

ZERO CHILD SUPPORT CERTIFICATION

Household Member/Parent: _____

Address: _____

Name of other Parent _____

Name of Child _____ **Age:** _____

Name of Child _____ **Age:** _____

I hereby certify that I do not receive any child support from the above listed parent of my child/children.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or State law and grounds for termination of housing assistance.

I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Household Member/Parent

Date