

**SAMPLE  
CHILD SUPPORT VERIFICATION**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ has applied for residency (or is a resident) at \_\_\_\_\_. As part of our processing, it is necessary that we obtain verification of his/her child support. The applicant/resident hereby authorizes the release of information regarding his/her child support income.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Printed Name of Manager

\_\_\_\_\_  
Signature of Applicant/Resident      Date

\_\_\_\_\_  
Signature of Manager                      Date

\_\_\_\_\_  
Manager's Phone Number

**PLEASE COMPLETE THE FOLLOWING:**

Name/Address of Person Paying Child Support: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child/Children Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Support:    \$ \_\_\_\_\_       Week     Month     Year

\_\_\_\_\_  
Signature of Person Supplying Information

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.**