

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.

The individual named above has applied or is currently residing in a community that was developed under the Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and **will be kept in strict confidence**. Thank you for your cooperation.

This will certify that I pay \$ _____ per _____ child support to _____

_____ for the support of _____

This will certify that I pay \$ _____ per month in alimony to _____

Signature of Person Supplying Information

Relationship to Tenant

Date

