

ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)

MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT

Town of Adams – 8 Park Street

Adams, MA 01220

Telephone: 413-743-8317

CHILD SUPPORT INCOME VERIFICATION

To:

Date:

From: Donna E. Cesan, Community Development Director

Dear Sir/Madam:

The individual referred above, or his/her landlord, has applied for Adams Housing Rehabilitation Program funding assistance. Requirements of the Massachusetts Community Development Block Grant mandate written certification of the applicant's/tenant's income. Please fill in the following information and return this form to us within one week. A stamped, self-addressed envelope is enclosed for your convenience. All information will be kept in strict confidence. Thank you.

Sincerely,

Donna E. Cesan,
Community Development Director

I HEREBY GIVE PERMISSION TO RELEASE THE REQUESTED INFORMATION.

_____ Signature _____ Date

_____ Social Security Number

1. Name of person paying child support: _____

2. Address: _____

3. Amount of support paid: \$ _____ per () wk () mo () yr

4. Remarks: _____

Authorized Signature

Date

Title