

**Beneficiary Name:** \_\_\_\_\_

Street Address of NSP Unit \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Beneficiary Phone Number \_\_\_\_\_

Beneficiary Email Address \_\_\_\_\_

**Beneficiary Signature:** \_\_\_\_\_ **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 OF THE CASH CONTRIBUTION**

**1. Purpose of cash contribution:**

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

**2. Total Annual Contribution to Income:** \$ \_\_\_\_\_

This certifies that I, \_\_\_\_\_, give an average of \$ \_\_\_\_\_ per year to \_\_\_\_\_.

Provider's Signature \_\_\_\_\_

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

Date \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**IN WITNESS WHEREOF**, the parties have set their hands as of the date first above written.

\_\_\_\_\_  
Provider Name

By: \_\_\_\_\_

Its: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

STATE OF SOUTH CAROLINA )

)

**ACKNOWLEDGMENT**

COUNTY OF \_\_\_\_\_ )

I, the undersigned Notary Public, do hereby certify that \_\_\_\_\_, as an authorized agent for \_\_\_\_\_, personally appeared before me and acknowledged the due execution of the foregoing instrument on this this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name: \_\_\_\_\_

Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_

**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.**