must determine whether the account you select is appropriate for your current and future needs. Except as required by law, we assume no legal responsibility to inform you as to the effect of your account choice on your legal interests.

**BUSINESS ACCOUNTS.** Business accounts are those established by any partnership, corporation, association or other entity operated on a for-profit basis; all corporations and associations operated on a not-for-profit-basis; and any individual who intends to use the account for carrying on a trade or business. We reserve the right to require separate written authorization, in a form acceptable to us, telling us who is authorized to act on your behalf. We are authorized to follow the directions of a person designated as having authority to act on the entity's behalf until we receive written notice that the authority has been terminated and have had a reasonable time to act upon that notice.

**ADDITIONAL DOCUMENTS TO OPEN ACCOUNT.** You agree to supply us with a copy of any chartering document, Operating Agreement, or related documents requested by us.

**ESCROW, TRUST, FIDUCIARY AND CUSTODIAL ACCOUNTS.** When your account is set up as an escrow account, trust account, fiduciary account or custodial account, it is your sole responsibility to determine the legal effects of opening and maintaining an account of this nature. We have no obligation to act as trustee or to inquire into your powers or responsibilities over this account. We reserve the right to require the documentation necessary under applicable law to establish, maintain, manage, and close this account. There may be additional terms and conditions that apply to this account that are governed by a separate agreement.

**TRANSFERS AND ASSIGNMENTS.** We may assign or transfer any or all of our interest in this account. You cannot assign or transfer any interest in your account unless we agree in writing.

**RESTRICTIVE LEGENDS.** We are not required to honor any restrictive legend on checks you write unless we have agreed to the restriction in writing signed by an officer of the Bank. Examples of restrictive legends are "two signatures required", "must be presented within 90 days" or "not valid for more than \$1,000.00."

**STALE OR POSTDATED CHECKS.** We reserve the right to pay or dishonor a check more than six (6) months old without prior notice to you. You agree not to postdate any check drawn on the account. If you do, and the check is presented for payment before the date of the check,



Date of this notice: 12-06-2022

Employer Identification Number:  
88-4359262

Form: SS-4

Number of this notice: CP 575 E

NOWW EMPOWERMENT  
1627 HARDY STREET  
DILLON, SC 29536

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-4359262. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit [www.irs.gov/charities](http://www.irs.gov/charities).

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
Nonprofit Corporation – Domestic  
Filing Fee \$25.00

Pursuant to S.C. Code of Laws Section 33-31-202 of the 1976 S.C. Code of Laws, as amended, the undersigned corporation submits the following information

1. The name of the nonprofit corporation is

Noww Empowerment

2. The initial registered office (registered agent's address in SC) of the nonprofit corporation is

4129 Highway #9 West

(Street Address)

Dillon, South Carolina 29536

(City, State, Zip Code)

The name of the registered agent of the nonprofit corporation at that office is

Terry McRae

(Name)

I hereby consent to the appointment as registered agent of the corporation.

X   
(Agent's Signature)

3. Check "a", "b", or "c", whichever is applicable. Check only one box.

- a.  The nonprofit corporation is a public benefit corporation.  
b.  The nonprofit corporation is a religious corporation.  
c.  The nonprofit corporation is a mutual benefit corporation.

4. Check "a" or "b" whichever is applicable

- a.  This corporation will have members.  
b.  This corporation will not have members.

5. The principal office of the nonprofit corporation is

4129 Highway #9 West

(Street Address)

Dillon, South Carolina 29536

(City, State, Zip Code)

Noww Empowerment

Name of Corporation

6. If this nonprofit corporation is either a **public benefit** or **religious corporation** complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation. **If you are going to apply for 501(c)(3) status, you must complete section "a"**.

a.  Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

If you choose to name a specific 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

OR

b.  If the dissolved corporation is not described in Section 501(c)(3) of the Internal Code, upon dissolution of the corporation, the assets shall be distributed to one or more public benefit or religious corporation or to one or more of the entities described in (a) above.

If you chose to name a specific public benefit, religious corporation or 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

7. If the corporation is mutual benefit corporation complete either "a" or "b", whichever is applicable, to describe how the (remaining) assets of the corporation will be distributed upon dissolution of the corporation.

a.  Upon dissolution of the mutual benefit corporation, the (remaining) assets shall be distributed to its members, or if it has no members, to those persons to whom the corporation holds itself out as benefiting or serving.

b.  Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to

8. The optional provisions which the nonprofit corporation elects to include in the articles of Incorporation are as follows [See S.C. Code of Laws Section 33-31-202(c)].

NONE

Noww Empowerment

Name of Corporation

9. The name and address of each incorporator is as follows (only one is required, but you may have more than one).

Terry McRae

(Name)

4129 Highway #9 West

(Business Address)

Dillon, South Carolina 29536

(City, State, Zip Code)

(Name)

(Business Address)

(City, State, Zip Code)

(Name)

(Business Address)

(City, State, Zip Code)

10. Each original director of the nonprofit corporation must sign the articles but only if the directors are named in these articles.

Terry McRae

(Name – only if named in articles)

X  
(Signature of Director)

(Name – only if names in articles)

(Signature of Director)

(Name – only if names in articles)

(Signature of Director)

Noww Empowerment

Name of Corporation

11. Each Incorporator listed in #9 must sign the articles

X  
(Signature of Incorporator)

\_\_\_\_\_  
(Signature of Incorporator)

\_\_\_\_\_  
(Signature of Incorporator)

12. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is:

November 30, 2022



Filing Checklist

- § Articles of Incorporation. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed. Include a self-addressed stamped envelope to have a filed copy returned to you by mail.
- § If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
- § \$25.00 made payable to the SC Secretary of State. Political Associations must also submit CL-1 form and additional \$25.00 fee.
- § Return to:           Secretary of State  
                          ATTN: Corporate Filings  
                          1205 Pendleton Street, Suite 525  
                          Columbia, SC 29201