

CHILD SUPPORT AND/OR ALIMONY VERIFICATION

THIS SECTION TO BE COMPLETED BY OWNER / PROPERTY MANAGER

To: _____ Date: _____

Re: _____ Unit #: _____
Applicant / Tenant Name

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

Applicant / Tenant Name Signature Date

Applicant has applied for residency/is a resident at: _____

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

Please complete the section below and return it to: _____

Thank you, _____
Owner / Property Manager Signature

THE FOLLOWING TO BE COMPLETED BY PAYOR

Payor Name: _____

This will certify that I pay \$ _____ per month in child support.

To: _____ For the support of : _____

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

To: _____ For the support of: _____

Payor Signature: _____ Date: _____

ORIGINAL SIGNATURES REQUIRED / ELECTRONIC SIGNATURES NOT ACCEPTED