

Prince William Countv Office of Housing and **Community Development** 15941 Donald Curtis Drive, Suite 112 Woodbridge, VA 22191 PHONE: 703-792-7530 FAX: 703-792-4978

www.pwcqov.org/housing

SELF-CERTIFICATION DO NOT RECEIVE CHILD SUPPORT

I,______, residing at ______, residing at ______, do hereby certify that I do not receive child support from any source. I understand that if I begin to receive child support from any source I must report it within 10 business days. The following child(ren) reside in my unit:

| Full Name Of Child | Information on the Absent Parent |
|--------------------|----------------------------------|
| | Name: |
| | Address: |
| | |
| | Phone: |
| | Name: |
| | Address: |
| | |
| | Phone: |
| | Name: |
| | Address: |
| | |
| | Phone: |

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 that I must report those goods and services to Prince William County Office of Housing and Community Development within 10 business days.

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 th | is day of, |
| h., | |
| by | |
| Name of person signing document | |
| | |
| | |
| | Neton Dublic |

Notary Public Registration # My Commission Expires:

Housing Program Specialist: