

CHILD SUPPORT CERTIFICATION

One form to be completed per household when applicable.

Development Name: _____

Applicant/Resident Name: _____ Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

Yes Child Support **IS** being collected and distributed to this household through a child support enforcement agency.

(Include CSE printout as documentation of child support received over the past 12 months.)

No Child Support is **NOT** being collected and distributed to this household through a child support enforcement agency.

PART 2 – CHECK ALL THAT APPLY:

In addition to any child support disclosed in Part 1, support/compensation **IS** being received for the following:

NAME	AMOUNT	FREQUENCY
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:

Support/compensation is **NOT** being received from any source for the following:

NAME

NAME

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

