



FLORENCE HOUSING AUTHORITY
HOUSING CHOICE VOUCHER DEPARTMENT
110 South Cypress Street, Florence, Alabama 35630
Telephone: (256) 740-5217 TRS: 711
Fax: (256) 768-3175

CHILD SUPPORT DECLARATION

PARTICIPANT NAME (Please Print): _____

Absent Parent's Name: _____

Child(ren) Name: _____

Please mark with an "X" and complete the section that applies to you:

___ Yes, I receive child support from one of the following:

- Alabama Department of Human Resources (DHR)
Alabama Disbursements Center (Montgomery)
Any other state agency
If so, what state and county
Voluntarily from the absent parent

You must submit documentation to support receipt of child support. Documentation can be in the form of a printout (either online or from the agency) or a notarized statement.

***If you receive child support voluntarily from the absent parent, please enter the amount you receive \$ _____ per _____ and return this form notarized.

Signature

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

___ No, I do not receive any child support benefits from any source

I declare under penalty of perjury that the foregoing is true and correct. (28 U.S.C. 1746). I understand that (under 24 CFR 982.551 (k)) any false information given constitutes fraud and can result in termination from the Housing Choice Voucher Program.

Signature of Participant/Adult: _____ Date: _____

