



child support and alimony affidavit

I certify that the following is true regarding my current child support or alimony situation.

| | |
|------------------------|-------------|
| Head of Household Name | Unit Number |
|------------------------|-------------|

for child support, please complete the section below for each child

| Child name | Child date of birth | Do you receive child support? (check yes or no) | Amount received and frequency (please only list amount received) | How is child support received? |
|------------|---------------------|--|--|---|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Family Support Registry <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Family Support Registry <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Family Support Registry <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Family Support Registry <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Family Support Registry <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Family Support Registry <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Family Support Registry <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Family Support Registry <input type="checkbox"/> Payee Name _____ Phone/email _____ |

for alimony, please complete section below

| Household member name | Do you receive alimony? (check yes or no) | Amount received and frequency (please only list amount received) | How is alimony received? |
|-----------------------|--|--|---|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Payee Name _____ Phone/email _____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other | <input type="checkbox"/> Payee Name _____ Phone/email _____ |

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signature

By my signature below, I also certify that I understand it is my responsibility to notify the landlord of any changes to the status of child support.

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

Signature of Resident

Date

Printed Name of Resident