

Child Support Enforcement Verification Form

To: CSED

From: Tlingit & Haida
Regional Housing Authority

Phone: (907) 269-6900 Opt 5

Phone: (907) 780-6868

Fax: (907) 269-6650

Fax: (907) 780-6895

I, _____ grant permission to disclose the
(Type or Print Name of Person) (social security number)
amount of my benefits to Tlingit and Haida Regional Housing Authority.

___ See Attached ___
(authorization signature of person)

1. **Declaration of Payment Received through Child Support Enforcement Division if awarded by a divorce decree, administrative order, or judgment.**

The Child Support Enforcement Division (CSED) shall fill out this section if disbursements are being paid directly to the applicant through CSED.

Child Support case number _____

Child Support case number _____

Monthly Child Support charge _____

Monthly Child Support charge _____

Monthly Spousal Support Charge _____

Monthly Spousal Support Charge _____

Other _____

Other _____

End date of child Support Obligation: _____

End date of child Support Obligation: _____

Please attach last 12 months payment record received by custodial parent.

Comments:

Name of Person Completing form

Title

Phone number

Date