



City of Houston
Housing and Community Development Department
HOME INVESTMENT PARTNERSHIP PROGRAM
Verification of Child Support Income

Project Name:		
Address:		
Phone:	Fax:	Email:
Applicant Name:		
Authorization: I the applicant am applying for a HOME-Assisted unit at the above named project and authorize the release and/or verification of the requested pension and annuity information.		
_____ Signature of Applicant		_____ Date
Federal regulations require verification of income of all household members applying to participate in the HOME Program. All income must be re-examined periodically.		
Child Support Verification: (To be completed by Office of Attorney General or County Court)		
<input type="checkbox"/> Child support is not being provided.		
<input type="checkbox"/> This agency is not aware of a support order		
<input type="checkbox"/> The amount of court ordered child support is \$ _____ per _____ (week, month, etc.)		
<input type="checkbox"/> Last payment of \$ _____ was received (date)		
<input type="checkbox"/> Child Support is not paid on a regular basis.		
Signature of Agency Representative:		
_____ Signature		_____ Date
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.		