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

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 #

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.

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

_____	_____	_____
Signature	Date	Social Security Number

☐ **Chelsea Bemis**
HCV Administrator
815-758-2692 x. 125
cbemis@dekcohousing.com

☐ **Jess Saltz [A-J & EHV]**
HCV Case Manager
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jsaltz@dekcohousing.com

☐ **Lexy Moreland [K-Z & VASH]**
HCV Case Manager
815-758-2692 x. 127
amoreland@dekcohousing.com

☐ **Katy Kingren**
Rent Specialist & Portability
815-758-2692 x. 130
kkingren@dekcohousing.com

☐ **Susan Capps [PH-SPC]**
PH & SPC Case Manager
815-758-2692 x. 131
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☐ **Diana Carr**
Admissions Manager
815-758-2692 x. 129
dcarr@dekcohousing.com

☐ **Jackie Hewitt**
Admissions Assistant
815-758-2692 x. 128
jhewitt@dekcohousing.com

Attempt #1 _____
Attempt #2 _____
Attempt #3 _____