



HTC FORM 510
Child Support Verification

TO: (Name & address of County Clerk or Payor)

Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

Unit Number

CASE #: _____

I hereby authorize release of the requested information.

Signature

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. Thank you.

Project Owner/Management Agent Signature

MAIL OR FAX THIS FORM TO:

[Empty box for mailing or faxing information]

Please provide the information requested or provide a computer printout showing the last 12 months of history.

- Court Order Child Support per month: \$ _____
• Amount of Child Support received per month: \$ _____
• Other amounts received per month: \$ _____
• Payments received to date: \$ _____
• Any Anticipated Changes in the payments? _____
• If so, provide amount of change and effective date: _____

• Comments: _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature

Date

Printed Name Title

() _____
Phone Number