

**TO:**  
Name: \_\_\_\_\_

**FROM:**  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

**RE:**  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

The person listed above has indicated that he or she is receiving support from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

This is a request for a record of child support payments in the case referenced below:

Childs Name: \_\_\_\_\_

Custodial Parent: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Case Number: \_\_\_\_\_

Is there a court order for child support? \_\_\_\_\_

Has the court ordered child support been received on a monthly basis? \_\_\_\_\_

If not, please explain \_\_\_\_\_

Please attach a copy of the payment record for the last six months.

\_\_\_\_\_  
Name/Title of Person completing the form

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

