

## SC State Housing Finance and Development Authority Verification of Alimony Payments

To the Person Paying Alimony: \_\_\_\_\_

As an applicant/participant in the HUD Section 8 Rental Assistance Program, I am required to provide information concerning Alimony Payments. These payments will be used to adjust household income for rent calculation purposes. Please complete this form and return it directly to the Housing Program Coordinator (HPC) at the address listed below. Your prompt cooperation in supplying the requested information is appreciated. If you have any questions, please do not hesitate to contact the HPC.

Mailing Address:

**SC State Housing Finance & Development Authority**  
**Voucher Program – \_\_\_\_\_ County HPC**  
**300-C Outlet Pointe Blvd**  
**Columbia, SC 29210**

**Phone: (803) 896-\_\_\_\_\_**  
**Fax: (803) 551-\_\_\_\_\_**

**Payee:** \_\_\_\_\_

**Name of Participant:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Signature Authorizing Release of Information:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**TO BE COMPLETED BY PERSON/AGENCY PAYING ALIMONY**  
Please provide names, effective dates and amounts of alimony support payments.

Name	Effective Date	Monthly Amount

Remarks (anticipated changes, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person/Agency Paying Alimony Support

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Fax Number

If using a Telecommunications Device for the Deaf (TDD), please call: (803) 896-8831.

**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.