

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: \_\_\_\_\_