

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:

The county area median income limit adjusted for this household income is:

[Click here to see the 2025 80% Income Limits](#) [Click here to see the 2025 50% Income Limits](#)

If employed, provide the last (90) days of pay stubs, benefits letter or relevant documentation.
IF Self-Employed - provide the last 2 years of tax returns, year-to-date financial statement (profit & loss/balance sheet)

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 (3 months) 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