

**Applicant/Resident Name:** \_\_\_\_\_ **Unit Number:** \_\_\_\_\_

This form is for households with dependent children who have a parent that does not reside in the unit.

**CHILD SUPPORT DECLARATION**

1. I currently receive and anticipate continuing to receive child support payments for the next 12 months.  
*If selected, complete the next section.*
2. I do not currently receive child support but anticipate receiving child support payments in the next 12 months.  
*If selected, complete the next section.*
3. I do not currently receive or anticipate receiving child support payments in the next 12 months.  
*If selected, skip the next section, sign, and date.*

**CURRENT AND ANTICIPATED CHILD SUPPORT PAYMENTS**

CHILD FIRST NAME	CURRENT MONTHLY PAYMENT	ANTICIPATED MONTHLY PAYMENT	IF ANTICIPATED, DATE PAYMENT WILL BEGIN

**If household is currently receiving child support, obtain payment history for the most recent 12-month period from the state agency.**

**HOUSEHOLD CERTIFICATION & SIGNATURE**

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date