[Management Company Letterhead]

Unit #		

CHILD SUPPORT PAYMENT VERIFICATION

To:		Date		
	has applied	d for residency/is a resident at our rental property. As part of our		
proc	essing, we must obtain verification of his/her child	d support payments.		
Perm	nission by: (Applicant/Resident's Signature)			
	(Applicant/Resident's Signature)	(Date)		
	se complete the section below and return it by ma ance for your prompt attention.	il in the enclosed self-addressed stamped envelope. Thank you in		
Sinc	erely,			
Apaı	rtment Manager			
THE	FOLLOWING TO BE COMPLETED BY AN A	AUTHORIZED REPRESENTATIVE:		
1.	Name of Person Paying Child Support:			
2.	Address of Person Paying Child Support:			
3.	Support for his her childre	en.		
4.	Name(s) of children being supported:			
5.	Amount of support: \$	week month year		
(Sign	nature of Authorized Representative)	(Date)		
(Title	e)	(Telephone Number)		

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.