



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 self-employed individuals who do not have a bank account. All Statements of Income must be signed and complete before they are submitted.

Self-Employed Statement of Income

Applicant Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Please accept this Statement of Income as confirmation that (applicant name) _____ has been self-employed and/or is currently self-employed as a (occupation) _____.

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 Applicant

Printed Name of Applicant

Date