

CHILD SUPPORT VERIFICATION REQUEST

TO: Virginia Division of Child Support Enforcement

Custodial Parent/Applicant

Applicant's Social Security Number

DCSE Case Number

The above-referenced applicant has made application for residency at our community. This individual states that he/she may be receiving payments through your agency. For the applicant to be eligible to apply for housing, an authorized associate at your agency must complete this form. All information provided by you will remain confidential. We appreciate your prompt attention to this verification. If you have any questions, please feel free to contact us at _____.

Thank you.

Management Agent

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize the above-named management agent to make inquiries to the Virginia Division of Child Support Enforcement Programs for the purpose of determining my eligibility for occupancy. This consent is limited to child support and alimony payment information only.

Printed Name of Applicant

Signature of Applicant/Date

TO BE COMPLETED BY CHILD SUPPORT ENFORCEMENT

This will certify that the above-named person receives \$ _____ per _____ in child support and/or \$ _____ per _____ in alimony. (A copy of the DCSE Case Account Statement for this client may be substituted.)

DCSE Authorized Representative

Date

PLEASE RETURN FORM TO:

Name and Title

Address

City, State and Zip Code