



Housing Assistance
2015 Felton Avenue
PO Box 4928
Macon, GA 31208

VERIFICATION OF CHILD SUPPORT PAYMENTS

Section 8
 Public Housing

Date: _____ Name of Caseworker or RSC: _____

Tenant/Applicant Name: _____

Address: _____
Street _____ City _____ State _____ Zip _____

This is to certify that child support payments are being made to the person named above for the support of the minor child/children listed below:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Support payments began: _____
Date _____

Support payments are made at the rate of: \$ _____
(Amount) per week bi-weekly
 semi-monthly monthly

Support payments are paid in the manner indicated below:

Directly to the individual named: _____
(Recipient of Payment)

Child Recovery Unit

Court

I certify that the information provided above is accurate and complete to the best of my knowledge and belief.

Payor Signature _____

Date _____

Title/Family Relationship _____

Tenant/Applicant (Payee) Signature _____

WARNING! Title 18, Section 1001 of the United States Code, states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government.

Please return form to: Admissions / Recertification
Macon Housing Authority
PO Box 4928
Macon GA 31208