CHILD SUPPORT OR ALIMONY VERIFICATION

	(The use of	write out, i	DIACK OUT,	or alteration (oi origii	nai intor	mation Will	i voia tnis C	iocument)
Project Name:				Unit IE	D:			Date:	
Applicant/Tenant:				SSN:					
COURT/AGENCY PI	ROVIDING VE	RIFICATION	ON						
Court Name:				Contact Name:					
Address:			Phone:				Fax:		
City:			State:			Zip:		Email	:
My Signature Authorizes Verification of my Child Support/Alimony Information:									
Applicant/Tenant Signature								Date	
	e information	orovided w	ill be used	d to determin	e eligik	oility for	the progra	ım and ren	ng, Affordable Housing Ordinance nains confidential to the satisfaction
Sincerely, RETURN THIS FORM TO:									
Project Owner/Mana	gement Agent								
Trojoot Ownormana,	gomonerigone								
		TUIC	SECTION	TO BE COME	DI ETER	DV CLE	BK OF CO	NIDT	
THIS SECTION TO BE COMPLETED BY CLERK OF COURT									
	T ALL PAYMEN PAY HISTORY F				MED AF	PPLICAN	T/TENANT		
Is child support awarde	d?	[]YES	[]NO	Is child sup	port cur	rently be	ng paid?	[]YES	[] NO
Is alimony awarded?		[]YES	[]NO	Is alimony o	currently	being p	aid?	[]YES	[] NO
If YES, please list gross benefit amount: \$ [] Weekly [] Biweekly [] Monthly [] Other:									
When did payments be	gin:								
When will payments en	q.								
Please list any expected	J								
Please list any helpful r	emarks:								
Signature									Date
Name and Title of Person Supplying the Information									
Dhore #			Fov #					E M-9	
Phone #				Fax#					E-Mail
NOTE: Section 1001 o or Agency of the United					e to mal	ke willful	false staten	nents or mis	representations to any Department
		_	CF:17 &-	X 7.		diam T	a 41a-		

Child Support Verification Fax #'s:

Cook County: 312-345-4146 State of IL: 217-558-4508 -or-

630-221-2312

Court Verification of Child Support or Alimony



