

CHILD SUPPORT VERIFICATION FORM

HEAD OF HOUSEHOLD NAME: _____

TO: **Child Support State Distribution Unit or District Court**
RE: **Child Support Payment Verification**

The Cheyenne Housing Authority is required to obtain verification of annual income of families admitted/or applying for housing assistance and to periodically review income during the tenure of the family's lease for the purpose of determining the appropriate rent to be charged under the United States Housing Act of 1937, as amended.

We would appreciate your cooperation and assistance in providing the information requested below.

I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION RELATING TO MY INCOME TO THE CHEYENNE HOUSING AUTHORITY _____

Signature of Household Member

This Section is to be completed by the Child Support State Distribution Unit located at:

Hathaway Building, 2300 Capital Ave, 5th Floor, Suite A
Phone: (307) 777-5300 Fax: (307) 777-5301

Clients outside of the City of Cheyenne will need to go to local Child Support Services or District Court

Custodial Parent Name: _____

Non Custodial Parent Name: _____

Child/Children(s) Name(s): _____

Amount of Support ordered by Court: per week () per month () \$ _____

Amount of Support being paid: per week () per month () \$ _____

Please provide copy of pay record if available.

Remarks: _____

INFORMATION VERIFIED BY: _____

Signature of SDU or Child Support representative

Title: _____ Date Verified _____