



CHILD SUPPORT VERIFICATION

I, _____, authorize the _____ County Department of Child Support Services to release information to the staff of the Roseville Housing Authority regarding child support income I receive. This information is necessary for the Roseville Housing Authority to determine my eligibility for the Housing Choice Voucher Section 8 Rental Assistance Program.

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY #: _____ CASE ID #: _____

Applicant/Participant: Complete the above portion only and return this form to Roseville Housing Authority



County Department of Child Support Services Please Complete:

- 1. Name of person paying support: _____
2. Address: _____
3. Child support amount paid to custodial parent: \$ _____ per () week () month
4. Are the funds paid through the court? () Yes () No

COMPLETE IF APPLICABLE: This is to certify that _____ does not receive child support from _____ through this court.

Does this client have any other open child support cases? () Yes () No

Support amounts distributed to client during the past 12 months (or attach printout):

Table with 5 columns: MONTH, AMOUNT, MONTH, AMOUNT, COMMENTS. Contains 5 rows of blank lines for data entry.

Child Support Staff Completing Form _____ Date _____ Telephone Number _____

THANK YOU FOR PROVIDING THE INFORMATION ABOVE. PLEASE RETURN THIS FORM TO:

Roseville Housing Authority Attn: _____ PH: (916) 774-5270
316 Vernon Street #150
Roseville, CA 95678 or Fax: (916) 746-1295