

HTF-3AFI Certification of Total Household Income

Date: _____

Beneficiary: _____

County: _____

Project Address: _____

City: _____

State: **S.C.** Zip: _____

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		Head of Household			\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
The total anticipated annual household income is:					\$
The targeted income percentage stated in your Application for the above listed household is:					80%
The development county area median income adjusted for household size is:					\$

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).

Head of Household Signature

Head of Household Signature