



DEPARTMENT OF COMMUNITY AFFAIRS
Verification of Child Support/Alimony/Regular Contributions and Gifts

Head of Household Name _____

Date _____

The person identified above is applying for- or receiving assistance from the Georgia Department of Community Affairs Housing Choice Voucher Program. We are required by federal regulations to verify any income of the Head of Household and family members through third party sources. Attached is a statement from the recipient authorizing the release of information. Please complete the information and return to the DCA Regional Office indicated below. Your prompt attention is appreciated.

I, _____, do certify that I () give or () do not give:

- ☐ Alimony
- ☐ Child Support
- ☐ Regular Contribution or Gifts

In the amount of \$ _____

- ☐ Per week
- ☐ Every two weeks
- ☐ Per month
- ☐ Other _____

I () began () stopped providing this support _____
(Month/Year)

The child support/alimony/regular contributions or gifts is for: _____
(Name(s) of Person(s))

I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Address

E-Mail/Phone Number

