

Date: _____

Office of Child Support Enforcement
P.O. Box 8127
Little Rock, AR 72201-8127

All persons participating in our Public Housing program must have all income verified to determine eligibility. Qualifying for housing assistance in our program is dependent on accurate income information; including for the applicant listed below.

Your cooperation in this matter will be greatly appreciated. If you have any questions, please feel free to contact us at the number listed above.

Osceola Housing Authority Representative

Resident's Name

Social Security No.

1. I confirm that the person named above does receive child support in the amount of \$_____ every:
____ week ____ other week ____ month

OR

2. ____ I confirm that the person named above does not receive child support benefits

Child Support Unit Representative

I hereby authorize the release of the above, and any other information pertaining to my case in order to verify my eligibility for housing assistance.

Resident's Signature