	<u>ALIM</u>	ONY / CHILD SU	PPORT VERIFIC	CATION	(Payer)
TO:	(Name & address)		Date:		
RE:	Applicant/Tenant Na	ame	Social Security Nu	ımber	Unit # (if assigned)
I hereb	by authorize release of the requ	ested information.			
	Signature of Applica	ant/Tenant		D	rate
		is an applicant/tenant of a housin ted purpose only. Your prompt res			ne. The information provided will remain
	Project Owner/	Management Agent	_		
		MAIL OR FAX THIS FORM	1 TO:		
I hore		CTION TO BE COMPLETED		·	
1 nere	eby Ceruiy that I pay \$		per		to the support or:
Name	e(s) of person/child(ren)	for whom support is paid			
Addre	ess	City		State	Zip Code
Signa	ture:		Date:		
Print Title:	your name:		Tel. #:		
Addre	ess				
willingl owner) inflann disclos than\$5 approp formisu	y making false or fraudulent stommy be subject to penalties ation collected based on this view any information under factions, any applicant or participariate, against the officer or of the state of t	tatements to any department of to so for unauthorized disclosures or verification form is restricted to the alse pretenses concerning an a ant affected by negligent disclosu employee of HUD or the owner ber are contained m the Social S	the United States Government irnproper uses of inflannati e purposes cited above. Any pplicant or participant may re of information may bring of tresponsible for the unauth	t. HUD and any on collected ba person who kno be subject to ivil action for da porized disclosur	is guilty of a felony for knowingly and owner (or any employee of HUD or the sed on the cons ent flann. Use of the wingly or willingly req uests, obtains, or a misdemeanor and fined not more mages and s eek other relief, as may be re or improper use. Penalty provisions lations of these provisions are cited as
Alimony / Child Support Verification					UHC Form 09 (Rev. 1/2010)