

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 bus	siness days from date the program in	ncome is received.	
Subrecipient Name:		Date:	
Grant Number:			
Contact Person:			
Responsible Organization:		Activity Type:	
Date of Receipt:	Activity # of prope	erty income was earn	ed in :
Property Program Income Received from (enter address of NSP property):	om:		
Reason for Receipt of Program Incom-	ne:		
1. Amount of Program Income Receiv	ved (Gross Income)		
2. Total Amount requested to be reta (amounts requested to be retained must be for forward as per 2/26/13 program income policy of	properties acquired or under contract and ap		
3. Amount requested to be Retained (Maximum allowed is 6% of amount from line 2)			
4. Amount to Receipt in DRGR as reta	ained for project costs. (line 2 mini	us line 3)	
5. Balance being remitted to SCSHFD	OA: (Amount of line 1 minus line 2)		
Enter the amount of PI you designate	e to be receipted into each activit	y:	
Activity #: Amount	to Receipt:	mount to Receipt:	
Activity #: Amount	to Receipt:	mount to Receipt:	
Activity #: Amount	to Receipt:	mount to Receipt:	
Documentation: Attach applicable do a check payable to South Carolina State H	Housing Finance and Development A		
HUD-1 Settlement Statment Copy	of check Other		
Subrecipient Signature:		Date:	
Printed Name and Title:			Revised 03/2013