VERIFICATION OF: Alimony or Separation Payments

(Name of HOME Participating Jurisdiction)	Name of Person Paying Alimony or Separation Payments:
	Address of Person Paying Alimony or Separation Payments:
AUTHORIZATION: Federal Regulations require us to verify Alimony and Separation Payments made to all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask	
your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.	Name of person being supported:
Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	Amount of support: \$ □ Week □ Month □ Year
RELEASE : I hereby authorize the release of the requested information.	Signature of or Authorized Representative
(Signature of Applicant)	
Date:	Title:
Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is	Date:
attached.	Telephone:
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.