

ALIMONY / CHILD SUPPORT SELF CERTIFICATION

Applicant's Name Social Security #

Address City State Zip Code

I hereby certify that I receive \$ _____ per _____ (week, month, year) to the support of:

Name(s)

Address City State Zip Code

Signature: _____ Date: _____

Print your name: _____ Tel. #: _____

Relationship: _____

Address _____

- *This form is to be used only if third party verification has been attempted, but cannot be obtained.*
- *This form is not required (nor is any other alimony/child support verification) if tenant states on their application that there is no court order and support is not received or expected to be received.*

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.