



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla, WA 99362
509-527-4542 * Fax 509-527-4574
Hearing-impaired, please use relay service
www.wallawallaha.org * wwha@wallawallaha.org



VERIFICATION OF CHILD SUPPORT

FAX To: (509) 734-7251 From: _____

Mail To: DSHS Division of Child Support 1-800-468-7422
P O Box 11520
Tacoma, WA 98411-5220

Name: _____

Social Security Number: _____

Case Number: _____

To Whom It May Concern:

We are required to verify any income received by an applicant and/or participant in our housing programs. Your verification is for the confidential use of this agency and the U.S. Department of Housing and Urban Development (HUD). Please furnish the information requested below and return this form to the Walla Walla Housing Authority in the enclosed self-addressed, postage paid envelope. If you have any questions, please feel free to contact our office at the telephone number listed above.

I hereby authorize the release of the requested information.

Applicant/Participant Signature

Date

• The person listed above is receiving child support for the child(ren) listed below in the amount of
\$ _____ per [] WEEK [] MONTH (to be filled out by Division Of Child Support)

Name Of Child(ren)	Birthdate	Social Security Number

Signature of Authorized Personnel and Title

Date

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.