



M-19I Verification of Recurring Cash Contributions

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

Applicant Name: _____

Address: _____

Phone: _____

Signature of Applicant: _____

Date _____

Federal regulations require verification of income from all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. I understand that the penalty for knowingly providing false information is up to (5) years in prison and/or \$10,000 fine upon conviction.

THIS SECTION TO BE COMPLETED BY PROVIDER

1. Purpose of cash contribution:

2. Amount anticipated to be provided during the next 12 months:

Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____

3. Total Annual Contribution to Income: \$ _____

This certifies that I, _____, give an average of \$ _____
per () Month () Year to _____.

Provider's Signature _____ Printed Name _____ Date _____

Title _____ Address _____

Phone # _____ Fax # _____ Email _____

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