Seattle Office of Housing

# Child Support Affidavit - City of Seattle Affordable Housing Programs

**Property Name:** _____ **Unit:** _____

**I, Applicant/Resident Name:** _____ do hereby attest to the following:

**Mandatory for Households with Minors. Select the appropriate statements (list each child once):**

I. ☐ I am not entitled to receive child support under any court order or non-court agreement and I am not in the process of seeking any monies for child support for the following child/children living in my houseold:

_____

II. ☐ I am not currently entitled to receive any child support under any court or other agreement. However, I believe I will receive such an order within the next 12 months. I expect to receive $ _____ per month, commencing on _____ ____, 20____ for the following child/children:

_____

III. ☐ I am entitled to receive child support under a court order or other agreement in the amount of $_____ per month for the following child/children: (attach applicable agreement, e.g. divorce decree)

_____

Notwithstanding the above, I expect to receive no more than $_____ over the next 12 months because:

☐ _____

If court ordered, I have made all reasoanble efforts to collect the monies due me.
(Attached documentation proving efforts to collect.)

IV. ☐ Although I do not receive monies for child support. I do however receive other items from the non-custodial parent (i.e diapers, clothing, and other household items)

V. ☐ Child support is not an factor in this household as both parents reside in the home.

*I understand that this affidavit is made as part of the qualification procedure to determine the eligibility of residency at the above-referenced property and that any misrepresentation herin will be considered a material breach of the lease agreement and subject me to immediate eviction. I will notify management of any changes in the status of my child support. Under penalties of perjury, I certify the above representations to be true as of the signature dated below.*

_____ _____
Signature of Applicant/Resident Date

**NOTE: Sign in Presence of Notary Only**

STATE OF WASHINGTON )
) ss.
COUNTY OF )

I certify that I know or have satisfactory evidence that _____ (name of person) is the person who appeared before me on this _____ day of _____, 20____, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

_____
NOTARY PUBLIC in and for the state of Washington
Residing at: _____
Printed Name: _____
My Commission expires: _____