

**SC State Housing Finance and Development Authority**  
**Verification of Contributions**

Dear Sir/Madam: \_\_\_\_\_

As an applicant/participant in the HUD Section 8 Rental Assistance Program, I am required to obtain information concerning Contributions made to me or anyone in my household. These contributions 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) 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-\_\_\_\_\_**

Name of Participant: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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**TO BE COMPLETED BY PERSON CONTRIBUTING MONEY**

I certify that I contribute the following to the individual/family's needs. Please check all appropriate boxes for the type(s) of contribution you made:

- |   |  |
|---|--|
| <input type="checkbox"/> Cash                           | <input type="checkbox"/> Paid tenant's portion of rent |
| <input type="checkbox"/> Paid or provided for utilities | <input type="checkbox"/> Paid car or insurance payment |
| <input type="checkbox"/> Other (please specify) _____   |  |

\_\_\_\_\_  
\_\_\_\_\_

Current average **monthly** amount of contribution \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Contributor

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Relationship to the Household

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

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

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

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.