

## Non-Receipt of Child Support Self-Affidavit

Applicant/Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Initial Certification      Date of Expected Move-In: \_\_\_\_\_
- ☐ Recertification (Annual or Interim)      Effective Date: \_\_\_\_\_

You have applied to live in government assisted housing. Determining your household's eligibility for this program requires that we verify all of your income and asset information. We must verify these facts to determine initial eligibility and then again each subsequent year you remain in the unit.

I, \_\_\_\_\_, certify that:

I do NOT receive child support, COURT-ORDERED OR OTHERWISE, for the following child(ren): *(list names)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is no court order for child support, no case pending and I do not plan to take any legal action to receive child support for the children listed above. I anticipate this to be the same for the next twelve (12) months.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

State Commission Issued: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_

### Office Use Only:

Date Received: \_\_\_\_\_ Calculations: \_\_\_\_\_