



Housing Authority of the City of Raleigh, North Carolina

Leased Housing

Priscilla B. Batts
Director of
Leased Housing

900 Haynes Street
Raleigh, NC 27604

Office
(919) 508-1105

CHILD SUPPORT VERIFICATION AFFIDAVIT FORM

The Raleigh Housing Authority is required to verify the amount paid for child support.

I, _____, certify that I provide child support payments for the following child or children on behalf of _____ (**Tenant's Name**)

I, _____, certify that the ***tenant named*** above receives \$ _____ per Week or Month (check one).

I certify that the child support information given above is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law.

WARNING: Section **1001** of the **Title 18** of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

Privacy Act Notice: The collection, maintenance, use, and dissemination of SSNs, EINs, any information derived from SSNs and Employer Identification Number (EINs), and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State, and Local Law.

Child Support Providers Signature

Child Support Provider (Please Print)

Address

Telephone Number

Sworn to and subscribed before me A Notary Public, this the _____ day of _____, 20_____

Notary Pubic
My Commission Expires: _____