

HOUSING AUTHORITY OF THE COUNTY OF DEKALB
310 NORTH SIXTH STREET
DEKALB, IL 60115
(815) 758-2692
(815) 758-4190 FAX

CHILD SUPPORT VERIFICATION

(Date)

_____ states that he/she is receiving support from you.
(Name)

Please supply the information requested below, **as well as a printout of benefits (if applicable)**, and return within ten (10) days to the Housing Authority of the County of DeKalb at the above address. All information will be held in confidence. Thank you.

THE HOUSING AUTHORITY OF THE COUNTY OF DEKALB

Attn:

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- 1) _____ will pay \$ _____ per _____ to the above named applicant/tenant for the support of _____.
 - 2) Payments began _____.
(Mo./Yr.)
 - 3) Payments are voluntary _____ Court ordered _____. (Please check one)

_____ Signature	_____ Printed Name	_____ Date
_____ Address	_____ City/State/Zip	_____ Phone #/Fax #

I, _____, authorize you to furnish the requested information to the Housing Authority of the County of DeKalb.

_____ Signature	_____ Date	_____ Social Security number
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