



COVID-19 Rental Assistance Program

Thank you for your interest in SC Thrive's COVID-19 Rental Assistance Program. Applicants are required to submit income verification to participate in the program. The following form serves as income verification for individuals who are employed but who do not have a bank account. All Statements of Income must be signed and complete before they are submitted.

Employer-Employee Income Verification Letter

Employer or Business Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Please accept this Statement of Income as confirmation that (applicant name) _____ has been employed and/or is currently employed with (employer or business name) _____.

Prior to March 10th, 2020 (applicant name) _____ worked _____ hours per week. This equated to a monthly income of _____.

February Total Income: \$ _____

March Total Income: \$ _____

Currently, (applicant name) _____ works _____ hours per week. This equates to a monthly income of _____.

April Total Income: \$ _____

July Total Income: \$ _____

May Total Income: \$ _____

August Total Income: \$ _____

June Total Income: \$ _____

September Total Income: \$ _____

Signature of Employer

Printed Name of Employer

Date