



THE HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY

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Eric C. Brown
Executive Director

CHILD SUPPORT INFORMATION REQUEST FORM

DATE

DIRECTOR
CHILD SUPPORT ENFORCEMENT DIVISION
4235 28TH AVENUE
SUITE 135
TEMPLE HILLS MD 20748

RE: NAME
ADDRESS
ADDRESS
SS#: XXX-XX-XXXX

Dear Director:

We are required to verify the income of all family members living in or applying for admission to public housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Enclosed is a copy of authorization to release information sign by the person referenced above. If you have any questions, please call me on (301) XXX-XXXX.

Sincerely,

Beverly Saunders
Director Resident Service

Number of children for whom support is paid: _____

Names of child(ren) for whom child support is paid: _____

Attach payment history for last twelve (12) months: _____

Is Child Support Court Ordered? _____ Yes _____ No

Amount of Child Support Paid:

\$_____ per week, \$_____ per month \$_____ per year

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Name of Person Completing this Form: _____

Date: _____

Title: _____

Signature: _____