



South Carolina Drug Assistance Program

Income Statement for Undocumented Persons Living in South Carolina

I, _____, declare that I receive income in the amount of
\$ _____ weekly/monthly (circle one) from _____ company.

My housing is provided by _____.

Please list any other support you receive/earn to meet your daily needs

_____.

In the future, should my income change, I understand that I must notify SC DAP immediately. Also, I understand I will be notified by SC DAP staff if changes in my income affect my SC DAP eligibility.

By signing this form, I affirm that the above information is an accurate statement of income or assistance being provided by/to the applicant/enrollee. I understand that if I deliberately omit or give false information that I may be removed from the program.

Applicant/Enrollee Signature / Date

Provider Signature / Date

Witness (if client is unable to sign)

Provider Organization

South Carolina Drug Assistance Program
INCOME STATEMENT FOR UNDOCUMENTED PERSONS LIVING IN SOUTH CAROLINA
Instructions – DHEC 1593

Purpose: This form will be used to certify income for persons who apply to, or recertify for, the SC Drug Assistance Program (DAP). This document must accompany the original application or recertification form.

Instructions:

Enter the applicant/enrollee's name.

Enter the amount of income that is received and indicate whether it is weekly or monthly.

Enter the name of the company the income is received.

Enter how your housing is provided.

List any other support you receive/earn to meet your daily needs.

Applicant/enrollee must sign and date the form.

Provider must sign and date the form.

Witness should sign the form if the applicant/enrollee is unable.

Provider should provide name of their organization.