

**South Carolina State Housing Finance and Development Authority
HUD Section 8 Rental Assistance Program**

Annual Re-examination Documents and Required Information

The following documents are enclosed and must be read and completed by you. They must also be read and signed by each adult member (18 or older) in the household and dated the date of your appointment.

- ✓ Family Declaration
- ✓ Authorization for the Release of Information/Privacy Act Notice
- ✓ Authorization for Release of DSS Data
- ✓ Authorization for Release of Criminal Records

Please have the following documents/information available that pertain to you or any member of your household.

If you are receiving the following:

Social Security Retirement/Disability Benefits (SSA) or Supplemental Security Income (SSI)

- A current benefit letter dated within the last **60 days** from the Social Security Administration, showing the monthly benefit amount. **You can obtain one by calling 1-800-772-1213** or you may establish an on-line account with the Social Security Administration if you do not already have one.

Child Support/Alimony

- Copies of all court documents.
- If paid directly, the name, address, telephone number and fax number of the person(s) making the payment.
- If paid through an agency (Clerk of Court), the name, address, telephone number and fax number of the agency **and** a recent printout of payments or the last 3 consecutive payment stubs.

Child Care Costs

- The name, address, telephone number and fax number of the child care provider(s) **and** receipts and/or cancelled checks from the childcare provider(s).

Employment Income

- The name, address, telephone number and fax number of the employer **and** the last 3 consecutive pay stubs.
- If self-employed, a copy of Income Tax returns, or other records showing income from previous 12 months.

Pension Benefits

- The current annual benefit letter from the pension plan administrator.

Bank, Savings or Investment Information

- The name, address, telephone number and fax number of the bank or financial institution **and** the latest account statement, for each account, dated within the last **60 days** from the bank or financial institution.

Veteran's Benefits

- A current benefit letter dated within the last **60 days** from the Veteran's Administration showing the monthly benefit amount.

College Students

- The name, address, telephone number and fax number of the admissions office **and current** financial aid award letter.

*****Only for Households where the Head of Household, Spouse or Co-head is Elderly (62 or above) or Disabled*****

Medical Expenses

- The name, address, telephone number and fax number of all health care providers to whom you are paying "out-of-pocket" expenses for all household members.

Medical Insurance Premiums

- The current premium notice or payment stub indicating the amount of medical insurance premiums.

Prescription Medicine Costs

- The name, address, telephone number and fax number of all pharmacies and a printout listing prescription medicine expenses for the past 12 months, or a statement of anticipated prescription expenses for the next 12 months for all household members.

Copies of forms, letters, statements, printouts or other supporting documentation will be kept by the South Carolina State Housing Finance and Development Authority. **The required documentation will not be returned to you.**