

**STATE HOUSING TRUST FUND
ALIMONY/CHILD SUPPORT SELF-CERTIFICATION**



Complete one form per household member who is eligible to receive alimony and/or child support. Please attach any court documentation you have that supports your position.

Household Name:	LHTF or PBHP #:
-----------------	-----------------

Case Number(s) _____
 List Covered Dependent(s) _____
 (if applicable) _____

- | | | | Amount | Frequency |
|----|--------------------------|--|---------------|--|
| 1. | <input type="checkbox"/> | I certify that I have been awarded the following amount of alimony and/or child support. | _____ | <input type="checkbox"/> Weekly
<input type="checkbox"/> Monthly
<input type="checkbox"/> Annually |
| 2. | <input type="checkbox"/> | I certify that I receive the following amount of alimony and/or child support.
<i>Please provide proof of payment (i.e. printout from DHS).</i> | _____ | <input type="checkbox"/> Weekly
<input type="checkbox"/> Monthly
<input type="checkbox"/> Annually |
| 3. | <input type="checkbox"/> | I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded.
<i>Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.</i> | | |
| 4. | <input type="checkbox"/> | I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months | | |

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 that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant Signature

Date