

South Carolina Department of Social Services
Family Assistance Program
ROOM/BOARDER PAYMENT VERIFICATION FORM

Return Form To: _____
_____ County DSS

Recipient's Name: _____

Case No.: _____

Case Name: _____

Worker's Name: _____

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 recipient, at the following address: _____

I pay \$ _____ per Week Month Other: (Explain) _____

I eat _____ meals a day with this household.

Your Printed Name: _____

Your Signature: _____

Telephone No.: _____ Date: _____