

VERIFICATION OF CHILD SUPPORT

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Agency) _____

Date: _____

RE: _____

Applicant/Tenant Name Social Security Number Unit # (if assigned)

By signing below I authorize the release of this information.

Participant's Signature Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY AGENCY

This is a request for a record of child support payments made through the Child Support Division in the case referenced below:

Custodian: _____
Non-Custodial Parent: _____
County: _____ State: _____
Case #: _____ Account #: _____

Check One

- ☐ Currently there is no court order directing payments through this office.
☐ There is a court order. However, there have been no records of payments received, or disbursed through this office to date.
☐ There is a court order. Payments are directed to this office and disbursed.

(If checked, please attach a copy of payment record for past 12 months.)

Date of court order _____ Amount of court ordered payment _____ per _____.

Has there been any effort, by Custodian, to pursue enforcement of payments? ☐ Yes ☐ No

If Yes, date of most recent effort: _____

I certify that this information is accurate.

Signature

Name (print)

Title

Date

Agency

Telephone Number

Address

City

State

Zip

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.