CHILD SUPPORT VERIFICATION REQUEST

TO: Virginia Division of Child Support Enforcement

_____
Custodial Parent/Applicant

_____
Applicant's Social Security Number

_____
DCSE Case Number

The above-referenced applicant has made application for residency at our community. This individual states that he/she may be receiving payments through your agency. For the applicant to be eligible to apply for housing, an authorized associate at your agency must complete this form. All information provided by you will remain confidential. We appreciate your prompt attention to this verification. If you have any questions, please feel free to contact us at_____.
Thank you.

_____   _____
Management Agent   Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize the above-named management agent to make inquiries to the Virginia Division of Child Support Enforcement Programs for the purpose of determining my eligibility for occupancy. This consent is limited to child support and alimony payment information only.

_____   _____
Printed Name of Applicant   Signature of Applicant/Date

TO BE COMPLETED BY CHILD SUPPORT ENFORCEMENT

This will certify that the above-named person receives $_____ per _____in child

support and/or $_____ per _____in alimony. (A copy of the DCSE Case Account

Statement for this client may be substituted.)

_____   _____
DCSE Authorized Representative   Date

PLEASE RETURN FORM TO: Dogwood Terrace Apartments_____
                            Name and Title

                            P.O. Box 536_____
                            Address

                            Big Stone Gap, VA 24219_____
                            City, State and Zip Code

4/07