## **Custody & Child Support Affidavit**

Applicant/Tenant:	Unit #:
Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:	
Child Name/SSN(last four digits)/DOB :	/
Name of Absent Parent:	
Will this child live with you in the tax credit	apartment at least 50% of the time?
□ YES □ NO	
Who claimed the child as a dependant on t	their most recent tax return?
☐ I did ☐ The absent parent	□ Other: □ No one
Do you receive support (monetary or not) f (Note: "Support" may be legally ordered or	
If <b>YES</b> list amount \$ pe	er
Have you ever been awarded an amount o □ <b>YES □NO</b>	of child support for this child through the courts?
If awarded but not paid, have you taken le □YES □NO	gal action to collect child support?
If yes, please describe efforts and proof:	
Do you expect to receive child support for to ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	this child in the next 12 months?
If no, please explain:	
accurate to the best of my knowledge.	e information presented in this certification is true and The undersigned further understand that providing false of fraud. False, misleading or incomplete information agreement.
(Signature of Household Member)	Date
(Signature of Manager)	Date

