

SC HTF-19I Verification of Recurring Cash Contributions

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

Beneficiary Name: _____

Street Address of SC HTF Unit _____

City, State, Zip _____

Beneficiary Phone Number _____

Beneficiary Email Address _____

Beneficiary Signature: _____ Date: _____

State 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.