



# HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

## CHILD SUPPORT AFFIDAVIT

(This form must be notarized)

**Applicant Name:** \_\_\_\_\_

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the court but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal action 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 state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support?  YES (Go to B)  NO (Go to C)

B. I receive:

1. Payment amount \$ \_\_\_\_\_
2. Frequency \_\_\_\_\_
3. Children's names \_\_\_\_\_
4. Name of source \_\_\_\_\_

(Complete Multiple Affidavit Forms if There Are Multiple Sources)

5. Go to C. 1

C. 1. Have you been awarded child support by court order?  YES (Go to C.2.)  NO (Sign Form)

2. Provide copy of entire document, enter amount of award \$ \_\_\_\_\_, and frequency \_\_\_\_\_; go to C.3.

3. Is payment being received as awarded?  YES (Go to 3.a.)  NO (Go to 3.b.)

a. Indicate the manner by which payment is received and sign form.

- i.  Enforcement Agency Name of Agency \_\_\_\_\_  
(Provide Agency Print Out)
- ii.  Court Order Name of Court \_\_\_\_\_
- iii.  Direct from Responsible Party Name of Source \_\_\_\_\_  
(Provide Affidavit or Statement from the Source)
- iv.  Other (*explain*) \_\_\_\_\_

b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.



Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

X  
Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY:**

This instrument was subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by (name of person acknowledging) \_\_\_\_\_.

Personally Known      OR Produced Identification

\_\_\_\_\_  
(Notary's Printed Name)

(STAMP)

\_\_\_\_\_  
(Notary's Signature)

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_