

Head Of Household Name \_\_\_\_\_

Caseworker: \_\_\_\_\_

**CHILD SUPPORT STATEMENT (INCOME)**

Clerks Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payer: \_\_\_\_\_  
Who you receive support from

Client: \_\_\_\_\_

SSN#: \_\_\_\_\_

Federal regulations require that we verify income, assets and expenses of applicants and participants for federal housing assistance.

The applicant/resident identified above states that he/she is receiving child support payments via your office. Please complete the form below and return it as soon as possible so that we may process the application/income change/reexamination. Thank you for your cooperation.

Sincerely,  
Housing Authority Management

**I hereby authorize the clerk to release the information requested directly to the Housing Authority.**

**Applicant/Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE-CLERK USE ONLY**

This is to certify that the above-named individual receives child support payments through this office.

The amount paid is \$ \_\_\_\_\_. How often, weekly, bi-weekly, monthly

If the payments vary or are sporadic, please furnish an average for the past 6 months \$ \_\_\_\_\_. (Copy of docket can be attached)

If payments of child support ended, please state when last payment was made:

Comments: \_\_\_\_\_

**Certified By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Warning:** Section 1001 of Title 13 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**PLEASE RETURN OR FAX THIS FORM TO:** **Bloomington Housing Authority**  
**1007 N. Summit**  
**Bloomington, IN 47404**  
**Fax Number: (812) 339-7177**