

F-19A Income and Asset Questionnaire

(Rev: 02/2025)

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

NHTF Applicant Information

Head of Household (HOH)				
Name (Full Legal Name)	Household Size	Date of Birth	Age	Sex
Address		Home Telephone	Work Telephone	

Household Composition					
Name (Full Legal Name)	Relationship	Date of Birth	Employment Status	Age	Sex

- 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
If yes, list members: _____.

Income					
Do you or any adult member of your household have any income from or receiving on behalf of a minor any of the following income					
	Yes	No		Yes	No
01. Employment	<input type="checkbox"/>	<input type="checkbox"/>	11. Disability or Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>
02. Income from a business	<input type="checkbox"/>	<input type="checkbox"/>	12. Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>
03. Social Security (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	13. Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>
04. Social Security (Child)	<input type="checkbox"/>	<input type="checkbox"/>	14. Educational Grants	<input type="checkbox"/>	<input type="checkbox"/>
05. Disability	<input type="checkbox"/>	<input type="checkbox"/>	15. Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>
06. AFDC	<input type="checkbox"/>	<input type="checkbox"/>	16. Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>
07. Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	17. Scholarships	<input type="checkbox"/>	<input type="checkbox"/>
08. Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	18. Caretaking of Children or Elderly	<input type="checkbox"/>	<input type="checkbox"/>
09. Child Support	<input type="checkbox"/>	<input type="checkbox"/>	19. Payments from Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>
10. Alimony	<input type="checkbox"/>	<input type="checkbox"/>	20. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above; Complete the area provided below					
Household Member	Source of Benefit/ Income	Employer or Agency's Mailing Address, City, State, Zip	#Hrs Per Week	Full/ Part time	Amount Per Month

- Did you file a federal income tax return last year? ☐ Yes ☐ No

If no, explain: _____

- Have you or any other member of your household disposed of any of assets at less than fair market value during the past two years? ☐ Yes ☐ No

If yes, explain: _____

Assets					
Do you or any member of your household own any of the following types of assets?					
		Yes	No		
1.	Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	8.	Other Financial Assets
2.	Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	9.	Rental Property
3.	Savings Certificate	<input type="checkbox"/>	<input type="checkbox"/>	10.	Other Real Estate
4.	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	11.	Mortgages
5.	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	12.	Land Contracts
6.	Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	13.	Deeds or Trust
7.	Credit Union Savings	<input type="checkbox"/>	<input type="checkbox"/>	14.	Annuities
If you answered YES to any of the above please complete the following information:					
#	\$ Income	Per	Description of Asset & List Name Bank and/or Financial Institution		

I certify that the information given on this form is correct and complete:

Applicant Name (HOH): _____ Applicant Signature (HOH): _____ Date: _____

Co-Applicant Name: _____ Co-Applicant Signature: _____ Date: _____

Co-Applicant Name: _____ Co-Applicant Signature: _____ Date: _____

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I certify that the information given on this form has been verified:

NHTF Project owner/management company name: _____

Printed name of staff person: _____ Signature of staff person: _____ Date: _____

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