



# HOME Tenant Based Rental Assistance

## VERIFICATION OF CHILD SUPPORT

RE: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Applicant's Name (print)

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below, I authorize the release of this information.

\_\_\_\_\_  
Participant's Signature Date

Amount of child support payments provided each week: \$ \_\_\_\_\_

If inconsistent, list total amount in last six months: \$ \_\_\_\_\_

Date child support payments began: \_\_\_\_\_ Date ended: \_\_\_\_\_

Name of children for which payments are made: \_\_\_\_\_

Other assistance provided: \_\_\_\_\_

I certify that this information is accurate.

\_\_\_\_\_  
Signature Name (print)

\_\_\_\_\_  
Address City State Zip

Title or relation to participant: \_\_\_\_\_

Agency (if applicable) \_\_\_\_\_

Telephone number \_\_\_\_\_ Date \_\_\_\_\_

Please return form to:

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.**