

**Child and/or Spousal  
Support Verification**

Date: \_\_\_\_\_  
Applicant/Resident Name: \_\_\_\_\_  
Development Name: \_\_\_\_\_  
Unit Number/Identification: \_\_\_\_\_

TO: (Name and Address of Payer)      Return To: (Rental Community Address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize release of the information requested below in order to determine my eligibility for residency at the above rental community in the upcoming year.

Signature: \_\_\_\_\_      SSN# \_\_\_\_\_  
Printed Name: \_\_\_\_\_      Date: \_\_\_\_\_

The following information is requested as part of the household qualification process required by federal and/or state housing programs with jurisdiction over this rental community. Information provided will remain confidential. Your assistance by completing and returning this form in a timely manner will be greatly appreciated. Please call if you have questions.

Signature: \_\_\_\_\_      Phone: \_\_\_\_\_  
Printed Name: \_\_\_\_\_      Title: \_\_\_\_\_

**This Section to be Completed by Payer**

Name(s) of Recipient(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Payment: \_\_\_\_\_      Frequency: \_\_\_\_\_  
Yes      No

Are payments paid to offset an AFDC/TANF grant? \_\_\_\_\_  
Are changes expected in the next 12 months? \_\_\_\_\_  
If yes, provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Note:*

*Child support and/or Spousal support payments awarded by the courts but not received can be excluded only when third party documentation verifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.*

I hereby certify that the information supplied is true and complete.

Signature: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_