

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
HOUSING TRUST FUND  
AMY YOUNG BARRIER REMOVAL PROGRAM**

<b>VERIFICATION OF CHILD SUPPORT PAYMENTS</b>		
<b>Contract Administrator Name:</b>	<b>Contract Number:</b>	
<b>Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Applicant Name:</b>		
<b>RELEASE:</b> Applicant's signature here authorizes the release and/or verification of the requested Child Support Payment information.		
_____ Signature of Applicant	_____ Date	
<b>Authorization and Verification:</b>		
State regulations require verification of employment and income of all members for any household who applies for HTF Program funds. We ask your cooperation in providing this information to the above- referenced Contract Administrator. The information you provide will be used only to determine the eligibility status of the applicant household.		
Name of person paying child support:		
Address of person paying child support:		
Support is for: <input type="checkbox"/> his children <input type="checkbox"/> her children		
Amount of support payment: \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		
<b>Signature of Authorized Representative:</b> _____		
Title:	Date:	Phone:
<b>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</b>		