

To: _____ From: _____

Phone: _____ Fax: _____

Email: _____

RE: _____

Applicant's Name

I hereby authorize release of my information.

Signature of Applicant _____ Date _____

OR copy of the attached executed release form which authorizes the information to be requested.

State regulations require verification of income from all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

THIS SECTION TO BE COMPLETED BY PROVIDER/AGENCY

1. Amount of Child Support Paid : \$ _____
_____ Weekly _____ Bi-Weekly _____ Monthly _____ Bi-Monthly _____ Yearly

2. Name of Person Paying Child Support:

3. For support of Dependent Children:

Name

Age

Address _____

Email: _____

Phone: _____

4. Will there be any change in the payment amount in the next 12 months? _____

5. Status of Payments: _____ current _____ in arrears

If in arrears, when was the last payment made? _____

Authorized Signature

Printed Name

Date

Title

Address

Phone #

Fax #

Email

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.