



Address: 603 Polk Street South Bldg A., Tacoma, WA 98444
Ph.: 253-620-5400 Fax: 253-620-5455 TTY: 253-620-5499
www.pchawa.org

In the event that you receive benefits from a different support agency, you must provide a year print out and contact information for that agency.

**TO: Washington State Child Support
Division of Child Support (DCS)
P.O. Box 11520
Tacoma, WA 98411
Phone: 206-341-7242
Fax: 206-341-7399**

REQUEST FOR VERIFICATION OF CHILD SUPPORT

RE: _____ Date: _____
Client Name (please print)

Regulations require the Housing Authority to verify income of all household/family members (ages 18 and older) for the purpose of determining the family's eligibility for rental assistance.

I hereby authorize the Department of Social and Health Services Division of Child Support (DCS) to release information to the Housing Authority with the information requested. I also grant the Housing Authority permission to furnish DCS with the information requested. I also grant the Housing Authority permission to release information to DCS regarding my file.

Client Signature / Social Security Number/Date of Birth

**DO NOT WRITE BELOW THIS LINE - RETURN TO PCHA
TO BE COMPLETED BY CASEWORKER/DCS AUTHORIZED REPRESENTATIVE ONLY**

- The Above Individual:
- Does not have a case for Child Support Enforcement
 - Does have a case for Child Support Enforcement
 - Case Status other than above (Explain):

If the individual **does** have a case at Child Support Enforcement, please provide the Child Support record for the last 12 months.

This form should be completed and signed by a bona fide representative of the agency. In no event should the client complete this form. Federal statutes provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy.

Authorized Representative: _____ Date: _____
Email address: _____
Phone Number: _____
Fax Number: _____