

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

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

This is a request for a record of child support payments in the case referenced below:

Child's Name: _____

Custodial Parent: _____

State: _____ County: _____

Case Number: _____

Is there a court order for child support? _____

Has the court ordered child support been received on a monthly basis? _____

IF not – please explain _____

Please attach a copy of the payment record for the last six months.

Name/Title of Person completing the form

Name of Organization

Signature

Date

Phone#

Fax#

E-mail