



Prince William County
Office of Housing and
Community Development
 15941 Donald Curtis Drive, Suite 112
 Woodbridge, VA 22191
PHONE: 703-792-7530
FAX: 703-792-4978
www.pwcgov.org/housing

SELF-CERTIFICATION OF CHILD SUPPORT PAYMENTS RECEIVED

I, _____, residing at _____
do hereby certify that I am receiving child support in the amounts for the children listed below.

Full Name Of Child	Amount Received	How Often Received	Information on the Absent Parent
		month semi-monthly bi-weekly week	Name: Address: Phone:
		month semi-monthly semi-monthly week	Name: Address: Phone:
		semi-monthly semi-monthly bi-weekly week	Name: Address: Phone:

**monthly, semi-monthly (twice a month), bi-weekly (every other month) or weekly*

If the person paying the support is not the absent parent please specify the relationship to yourself or the child. If you are receiving payments for more than three children please use a second Self-Certification form. If the absent parent or another person provides goods or services to assist with support of the child you must provide a Statement of the goods and services provided. Your statement must include the name, address and phone number of the absent parent or person providing the goods or services, the list of goods or services provided and how often they are provided. For example, if a grandparent pays day care you must provide a statement outlining that the grandparent pays day care, the amount paid and how often. If the absent parent provides diapers, food, clothes, etc. you must provide a statement of the items provided and how often they are provided.

I certify that the above information is true and complete and that I understand that if anyone outside of my listed household provides goods and services I must report those goods and services to the Prince William County Office of Housing and Community Development.

Do not sign this form except in the presence of a Notary Public

Signature of Parent _____ Date _____

County of Prince William
 Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this ____ day of _____, _____

by _____
Name of person signing document

 Notary Public
 Registration # _____
 My Commission Expires: _____

Housing Program Specialist: _____