

SC State Housing Finance and Development Authority Verification of Long Term Disability Benefits

To the Benefits Administration: _____

As an applicant/participant in the HUD Section 8 Rental Assistance Program, I am required to provide information concerning Long Term Disability Benefits. These benefits 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: _____

TO BE COMPLETED BY AN ADMINISTRATION OFFICIAL

Please provide names, amounts and effective date of household members receiving Disability Benefits.

Name of Recipient	Monthly Amount	Effective Date

Remarks (anticipated changes, etc): _____

Signature of Administration Official

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.