

ALIMONY / CHILD SUPPORT VERIFICATION (Court / Enforcement Agency)

Date: _____ TO: _____

RE:

Applicant/Tenant Name

Social Security Number

Unit #

I hereby authorize release of the requested information.

Signature of Applicant/Tenant

Date

The above named individual is an applicant/tenant of a federal housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. We are required to complete this verification process within a short time period, so your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Telephone:

PLEASE MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY SUPPORT ENFORCEMENT AGENCY

I hereby certify that _____ (payer) has been court ordered to pay the support

\$ _____ per _____ (week, month) to the above named individual for the support of child(ren) for whom support is paid named below;

Total amount received during the last 12 months \$ _____ Is full amount being received? YES NO

If NO, has every reasonable effort been made by this individual to collect any amount which may be due, including, but not limited to, filing with the appropriate courts or agencies responsible for the enforcement of any payments? YES NO

Signature

Date

Print Name

Title:

Telephone #

Address

Warning: 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.