

NON-RECEIPT OF CHILD SUPPORT/SPOUSAL SUPPORT AFFIDAVIT

Applicant Name: _____

Names of children: 1. _____ 2. _____

3. _____ 4. _____

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

In connection with your review of my household's qualification for the HOME/NSP, I confirm to you the following information with respect to receipt of spousal support and/or child support.

I confirm that I have custody (50% or more of the time) of all children listed as household members.

Check only one of the options shown below

I am not entitled to receive any alimony, spousal support, child support or other compensation pursuant to any court order; and

I am not entitled to receive any alimony, spousal support, child support, or other compensation pursuant to any non-court agreement; and

I am not in the process of seeking any monies for alimony, spousal support or child support through legal channels or otherwise. I am not under any affirmative obligation to seek such monies.

I am entitled to receive alimony, spousal support, child support or other compensation pursuant to a court order or other agreement in the amount of \$_____ per month (attach supporting documentation); and

Notwithstanding the above I expect to receive no more than \$_____ over the next 12 months. I do not expect to receive the full amount due me because_____

And I have taken the following action in an attempt to collect the monies due me:_____

Although I am not currently entitled to receive any alimony, spouse support, child support or other compensation pursuant to a court order or other agreement, I believe that I will receive such an order within the next 12 months. I expect to receive \$_____ per month commencing ___/___/___.

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for the HOME/NSP Program. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands(s) that providing false representations herein constitutes an act of fraud.

Printed Name of Applicant/Resident: _____

Signature of Applicant/Resident: _____ DATE: _____