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AUTHORIZATION: Federal Regulations require the Community Development Agency to verify Child Support payments made to all members of the household applying for participation in the 2010 DPA Loan Program. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information is appreciated. A copy of the applicants Authorization of Release of Information is attached.

Name of Person Paying Child Support: \_\_\_\_\_

Address of Person Paying Child Support:

Name(s) of Children being supported

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Amount of Support:

\$ \_\_\_\_\_  Weekly  Monthly  Yearly

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United State Government.