



Somersworth Housing Authority



Central Office: 25 Bartlett Ave, Suite A, Somersworth, N.H. 03878
Phone (603)692-2864 / Fax (603)692-2877 / TDD (800)545-1833 Ext 113

CERTIFICATION OF CHILD SUPPORT

Head of Household: _____ Child: _____

In connection with your review of my application/re-determination for my rental assistance, I confirm that:

- I am not entitled to receive any child support or other compensation pursuant to any Court Order. Explain: _____

- I am entitled to receive child support or other compensation pursuant to a court order or other Agreement in the amount of \$ _____
per Week OR Month. (attach supporting documentation).
- Notwithstanding the above, I expect to receive no more than \$ _____
over the next 12 months. I do not expect to receive the full amount of money due
me because: _____

- I have taken the following actions in an attempt to collect the monies due to me:

- Although I am not currently entitled to receive child support or other
compensation pursuant to Court Order or other agreement, I believe that I will
receive such an order within the next 12 months. I expect to receive \$ _____
per month commencing on _____, (year) _____.

I further confirm that I have custody (50% or more of the time) of all children listed on my application/ re-determination form.

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for rental assistance and that my misrepresentation herein will be considered a material breach of the housing policy and subject me to immediate termination of my rental assistance. Under penalties of Perjury, I certify the above representation to be true as of the date shown above.

Signature

Date