



Growing Communities One Family At A Time
For More Than 70 Years

Housing Choice Voucher Program

200 Washington Street
Huntsville, AL 35801
Mail: P.O. Box 486
Huntsville, AL 35804

TEL: 256.539.0774 FAX: 256.539.5982 TDD: 800.545.1833, Ext 903

VERIFICATION OF SUPPORT (PAYOR)

Head of Household: _____

Address: _____

Payor Instructions: Please use this form to verify regular support you provide to the recipient directly or by paying a bill on their on a regular basis.

I, _____, do hereby affirm that I contribute the sum of \$ _____

Weekly Biweekly Monthly Bi Monthly to: _____ for:

Child Support (List Child(ren) Name) Spousal Support Contributions

1. _____
2. _____
3. _____
4. _____

I, (payee) _____, do hereby confirm that I am no longer contributing the amount of \$ _____ to _____.

WARNING: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

HOH Signature: _____ **Date:** _____

Payor Signature: _____ **Date:** _____

Payor Full Legal Name (please print) _____ **Phone:** _____

Address: _____

Please return completed form Attention to: _____

TO BE COMPLETED BY A NOTARY PUBLIC

This record was signed and sworn to before me on ____ / ____ / ____ by _____.

Please Stamp/Seal Here

Notary Signature _____