



OCHFA MULTI-FAMILY COMPLIANCE DIVISION FORM(S) CHILD SUPPORT AFFIDAVIT

THIS SECTION TO BE COMPLETED BY APPLICANT/ RESIDENT

Applicant Name: Unit/ID. Number: Development Name: Phone: Florida ADDRESS CITY STATE ZIPCODE

ALL CHILD SUPPORT PAYMENTS THAT ARE RECEIVED MUST BE INCLUDED AS INCOME WHETHER OR NOT THERE IS YET A COURT ORDER AWARDING PAYMENT. CHILD SUPPORT AMOUNTS AWARDED BY THE COURTS BUT NOT RECEIVED CAN BE EXCLUDED ONLY WHEN THE APPLICANT/RESIDENT CERTIFIES THAT PAYMENTS ARE NOT BEING MADE AND FURTHER DOCUMENTS THAT ALL RESONABLE LEGAL ACTIONS TO COLLECT AMOUNTS DUE, INCLUDING FILING WITH THE APPROPRIATE COURTS OR AGENCIES RESPONSIBLE FOR ENFORCING PAYMENT, HAVE BEEN TAKEN .

AS PART OF THE QUALIFICATION PROCESS - REQUIRED BY FEDERAL AND/OR LOCAL AND STATE HOUSING PROGRAMS WITH JURISDICTION OVER THIS DEVELOPMENT - THE FOLLOWING INFORMATION IS NEEDED:

- 1. Do you receive child support? Yes No \$ Amount Frequency
2. Child/Children Name(s):
3. Name of child support source: (Complete one form for each source.)
4. Have you been awarded child support by court order? Yes No (Documentation must be provided.)
5. Do you receive it directly from the responsible source? Yes No (Documentation must be provided.)
6. Indicate any other manner by which payment is received: (provide affidavit or statement from source)
7. If payment is not received or if amount received is less than amount awarded, please provide details and documentation of collection efforts.

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED IN THIS AFFIDAVIT IS TRUE AND ACCURATE THO THE BEST OF MY KNOWLEDGE, THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTE AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION MAY RESULT IN THE TERMINATION OF A LEASE AGREEMENT.

APPLICANT/ RESIDENT SIGNATURE DATE

STATE OF FLORIDA COUNTY OF Before me personally appeared who acknowledged to me that he/she executed the foregoing instrument this Day of , 20 NOTARY SEAL NOTARY PUBLIC SIGNATURE MY COMMISSION NUMBER MY COMMISSION EXPIRES