



Texas General Land Office
Community Development and Revitalization
Affidavit of Child Support

Applicant Information		
Program:	Disaster:	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Household Member Name		
<i>A separate form must be completed for each household member over the age of 18.</i>		
Household Member Name:		
Child Support Statement		
<i>Select only one.</i>		
I am not required to pay child support.		<input type="checkbox"/>
I am required to pay child support and I am NOT more than 30 days delinquent in payment of a child support obligation.		<input type="checkbox"/>
Household Member Certification		
Under penalty of perjury, I certify that the information presented in this Affidavit is true and correct to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my ineligibility to participate in the Program.		
I acknowledge that my household's eligibility for assistance under the Program may be voided if this declaration is false or if delinquency in the payment of child support is determined during the period in which assistance is provided.		
Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.		
Signature		
Household Member Printed Name:	Date:	
Household Member Signature:		
Notary Verification		
State of _____		
County/Parish of _____		
Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.		
Notary Printed Name:		
Notary Signature:		
Date Notary's Commission Expires:		
Notary Seal:		