



"Equal Housing Opportunities"

6327 Rivers Avenue
North Charleston, SC 29406
Telephone (843) 553-6659
Facsimile (843) 553-6465

INCOME VERIFICATION LETTER

(Please attach this letter to the Zero Income Affidavit or Personal Declaration indicating the amount spent and how often from all person(s) that are giving you money, paying your bills or buying groceries)

I, _____, provide gifts of cash, or make regular contributions to the household of _____, by paying for various bills or needs of the family in the amount of \$_____, weekly, bi-weekly, or monthly (please circle one).

****Proof of expenses must be given for all of your expenses indicated on the Zero Income Checklist.****

****Proof of available funds must be given from persons providing cash contributions in excess of \$500 monthly. Acceptable proofs are the contributor's most recent pay stub, award letter, AND/OR bank statement (not transaction history). Do not mark thru or alter documents. ****

Signature:

Date:

Address:

City, State Zip Code

Cell Phone Number
