CHILD SUPPORT AFFIDAVIT

* Use Form C386 XX "Child Support Verification" for Validation *





Applicant/Resident Name Jane Smith	
Development Name Cupcake Estates	Unit Number/Identification 115

Complete a separate Child Support Affidavit for each child support source.

Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

	Day and a second and day are	Was Cata C	
Α.	Do you receive child support and/or spo	ousal support? Yes. Go to B. No. Go to C.1.	
В.	I receive:		
	1. Payment amount \$\frac{\$100.00}{}		
	2. Frequency Once a month		
	3. Name(s) of Recipient(s) (Childrens Name James Smith		
	Joann Smith		
	4. Name of source Jim Smith (Person paying	ng support)	
	Complete multiple affidavit forms if their		
	5. Go to C.1		
	1 Have you have any add abild an are	* Provide complete court order / divorce decree	
C.	1. Have you been awarded child or spo	cable. No. Complete D and/or E if applicable.	
	2. Provide copy of entire document, enter amount of award $\frac{200.00}{}$,		
	and frequency Once a month;	go to C.3.	
	3. Is payment being received as awarded? 🔲 Yes. Go to 3.a. 🔀 No. Go to 3.b.		
	a. Indicate the manner by which pay		
	i. XEnforcement agency	Name agency Child support enforcement - List County and provide agency print out	
	ii. □ Court of Law	Name court**Request case details and most recent 12 month payment history	
	iii. Direct from responsible part		
		source. Also use form C386 XX Child Support Verification.)	
	iv. Other (Explain)		
	b. If payment not received or if amount received is less than amount awarded provide details and		
	documentation of collection effort only 100.00 a month is collected by ch		
D.	All of my children are over the age o	f 18.	
E.	☐ I have no children.		
Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.			
	licant/Resident Signature Resident signiture	·	
Арр	nicam/kesideni Signature	Date Date	