



76 Stevenson Drive  
Dover, DE 19901  
302-678-1965 *voice*  
302-678-1971 *fax*  
1-800-545-1833, ext. 816 TDD  
[doover.housingauthority@dhade.org](mailto:doover.housingauthority@dhade.org) *email*

### CHILD SUPPORT VERIFICATION

CHILD SUPPORT ENFORCEMENT

Date

P.O. BOX 15012

WILMINGTON, DE 19850-5012

ATTN: ACCTG. /HOUSING AUTH. REQUESTS

**Dear Sir/Madam:**

The Department of Housing and Urban Development requires third party verification of all information submitted by anyone applying for or participating in a federally assisted program. The person named below has signed and agreed to the release of the requested information. This information will be kept in strict confidence.

Please complete the portion which is applicable to the applicant and return this form to our office as soon as possible.

This is for an annual recertification, please send statement.

**Sincerely,**

Please do not detach

**OCCUPANCY DEPT.**

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**Applicant/Family**

**S.S#**

**Address**

**Name of Contributor**

**S.S#**

**Address**

I authorize the release of the information below to Dover Housing Authority for the purpose of determining my eligibility.

Signature

Date

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Name of recipient

Address

Amount of Payment \$

This person has been receiving support from

Name of contributor

Since

Date

Relation to recipient

Date

Signature

Phone #

Fax #(302) 395-6604