

CHILD SUPPORT / ALIMONY VERIFICATION

TO: _____

TEL.#: _____

DATE: _____ APT. #: _____
DEVELOPMENT NAME: Port Terrace Apartments
APPLICANT/RESIDENT: _____
PAYOR: _____
CASE NUMBER: _____

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074

TEL.#: 262-284-4477
FAX.#: 262-284-4476

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY THE CLERK OF COURTS*:

** A signed computer printout is acceptable in lieu of this form.*

1. Amount of Court Ordered Child Support Each Month \$ _____
2. Amount of Child Support Paid Each Month \$ _____
(If this is a percentage, please give an average amount paid monthly.)
3. Amount of Alimony Paid Each Month \$ _____
(If this is a percentage, please give an average amount paid monthly.)
4. Other Payments Made Each Month \$ _____
5. Payments Year To Date \$ _____
6. Prior Year Gross Payments \$ _____
7. Are monies paid to AFDC directly? YES NO
8. Do you anticipate changes in the monthly payments: YES NO
(If yes, please explain and give the effective date of change.)

COMMENTS _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____

OFFICE USE ONLY:

FORM # 8



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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