Verification of Child Support Payments

(Name of HOME Participating Jurisdiction) AUTHORIZATION: Federal Regulations require us to verify Child Support 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. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	Name of Person Paying Child Support: _____ Address of Person Paying Child Support: _____ _____ _____ Support is for ☐ his ☐ her children. Name(s) of children being supported: _____ _____ _____ Amount of support: $_____ ☐ Week ☐ Month ☐ Year
RELEASE: I hereby authorize the release of the requested information. _____ (Signature of Applicant) Date: _____ Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ 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.	