

# CHILD SUPPORT AND/OR SPOUSAL SUPPORT VERIFICATION

(To be completed by person providing the support)

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
(Applicant/Resident Name)

The person listed above has indicated that he or she is receiving support payments from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

I hereby authorize the above named management agent to make inquiries regarding my child support/alimony for the purpose of determining my eligibility for occupancy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This will certify that I pay \$ \_\_\_\_\_ per \_\_\_\_\_ in child support to \_\_\_\_\_  
\_\_\_\_\_ for the support of \_\_\_\_\_

AND/OR

This will certify that I pay \$ \_\_\_\_\_ per \_\_\_\_\_ in alimony to \_\_\_\_\_

Signature of Father/Mother/Former Spouse: \_\_\_\_\_ 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)