

VERIFICATION OF CHILD SUPPORT PAYMENTS

TO: _____ Please Return to: _____

RE: Child Support Payments To

The Federal Government requires that the income of all members of families applying for admission to federally aided projects be verified in order to establish occupancy eligibility. We request your cooperation in supplying the following information.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request you to furnish the following information that is necessary in determining eligibility for public housing.

Date Signature of Applicant

Please complete the following items as they apply to the applicant listed above:

Amount of Child Support Due Monthly \$_____

Is this amount received regularly _____ Yes _____ No

If not received regularly, how much has been received in the past 12 month period? \$_____

Date Signature of Authorizing Agent

Title of Authorizing Agent

“This institution is an equal opportunity provider.”

