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CHILD SUPPORT/ALIMONY VERIFICATION

TO: _____

DATE: _____ APT. #: _____

TEL.#: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

FROM: _____

PAYOR: _____

CASE NUMBER: _____

TEL.#: _____

FAX #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY THE CLERK OF COURTS*:

** A signed computer printout is acceptable in lieu of this form.*

1. Amount of Court Ordered Child Support Each Month: \$ _____

2. Amount of Child Support Paid Each Month: \$ _____
(If this is a percentage, please give an average amount paid monthly.)

3. Amount of Alimony Paid Each Month: \$ _____
(If this is a percentage, please give an average amount paid monthly.)

4. Other Payments Made Each Month: \$ _____

5. Payments Year To Date: \$ _____

6. Prior Year Gross Payments: \$ _____

7. Are monies paid to AFDC directly? YES NO

8. Do you anticipate changes in the monthly payments: YES NO
(If yes, please explain and give the effective date of change.)

COMMENTS: _____

Signature of Person Verifying Information

Telephone Number

Title

Date

OFFICE USE ONLY:

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We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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