



VERIFICATION OF CHILD SUPPORT PAYMENTS

Section 8
Public Housing

Date: Name of Caseworker or RSC:

Tenant/Applicant Name:

Address: Street City State Zip

This is to certify that child support payments are being made to the person named above for the support of the minor child/children listed below:

- 1. 2. 3. 4. 5. 6.

Support payments began: Date

Support payments are made at the rate of: \$ (Amount) per week bi-weekly semi-monthly monthly

Support payments are paid in the manner indicated below:

- Directly to the individual named: (Recipient of Payment)
Child Recovery Unit
Court

I certify that the information provided above is accurate and complete to the best of my knowledge and belief.

Payor Signature Date

Title/Family Relationship Tenant/Applicant (Payee) Signature

WARNING! Title 18, Section 1001 of the United States Code, states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government.

Please return form to: Admissions / Recertification
Macon-Bibb County Housing Authority
PO Box 4928
Macon GA 31208