

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:

Woodstone Village Apartments
(Name and title)

P.O. Box 536
(Address)

Big Stone Gap, VA 24219
(City, State and Zip Code)