



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.*

