



Exhibit 8: DAP Annual Household Income Certification

Homeowner (Full Legal Name): _____ Property Address: _____

City: _____ County: _____ Zip: _____

All persons who occupy the housing unit as their primary residence and their anticipated income(s) if 18 and over, must be listed in the table below.

	Household Members (Full Legal Name)	Relationship to HOH	Age	Male or Female	Total Annual Income
1					
2					
3					
4					
5					
6					
7					
8					

The total Annual Household Income: _____

The Targeted Income percentage for the above household: _____

The county area median income limit adjusted for this household size: _____

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

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

Provide one of the following with this form to document the annual income of each adult (18 years of age and older) that resides in the home. (Listed in order of preference):

- Copy of most recent year's tax returns
- Copy of most recent year's W-2(s)
- Social Security or other benefit statement
- **Exhibit 9:** DAP Self-Certification of Annual Income

Acknowledgments

I have provided verification of all Annual Income and other information necessary to satisfy the requirements for each household to have an Annual Income of no less than 80% of area median income for the county the home is located in. I certify that the statements and all information herein are true and complete to the best of my knowledge and are given under the penalty perjury.

I 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 will assist in obtaining any information or documents required in verifying the statements certified herein.

I acknowledge that should it be discovered at any time before, during, or after the project has been completed that the Homeowner is not income eligible for the SC HTF Program, the Homeowner will be required to refund the entire HTF award and will be ineligible from further participation in the HTF Program. I understand that any false or misleading statements or omissions may result in criminal and civil actions for fines, penalties, damages, or imprisonment.

Homeowner Printed Name

Date

Homeowner - Head of Household (signature)

Date