



LOCAL HOUSING AUTHORITY OF THE CITY OF COMPTON
 700 NORTH BULLIS ROAD
 COMPTON, CALIFORNIA 90221
 PH: (310) 605-3080 – FAX: (310) 605-3096

STATEMENT OF CHILD SUPPORT

IF YOU ARE NOT RECEIVING CHILD SUPPORT, INSERT "0" IN THE AMOUNT AREA

Instructions: You must list **all** children living in your household (use reverse side of form to list additional children) and the parent(s) who is/are **not** living in your household. If **both** parents of the children (nephews, cousins, grandchildren, etc.) are not living in your household, you must provide proof of legal guardianship.

DO NOT USE WHITE OUT

I, _____, hereby state that I receive /do not receive Child Support Income in my household for:

NAME OF CHILD	NAME OF ABSENT PARENT NOT LIVING IN HOUSEHOLD	MONTHLY SUPPORT	COURT ORDERED YES/NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL SUPPORT \$ _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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.

 Applicant's Signature

 Date