

**CHILD SUPPORT VERIFICATION FORM**

TO WHOM IT MAY CONCERN,

THE AGENCY/EMPLOYER OR PERSON PROVIDING INCOME MUST VERIFY THE INCOMES OF EACH ADULT TENANT APPLICANT. PARTICIPATION IN THE PROGRAM IS LIMITED TO INCOME ELIGIBLE FAMILIES AND RENT IS BASED ON A PERCENTAGE OF GROSS INCOME. PLEASE PROVIDE THE REQUESTED INFORMATION AS SOON AS POSSIBLE. BELOW IS A SIGNED AUTHORIZATION FOR RELEASE OF THIS INFORMATION TO THE HOUSING AUTHORITY. THANK YOU FOR YOUR COOPERATION.

SINCERELY,  
THE HHA.

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I HEREBY RELEASE TO THE TOWN OF HUNTINGTON HOUSING AUTHORITY ALL INFORMATION RELATIVE TO MY INCOME.

DOCKET #: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD(RENS) NAME: \_\_\_\_\_  
\_\_\_\_\_

RESPONDENT'S NAME: \_\_\_\_\_

TENANT'S NAME: \_\_\_\_\_

SIGNATURE OF TENANT: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

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**FOR CHILD SUPPORT ENFORCEMENT BUREAU USE ONLY**

**GROSS AMOUNT: \$** \_\_\_\_\_  
**THIS AMOUNT IS PAID (CHECK ONE):** \_\_\_ WEEKLY \_\_\_ BI-WEEKLY

\_\_\_ SEMI-MONTHLY \_\_\_ MONTHLY

**EFFECTIVE DATE:** \_\_\_\_\_

**IS THE RESPONDENT CURRENTLY IN ARREARS?: YES / NO**

**IF YES, HOW MUCH? \$** \_\_\_\_\_

**WORKER'S SIGNATURE:** \_\_\_\_\_