HTF-3A Income Verification

Beneficiary (Full Legal Name): _____ Date of Birth: _____

City: _____ Zip: _____ County: _____

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

	Household Members (Full Legal Name)	Relationship	Age	Male/Female	Total Annual Income (IRS 1040)
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					

The total annual household income is: $ 0.00

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 2026 80% Income Limits Click here to see the 2026 50% Income Limits

If employed, provide the last (90) days of pay stubs, W-2's and 2 years of tax returns (or transcripts).
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 ☐

Additional Supporting Documentation (if applicable)

☐ Checking Account – copies of most recent 3 months of statements

☐ Savings Account – copies of most recent 3 Months of 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**