

CHILD SUPPORT AND/OR ALIMONY VERIFICATION

(Completed by Clerk of Court or Appropriate Verifying State Agency)

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO:

Name & Address of Agency

Unit # (if assigned)

Docket

Page #

RE:

Applicant/Tenant Name

Social Security Number

I hereby authorize release of my child support/alimony information.

Signature of Applicant/Tenant

Date

Child's Name

Child's Name

Child's Name

Child's Name

The individual named directly above has indicated that he or she is receiving court-ordered support and is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Signature of Owner's Representative

Date

Return Form To:

THIS SECTION TO BE COMPLETED BY CLERK OF COURT OR APPROPRIATE VERIFYING STATE AGENCY

This will certify that the above-named person is court ordered to receive \$ _____ per _____ in child support and/or \$ _____ per _____ in alimony. (A copy of the account ledger may be substituted.)

Clerk of Court/Agency Official's Signature

Printed Name & Title

Date

Agency's Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.