

## M-19 Calculating Annual Income

SCSHFDA, 300-C Outlet Pointe Blvd, Columbia, SC 29210 (803) 896-9001 www.SCHousing.sc.gov

| Date:                             | Calculating Annual Income |
|-----------------------------------|---------------------------|
| HOME Recipient Name:              | HOME Award #:             |
| Name of Beneficiary (HOH):        | IDIS Activity #:          |
| Address of Unit:                  | Size of Household:        |
| City, State, Zip:                 | County:                   |
| HOME Income Limit:                | Date of Certification:    |
| Income Certification Completed By |                           |

Beneficiary (HOH) Signature: \_\_\_\_\_

## Asset Income:

| Name of Household Member | Description of Asset           | Cash Value of Assets | Actual Income Earned<br>from Assets |
|--------------------------|--------------------------------|----------------------|-------------------------------------|
|                          | Checking Account               |                      |                                     |
|                          | (Cash Value = Current Balance) |                      |                                     |
|                          | Savings Account                |                      |                                     |
|                          | (Cash Value = Current Balance) |                      |                                     |
|                          |                                |                      |                                     |
|                          |                                |                      |                                     |
|                          |                                |                      |                                     |
|                          |                                |                      |                                     |

- 1. Total Cash Value of Assets: \_\_\_\_\_
- 2. Total Actual Income Earned from Assets: \_\_\_\_\_

## Anticipated Annual Income: List ALL Household Members, use additional sheets if needed.

| Name of<br>Household<br>Member | Age | A.<br>Wages/<br>Salaries | B.<br>Benefits/<br>Pensions | C.<br>Public<br>Assistance | D.<br>Child<br>Support/Alimony | E.<br>Other<br>Income | F. Asset<br>Income |
|--------------------------------|-----|--------------------------|-----------------------------|----------------------------|--------------------------------|-----------------------|--------------------|
|                                |     |                          |                             |                            |                                |                       |                    |
|                                |     |                          |                             |                            |                                |                       |                    |
|                                |     |                          |                             |                            |                                |                       |                    |
|                                |     |                          |                             |                            |                                |                       |                    |

4. Enter total items A-F for Total Anticipated Annual Income: \_\_\_\_\_