

POINSETT COUNTY HOUSING AUTHORITY

1104 EIM STREET MARKED TREE, ARKANSAS 7236.5

PHONE (870) 358-2990 FAX (870) 358-4537

Verification of Child Support

To: Date: _____

RE: _____

SSN: _____

The Poinsett County Housing Authority is a federally-funded agency assisting qualified families with rent subsidies. The above-named person is an applicant for, or a participant in, a federally-assisted housing program operated by the Poinsett County Housing Authority. All income and expenses reported to the authority must be verified in writing to determine his/her eligibility and rent payment. Please complete the lower part of this form and return by mail or fax as soon as possible.

Housing Authority Representative _____ Phone _____

I do hereby authorize the release of all information requested below to the Poinsett County Housing Authority for the purpose of determining my eligibility for housing assistance. Signature: _____ Date: _____

For Office of Child Support Enforcement Use Only

The person named above is receiving benefits through this office: [] Yes [] No

1. Name of individual paying child support: _____

Amount of child support currently received: \$ _____ [] Weekly [] Monthly

Amount of child support received during past 12 months: \$ ___-___-___

Date child support payments began: _____

Date child support payments ended or due to end: _____

2. Name of individual paying child support: _____

Amount of child support currently received: \$ _____ [] Weekly [] Monthly

Amount of child support received during past 12 months: \$ _____

Date child support payments started: _____

Date child support payments ended or due to end: _____

Completed by (signature) _____ Phone _____

Title _____ Date _____

Warning! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States Government is punishable by law and is guilty of a felony.

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted es desactivar o tiene dificultad para entender Ingles, por favor solicite nuestra ayuda y nos aseguramos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Haddii aad tahay wuxuu curyaamin arna ay ku adag tahay fahamka Ingiriisi, fadlaa codsato gargaarka oo aan loo hubiyo in aad waxaa la siiyaa helaan macno Ich ooku salaysan baahiyahaaga shaqsi.

PLEASE RETURN TO: Poinsett County Housing Authority, 1104 Elm Street, Marked Tree, AR 72365 OR FAX TO: (870) 358-4537