CHILD SUPPORT AFFIDAVIT

Household Name:			Unit #:	
Property Name:			Effective Date:	
Please check the box that ap children's names below.	oplies to your l	household, and f	ill in the applicable information and	
☐ 1. There is a child support agree have provided management with a			tated in this document (\$ per month). I	
Name:	Age:	Name:	Age:	
Name:	Age:	Name:	Age:	
2. There is NOT a child support (week, month, etc.).	agreement or cou	ırt order but I AM rec	eiving support in the amount of \$ per	
Name:	Age:	Name:	Age:	
Name:	Age:	Name:	Age:	
Name:	Age:	Name:	Age:	
Name:	Age:	Name:	Age:	
	the next twelve n	nonths. My reason(s Responsible party de Protective Custody	n an order in the next twelve months, nor do I s) for not pursuing legal action is/are: sceased/unable to locate	
Name:	Age:	Name:	Age:	
Name:	Age:	Name:	Age:	
I hereby certify that the above state herein will be considered a materia			est of my knowledge. Any misrepresentation me to immediate eviction.	
Signature of Applicant/Resident		 Date		