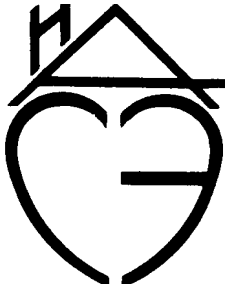


HOUSING AUTHORITY CITY OF ELKHART

Housing Choice Voucher Program



EST. 1962

1396 Benham Avenue
Elkhart, Indiana 46516

Ms. Terry Walker
Executive Director

www.ehai.org

Phone 574-295-8392
Fax 574-293-0580
TTY 574-295-9682



Date: _____

Clerk of Superior Court
Support Desk
315 S. Second St.
Elkhart, IN 46516

RE:
DOB:
SS#:
Payer: **ALL**

To Whom It May Concern:

Please send a payment history for the last twelve (12) months on the above named person. The individual is a current participant in the Housing Choice Voucher Program. As such, all income must be verified.

Thank you, in advance, for your cooperation in this matter. Please call 295-8392, if you have any questions.

Sincerely,

Thank You!!

CC: File

Release of Child Support Information

I, _____, authorize the Elkhart Housing Authority to obtain the requested history of any child support I may/may not have received. I further authorize any requested information to be sent to the Elkhart Housing Authority by fax or any other means requested. This release expires 15 months from the date signed.

Photo ID

(Client Signature)

(Date)