

NSP-19L Verification of Pension or Annuity

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.sc.gov

To:	From:	
	Phone: Fax:	
	Email:	
RE:		
Applicant's Name		
I hereby authorize release of my information.		
Signature of Applicant	Date	
OR copy of the attached executed release for	rm which authorizes the information to be requested.	
	n will be used only to determine the eligibility status and le	vel
of benefit for the household. Your prompt response is a THIS SECTION TO B	E COMPLETED BY PROVIDER	
	E COMPLETED BY PROVIDER	
THIS SECTION TO B	E COMPLETED BY PROVIDER Claim Number	
THIS SECTION TO B 1. Type of Benefit:	E COMPLETED BY PROVIDER Claim Number	
THIS SECTION TO B 1. Type of Benefit: 2. Date benefit began: 3. Payment: Gross Monthly Pension or Annuity \$ Deduction for Medical Insurance \$	E COMPLETED BY PROVIDER Claim Number	
THIS SECTION TO B 1. Type of Benefit: 2. Date benefit began: 3. Payment: Gross Monthly Pension or Annuity \$	E COMPLETED BY PROVIDER Claim Number	
THIS SECTION TO B 1. Type of Benefit: 2. Date benefit began: 3. Payment: Gross Monthly Pension or Annuity \$ Deduction for Medical Insurance \$ (Enter as negative number) (-100.00)	E COMPLETED BY PROVIDER Claim Number	
THIS SECTION TO B 1. Type of Benefit: 2. Date benefit began: 3. Payment: Gross Monthly Pension or Annuity \$ Deduction for Medical Insurance \$ (Enter as negative number) (-100.00)	E COMPLETED BY PROVIDER Claim Number	
THIS SECTION TO B 1. Type of Benefit: 2. Date benefit began: 3. Payment: Gross Monthly Pension or Annuity \$ Deduction for Medical Insurance (Enter as negative number) (-100.00) Net Monthly Pension or Annuity \$	E COMPLETED BY PROVIDER Claim Number	

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.