



**GARFIELD COUNTY HOUSING AUTHORITY**  
**1430 RAILROAD AVENUE, UNIT F**  
**RIFLE, CO 81650**  
**(970) 625-3589 or (888) 627-3589**  
**Fax (970) 625-0859 \* TTY (800) 659-2656**

### **Child Support/ Alimony Certification**

You must list each absent parent of each child even if you do not receive any support from that person. Please remember that anything that is purchased on behalf of the child such as food or clothing, or bills that are paid on behalf of the household such as utilities, cell phones, etc. is income and an amount must be declared. The amount of pre-paid debit cards that are given to the household in lieu of child support must be declared.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, ST: \_\_\_\_\_ City, ST: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent of child(ren): \_\_\_\_\_ Parent of child(ren): \_\_\_\_\_

Amount received \$ \_\_\_\_\_ Amount received\$ \_\_\_\_\_

How often (monthly, weekly etc.) \_\_\_\_\_ How often(monthly, weekly, etc.) \_\_\_\_\_

Type of payment, check one. Type of payment, check one.

Family Support Registry Family Support Registry

My FSR # is \_\_\_\_\_ My FSR # is \_\_\_\_\_

Private pay cash check Money Order Debit card Private pay cash check money order Debit Card

Other, please explain \_\_\_\_\_ Other, please explain \_\_\_\_\_

\_\_\_\_\_

I do not receive any support from this person.

I do not receive any support from this person.

If you do not receive any support please explain.

If you do not receive any support from this person please explain.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name**

**Signature**

**Date**



**Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.**

