CHILD SUPPORT OR ALIMONY VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

COURT/AGENCY PROVIDING VERIFICATION

Court Name:		**Contact Name:**			
Address:		**Phone:**		**Fax:**	
City:		**State:**	**Zip:**	**Email:**	

My Signature Authorizes Verification of my Child Support/Alimony Information:

_____   _____
Applicant/Tenant Signature   **Date**

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

_____
Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY CLERK OF COURT

- PLEASE LIST ALL PAYMENTS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT
- ATTACH A PAY HISTORY FOR PAST 12 MONTHS

Is child support awarded?   **[ ] YES   [ ] NO**   Is child support currently being paid?   **[ ] YES   [ ] NO**

Is alimony awarded?   **[ ] YES   [ ] NO**   Is alimony currently being paid?   **[ ] YES   [ ] NO**

If YES, please list gross benefit amount: $_____   [ ] Weekly   [ ] Biweekly   [ ] Monthly   [ ] Other: _____

When did payments begin: _____

When will payments end: _____

Please list any expected changes: _____

Please list any helpful remarks: _____

_____   _____
Signature   Date

_____
Name and Title of Person Supplying the Information

_____   _____   _____
Phone #   Fax #   E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction