

SC HTF-19L Verification of Pension or Annuity

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

То:	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	e form which author	rizes the informati	ion to be requested.
·		•	he eligibility status and level
	D BE COMPLETED BY	Y PROVIDER	
of benefit for the household. Your prompt response THIS SECTION TO 1. Type of Benefit:	D BE COMPLETED BY	Y PROVIDER	
of benefit for the household. Your prompt response THIS SECTION TO	D BE COMPLETED BY	Y PROVIDER	
of benefit for the household. Your prompt response THIS SECTION TO 1. Type of Benefit: 2. Date benefit began: 3. Payment:	D BE COMPLETED BY Claim Nu	ted. Y PROVIDER umber	
of benefit for the household. Your prompt response THIS SECTION TO 1. Type of Benefit: 2. Date benefit began: 3. Payment: Gross Monthly Pension or Annuity Deduction for Medical Insurance	D BE COMPLETED BY Claim Nu	ted. Y PROVIDER umber	
of benefit for the household. Your prompt response THIS SECTION TO 1. Type of Benefit: 2. Date benefit began: 3. Payment: Gross Monthly Pension or Annuity	D BE COMPLETED BY Claim Nu	ted. Y PROVIDER umber	
THIS SECTION TO 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)	D BE COMPLETED BY Claim Nu	ted. Y PROVIDER umber	
THIS SECTION TO 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	D BE COMPLETED BY Claim Nu	ted. Y PROVIDER umber	
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THIS SECTION TO 1. Type of Benefit: 2. Date benefit began: Gross Monthly Pension or Annuity Deduction for Medical Insurance (Enter as negative number) (-100.00) Net Monthly Pension or Annuity Authorized Signature Printe	Sis greatly appreciate Discrete By Claim Nu \$ \$ \$ \$	ted. Y PROVIDER umber	

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.