

CHILD SUPPORT AND/OR ALIMONY VERIFICATION

(Completed by Payer)

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name of Payer

Address of Payer

City, State, Zip

Unit # (if assigned)

RE: _____
Applicant/Tenant Name

Social Security Number

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

Signature of Applicant/Tenant

Date

The individual named directly above has indicated that he or she is receiving 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.

Return Form To:

Signature of Owner's Representative

Date

THIS SECTION TO BE COMPLETED BY PAYER

This will certify that I pay _____ per _____ in child support to (Name): _____

for the support of Child(ren) Name(s): _____

This will certify that I pay _____ per _____ in alimony to (Name) : _____

Signature

Printed Name

Date

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.