

HTF-4C Certification of Payment

This form is to be completed and signed by the Contractor employed to rehabilitate the SC Housing Trust Fund (**HTF**) project below.

This signed form must be returned to SC Housing along with a copy of the cashed/cancelled check given to the Contractor by the Sponsor. Sponsor has 7 days to pay contractor after receiving approved inspection.

HTF Project #: _____
Beneficiary Name(s): _____
Beneficiary's Address: _____

I, _____ (Contractor), hereby certify that I received final payment in the amount of \$ _____ for the construction work performed at the property located at the address listed above. _____.

Signed this _____ day of _____, 20 ____.

Contractor's Official Signature

Telephone # of Contractor

Address of Contractor (City, State, Zip)

License # of Contractor

An HTF-4A Draw Request for Payment for the **Project Delivery Fee** has been attached to this Certification.

Sponsor's Official Signature

Date of Sponsor's signature