

CHILD SUPPORT AFFIDAVIT

Name of Child/Children: _____

THE UNDERSIGNED PARTY HEREBY ACKNOWLEDGES THE FOLLOWING - CHECK AS APPLICABLE – COMPLETE EITHER A; B; OR C) - DO NOT CHECK MORE THAN ONE!

(A) _____ **I have been awarded Court Ordered child support** in the amount of \$_____

per
() Week () Bi-weekly () Month

Is support in arrears? () Yes () No

If it is in arrears, do you have a case in process with the State to try to collect it: () Yes () No

I () have or () have not reported this arrearage to Child Support Enforcement

OR

(B) _____ **I am receiving child support which is not court ordered** in the amount of
\$_____ Per () Month ; () Week

I receive this amount: _____ in cash; _____ by check.

OR

(C) _____ I have never been award court-ordered child support and I do not have any other agreement in place to receive support.

I authorize Tampa Bay Community Development Corporation to verify any or all of this information with the Clerk of the Court, HRS, The Department of Revenue, etc., if they determine this is necessary. I fully understand that it is a Federal crime, punishable by fine and/or imprisonment to knowingly make any false statements (regarding household size and/or income) when applying for this Assistance, as applicable under the provision of Title 18, United States Code, section 1014. I acknowledge that if any omissions or misrepresentations are uncovered, my assistance loan will be subject to immediate denial.

Signed this _____ day of _____, 2010.

Borrower –

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 2010
by _____ who is personally known to me or has produced
_____ as identification, and who did or did not take an oath.

[NOTARY SEAL]

Notary Public
My Commission Expires: