

## Alimony And/Or Informal Child Support Affidavit

T	<b>o:</b> Name		From	Name		
	Address			Address		
	Email			Fmail		
	Fax			Fax		
R				Address		
	Last 4 Digits of 55 #					
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. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.						
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.						
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 as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.						
	□ This will certify that I pay \$ per month in <b>alimony</b> to					
	This will certify that I pay \$	per in <b>child s</b>	upport to			
	for the support of					
Nam	ne of Person Supplying Informatio	n	_		o Applicant/Tenant	
Signature				Date		
Phone #			_	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.