

HTF-4C Certification of Payment

This form is to be completed and signed by the Contractor employed to rehabilitate the SC Housing Trust Fund (HTF) project below.

This signed form must be returned to SC Housing along with a copy of the cashed/cancelled check given to the Contractor by the Sponsor. Sponsor has 7 days to pay contractor after receiving approved inspection.

HTF Project #: _____
Beneficiary Name(s): _____
Beneficiary's Address: _____

I, _____ (Contractor), hereby certify that I received final payment in the amount of \$ _____ for the construction work performed at the property located at the address listed above. .

Signed this _____ day of _____, 20 ____ .

Contractor's Official Signature

Telephone # of Contractor

Address of Contractor (City, State, Zip)

License # of Contractor

An HTF-4A Draw Request for Payment for the **Project Delivery Fee** has been attached to this Certification.

Sponsor's Official Signature

Date of Sponsor's signature