

South Carolina Department of Social Services
Economic Services
ROOM/BOARDER PAYMENT VERIFICATION FORM

Section I

Return Form To:

_____ County DSS Applicant/Recipient's Name: _____
_____ Case No.: _____
_____ Case Name: _____

Fax Number: _____

Economic Services Worker's Name: _____

Section II

I certify that I am a:

- Roomer (An individual to whom the household furnishes lodging for compensation, but not meals)
 Boarder (An individual paying a reasonable amount for meals or meals and lodging must be considered boarders)

in the household of the above named applicant/recipient, at the following address: _____

I pay \$ _____ Weekly Biweekly Monthly Other: (Explain) _____

I eat _____ meals a day with this household.

Your Printed Name: _____

Your Signature: _____

Telephone No.: _____

Date: _____