

# HTF-3A Income and Asset Verification

Beneficiary (Full Legal Name):  Date of Birth:   
 City:  Zip:  County:

**ALL PERSONS WHO INTEND TO OCCUPY THE HOUSING UNIT AND THEIR ANTICIPATED INCOME(S) MUST BE LISTED IN THE TABLE BELOW.**

	Household Members (Full Legal Name)	Relationship	Age	Male/Female	Total Anticipated Annual Income
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					
<b>The total anticipated annual household income is:</b>					<input type="text"/>

The targeted income percentage for the above household is:

The county area median income limit adjusted for this household income is:

[Click here to see the 2024 80% Income Limits](#)      [Click here to see the 2024 50% Income Limits](#)

If employed, provide the last (90) days of pay stubs, benefits letter or relevant documentation.

**IF Self-Employed - provide the last 2 years of tax returns, year-to-date financial statement (profit & loss/balance sheet)**

Do you expect the above household members to change during the coming year?    Yes    No

If "yes," explain:

Are any members in your household full-time students?    Yes     No

**ASSETS- Do you or any member(s) of your household own any of the following types of assets?**

- |   |                     |                              |                             |   |                        |                              |                             |
|---|---------------------|------------------------------|-----------------------------|---|------------------------|------------------------------|-----------------------------|
| 1 | Checking Account    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 6 | Other Real Estate      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Savings Account     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 7 | Land Contracts         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Savings Certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 8 | Deeds or Trusts        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Stocks or Bonds     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 9 | Other Financial Assets | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Rental Property     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |                        |                              |                             |

**If the answer to any of the above was "Yes," provide a copy(s) of all applicable documentation. For Checking and/or Savings Accounts, provide most recent (3 months) monthly bank statements.**

**ACKNOWLEDGEMENTS**

I/We have provided verification of all anticipated Annual Income and other information necessary to satisfy the requirements for occupancy for each household member 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.

I/We acknowledge that should it be discovered at any time before, during, or after the project has been completed that the Homeowner/Beneficiary is not income eligible for the SC HTF Program, the Homeowner/Beneficiary will be required to refund the entire HTF award and will be ineligible from further participation in the HTF Program.

Homeowner - Head of Household (signature) \_\_\_\_\_ Date \_\_\_\_\_

Homeowner (signature) \_\_\_\_\_ Date \_\_\_\_\_