



Note: This form should be used for payments/agreements NOT governed or administered by the Child Support Enforcement Agency (CSEA), Office of Child Support Services (OCSS), or if a copy of the payment history from CSEA is insufficient to verify the amount actually received by the applicant/tenant.

To:	Name _____
	Address _____

	Email _____
	Phone _____
	Fax _____

From:	Name _____
	Address _____

	Email _____
	Phone _____
	Fax _____

Re:	Name _____	Address _____
	Last 4 Digits of SS # _____	_____

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Applicant/Tenant _____

Date _____

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named above has applied for tenancy or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to **annually** verify the household's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. Return this form via email or fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Information Being Requested:

I certify that I, or my organization/entity, provides assistance in the amount of \$_____ each month. This is the actual amount received by or paid on behalf of the applicant/tenant.

The assistance being provided: ☐ Child Support ☐ Alimony ☐ Other Assistance (please describe): _____

The assistance provided is for: _____

Date assistance began: _____

Date assistance will end: _____

Signature _____

Date _____

Name / Title of Person Supplying Information _____

Organization _____

Phone # _____

Fax # _____

Email Address _____

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

