

CUSTODY & CHILD SUPPORT AFFIDAVIT

Please complete a separate form for each minor living in this unit who is not living with both biological or adoptive parents

Applicant/Tenant Name: _____ Unit #: _____

Child Name _____

Child SSN(last four digits) _____ Child 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 dependent on their most recent tax return?

I did

The absent parent

No one

Other: _____

Do you receive support (monetary or not) for this child? YES NO

(Note: "Support" may be legally ordered or an informal agreement)

If **YES** list amount \$ _____ per _____

Do you expect to receive child support for this child in the next 12 months?

YES

NO

If no, please explain: _____

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

Signature of Household Member

Date

Signature of Manager

Date

