

CITY OF SHORELINE
CHILD SUPPORT VERIFICATION

Property Name: _____

Unit: _____

I, Applicant/Resident Name: _____ do hereby attest to the following:

Select the appropriate statements (list each child once):

I. the process of seeking any monies for child support for the following child/children living in my household:

II. I am not currently entitled to receive any child support under any court or other agreement. However, I believe I will receive such an order within the next 12 months. I expect to receive \$ _____ per month, commencing on _____, 20 _____ for the following child/children:

III. I am entitled to receive child support under a court order or other agreement in the amount of \$ _____ per month for the following child/children: (attach applicable agreement- i.e., divorce decree)

Notwithstanding the above, I expect to receive no more than \$ _____ over the next 12 months because:

If court ordered, I have made all reasonable efforts to collect the monies due me.
(Attached documentation proving efforts to collect.)

I understand that this affidavit is made as part of the qualification procedure to determine the eligibility of residency at the above-referenced property and that any misrepresentation herein will be considered a material breach of the lease agreement. I will notify management of any changes in the status of my child support. Under penalties of perjury, I certify the above representations to be true as of the signature dated below.

Signature of Applicant/Resident

Date

NOTE: Sign in Presence of Notary Only

STATE OF WASHINGTON)
)
) SS.
COUNTY OF)

On this _____ day of _____, _____, personally appeared before me _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me under oath that she/he signed the same of her/his free and voluntary act and deed, for uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.

NOTARY PUBLIC in and for the state of Washington
Residing at: _____
Printed Name: _____
My Commission expires: _____