

To: _____	From: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Re: _____	Address: _____
Name: _____	

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

The individual named above has applied or is currently residing in a community that was developed under the Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and **will be kept in strict confidence**. Thank you for your cooperation.

This will certify that I pay \$ \_\_\_\_\_ per \_\_\_\_\_ in child support to \_\_\_\_\_  
 \_\_\_\_\_ for the support of \_\_\_\_\_

This will certify that I pay \$ \_\_\_\_\_ per month in alimony to \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Supplying Information

\_\_\_\_\_  
 Relationship to Tenant

\_\_\_\_\_  
 Date