

CHILD SUPPORT AFFIDAVIT

Please complete one form for each child support case. If no case, please complete one form for each non-custodial parent.

Head of Household Name: _____ Unit Number: _____

Child(ren)'s Name(s): _____

Non-Custodial Parent (NCP): _____

I certify that the following is true regarding my current child support situation:

- I am obliged/ entitled per court order to receive child support. **Provide supporting documentation such as a court order, child support agreement, print out from DHS (which shows at least 12 months of history), etc.**

Monthly Amount of Award: \$ _____ Date of Court Order: _____

County & State of Order: _____

I am currently receiving child support payments: Yes No

How is the child support received? Child Support Agency Court of Law Directly from NCP

- I am **not** obliged/entitled per court order to receive child support but I (**check all that applies**):

receive or anticipate receiving

payments or non-cash contributions (i.e. gasoline, diapers, baby formula, medicine, etc) in the amount of \$ _____ per _____ (frequency) in lieu of child support. **Provide signed statement from non-custodial parent, check copies, etc.**

- I am **not** obliged /entitled per court order to receive child support. I do **not** anticipate such an order in the next 12 months, and no support is being received. I am not pursuing legal action because (**must check at least one**):

Financial reasons

Responsible party is deceased

Incarceration/ Protective Custody

Responsible party's location is unknown

Other (explain): _____

I understand that I must notify the owner or management agent of any changes in the status of any child support payments as soon as possible.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/ Resident

Date

STATE OF IDAHO

County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20 _____.

SIGNATURE OF NOTARY PUBLIC

DATE

My commission expires: _____