

CHILD SUPPORT AND/OR ALIMONY/SPOUSAL SUPPORT VERIFICATION

(02/19)

(Completed by State Disbursement Unit)

FAX TO: (701) 328-5425 State Disbursement Unit, PO Box 7280, Bismarck, ND 58507-7280

Applicant	Social Security Number (Mandatory)	Date
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TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is court ordered child support and/or alimony/spousal support. 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

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my court ordered 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 STATE DISBURSEMENT UNIT

This will certify that the above named person receives \$_____per_____in
child support and \$_____per_____ in alimony/spousal support. (A
copy of the account ledger may be substituted.)

Signature and Title of Official	Date
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TO BE COMPLETED BY PROJECT MANAGER

Please Return To	
Telephone Number	Fax Number