

5-2 Receipt of Program Income from the Sale of NSP Properties

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

This form must be submitted within 7 b	usiness days from date the pro	ogram income is received.	
Subrecipient Name:		Date:	
Grant Number:			
Contact Person:			
Responsible Organization:		Activity Type:	
Date of Receipt:	Activity # o	f property income was earne	ed in :
Property Program Income Received (enter address of NSP property):	from:		
Reason for Receipt of Program Inco	me:		
1. Amount of Program Income Rece	eived (Gross Income)		
2. Total Amount requested to be re (amounts requested to be retained must be forward as per 2/26/13 program income polici	or properties acquired or under contra		
3. Amount requested to be Retainer (Maximum allowed is 6% of amount from lin			
4. Amount to Receipt in DRGR as re	etained for project costs. (lin	e 2 minus line 3)	
5. Balance being remitted to SCSHF	-DA: (Amount of line 1 minus line	2)	
Enter the amount of PI you designat	te to be receipted into each	activity:	
Activity #: Amour	nt to Receipt:	Amount to Receipt:	
Activity #: Amour	nt to Receipt:	Amount to Receipt:	
Activity #: Amour	nt to Receipt:	Amount to Receipt:	
Documentation: Attach applicable a check payable to South Carolina State			
HUD-1 Settlement Statment	oy of check 🦳 Other		
Subrecipient Signature:		Date:	
Printed Name and Title:			, Revised 03/2013