

Child Support Payer's Affidavit

To: _____

From: _____

Phone: _____

Phone: _____

I have applied or I am currently a resident at the above noted Apartment Community. I am required to disclose and verify my income, income from assets and all other reasonable, anticipated income for the next twelve months. I would appreciate your cooperation in completing the following questionnaire and returning to the address listed above.

Resident/Applicant's Printed Name

For Payer's Use Only

Child's Name	Date Support Began	Weekly Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I sign, declare and certify under penalty of perjury and with full knowledge of the repercussions of willful falsification and false swearing under my State's law that the preceding information is correct to the best of my knowledge and agree to notify the site office annually of any changes.

Payer's Signature: _____
Printed Name: _____

Date: _____
Phone Number: _____

Subscribed and sworn to, before me, this _____ day of _____, 20 _____
My commission expires: _____

Notary Public