



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, use statewide relay service number 1-800-833-6384
www.wallawallaha.org * wwha@wallawallaha.org



VERIFICATION OF CHILD SUPPORT

FAX: (206) 341-7399

From: _____

MAIL: DSHS Division of Child Support
PO BOX 11520
TACOMA WA 98411-5220
1-800-468-7422

Email: _____@wallawallaha.org

Telephone: _____

Name: _____

Social Security Number: _____

Case Number: _____

To Whom It May Concern:

We are required to verify any income received by an applicant/participant/resident in our housing programs. Your verification is for the confidential use of the Walla Walla Housing Authority and the U.S. Department of Housing and Urban Development (HUD).

Please furnish the following information:

CH (child support history report) DH (disbursement history report)

If you have any questions, please contact the Walla Walla Housing Authority office at the telephone number or email address listed above.

I hereby authorize the release of the requested information.

Applicant / Participant / Resident Signature

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

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.