

# CHILD SUPPORT AFFIDAVIT

Please complete one form for each non-custodial parent (with/without a case).

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

Non-Custodial Parent (NCP): \_\_\_\_\_

## I certify that the following is true regarding my current child support situation:

- I am obliged/ entitled per court order to receive child support. **Provide supporting documentation such as a court order, child support agreement, print out from DHS (which shows at least 12 months of history), etc.**

I am currently receiving payments:  Yes  No If no, last payment received was on \_\_\_\_\_

How are/were the payments being received?  DHS  Court of Law  Directly from NCP  
 Other (explain): \_\_\_\_\_

Monthly Amount of Award: \$ \_\_\_\_\_ Date of Court Order: \_\_\_\_\_

County & State of Order: \_\_\_\_\_

- I am **not** obliged/entitled per court order to receive child support but I (**check all that applies**):

a.  receive or  anticipate receiving

b.  monetary contributions;

third-party benefits related to NCP's relationship to the child (e.g. SSI payments, etc.); or

non-cash contributions (i.e. gasoline, diapers, baby formula, medicine, etc) in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ (frequency) in lieu of child support. **Provide signed statement from non-custodial parent, check copies, etc.**

- I am **not** obliged /entitled per court order to receive child support. I do **not** anticipate such an order in the next 12 months, and no support is being received. I am not pursuing legal action because (**must check at least one**):

Financial reasons

Responsible party's location is unknown

Incarceration/ Protective Custody

Responsible party is deceased. *If yes, are survivor benefits (e.g. SSI, etc) being received?*  Yes  No

Other (explain): \_\_\_\_\_

I understand that I must notify the owner or management agent of any changes in the status of any child support payments as soon as possible.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/ Resident

\_\_\_\_\_  
Date