

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					
The total anticipated annual household income is:					
The targeted income percentage for the above household is:					50%
The county area median income limit adjusted for this household income is:					

[Click here to see the 2022 50% Income Limits](#)

If employed, provide the last (30) days of pay stubs, benefits letter or relevant documentation.

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 (30 days) 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 _____