

CONFIDENTIAL

CHILD SUPPORT VERIFICATION FORM

TRIP, Inc.
415 River Street
Troy, NY 12180
Telephone: 518-272-8289

PART A: TO BE COMPLETED BY APPLICANT/TENANT

Please complete Part A of this form and return it to our office. Incomplete forms cannot be processed.

Applicant/Tenant Name	Name of Provider Agency/Individual
Applicant/Tenant Address	Address of Provider Agency/Individual
Applicant/Tenant phone number	Phone number of Provider Agency/Individual
Applicant/Tenant social security number	

Consent to release information: I Hereby authorized the release of the requested Child Support Income verification.

_____ Date
 _____ Applicant/Tenant Signature

PART B- TO BE COMPLETED BY CHILD SUPPORT PROVIDER

The above applicant/tenant has applied for housing subsidy through NYS Division of Housing & Community Renewal (DHCR) or the US Department of Housing & Urban Development (HUD). Please provide Child Support Benefits information for the above-referenced individual.

Name(s) and age(s) of Child (ren) _____
 For whom child support is provided: _____

Amount of Child Support Paid	Frequency (Weekly, biweekly, monthly, etc)
\$	

Additional information:

Agency Name: _____ Title/Relationship: _____

Address: _____ Telephone number: _____

Name of person completing this form: _____

Signature: _____ Date: _____

Please fax this form to 518-272-1950