

ALIMONY / CHILD SUPPORT VERIFICATION (Enforcement Agency)

TO: (Name & Address)

Re: _____ _____ _____
 Applicant/Tenant Name Social Security Number Unit # (if assigned)

PERMISSION FOR RELEASE OF INFORMATION: I hereby authorize the release of the requested information.

Signature of Applicant/Tenant Signature Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Managing Agent

Mail/fax/email form to:

THIS SECTION TO BE COMPLETED BY SUPPORT ENFORCEMENT AGENCY

I hereby certify that \$ _____ per (week, month, other) is court ordered to be paid for the support of:

Name(s) of person/child(ren) for whom support is paid

Address City State Zip Code

Does this person receive the full amount of the award? YES ____ NO ____

If NO, has every reasonable effort been made by the applicant 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 ____ **Total amount received during the last 12 months: \$ _____**

Signature: _____
Print your name: _____
Title: _____
Address: _____

Date: _____
Tel. #: _____
Email: _____

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.