CHILD SUPPORT OR ALIMONY VERIFICATION/CERTIFICATION

Applicant/Tenant:	Property Name:	
	support or alimony paid or received. A copy of a ng the amount in question should be attached to	
this form.		
RELEASE: I hereby authorize disclosure of	the information requested below.	
Signature of Applicant / Tenant	Date	
Declaration of Payment Made: The persor should fill out this section.	n making the child support or alimony payment	
I, v	who reside at	
I,v	(address)	
do certify that I pay the sum of \$ p	oer for the obligation of (week/month)	
(alimony or child support) . If child support	rt, list names of children cared for.	
1	2	
How long must payments be made?		
Signature:	Date:	
Witness:		
alimony should fill out this section if the make not complete the form, if the applicant is not re	plicant or tenant requiring the child support or er of the payment is not able to be reached or will ecciving child support, or if the applicant is decree or settlement agreement. This form must	
I,v	who reside at	
(name)	who reside at(address)	
do certify that I receive the sum of \$	per for the obligation of (week/month)	
(alimony or child support)		

If child support, l	ist names of children cared for.	
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I am not entit I am <i>legally</i> e	limony is \$0, answer the following led to receive child support ntitled to receive child to not currently receive.	I am not entitled to receive alimony I am <i>legally</i> entitled to receive alimony but do not currently receive.
attach a copy of your please state so. If the	r divorce decree and/or separation amount being received is different Agreement, please explain the different forms.	support or alimony in the future, and on agreement. If there is no agreement, in than the amount specified in the divorce and what attempts have been made
Signature:		Date:
Notary:		Date:
My commission expi	res	
	Notary Public	
RETURN TO:		·
	resentations to any Department or	riminal offense to make willful false r Agency of the United States as to any
	OFFICE USE (ONLY
Date Sent: Date Returned: Comments:		



