**City of Houston**  
Housing and Community Development Department  
Community Development Block Grant Program  
Verification of Child Support Income

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<th>Project Name:</th>
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**Applicant Name:**

**Authorization:** I the applicant am applying for a CDBG-Assisted unit at the above project and authorize the release and/or verification of the requested pension and annuity information.

______________________________                             _____________________  
Signature of Applicant                                                                      Date

Federal regulations require verification of income of all household members applying to participate in the CDBG Program. All income must be re-examined periodically.

**Child Support Verification:** (To be completed by Office of Attorney General or County Court)

___ Child support is not being provided.

___ This agency is not aware of a support order

___ The amount of court ordered child support is $_______ per ________ (week, month, etc.)

___ Last payment of $_______ was received (date)

___ Child Support is not paid on a regular basis.

**Signature of Agency Representative:**

______________________________                             ____________________________  
Signature                                                                                     Date

**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.