

## FORMER SPOUSE CHILD SUPPORT AND/OR ALIMONY VERIFICATION

(02/19)

Name of Former Spouse			
Address	City	State	ZIP Code
Applicant	Social Security Number	Date	

### TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is receiving child support and/or alimony/spousal support from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code

Project Management Agent
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### TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my child support and/or alimony/spousal support for the purpose of determining my eligibility for occupancy.

Signature	Date
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### TO BE COMPLETED BY FORMER SPOUSE

This will certify that I pay \$\_\_\_\_\_ per \_\_\_\_\_ in child support and  
\$\_\_\_\_\_ per \_\_\_\_\_ in alimony/spousal support.

Signature of Former Spouse	Date
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### TO BE COMPLETED BY PROJECT MANAGER

Please Return To	
Telephone Number	Fax Number