

HOUSING AUTHORITY OF THE CITY OF CONYERS
1214 SUMMER CIRCLE
CONYERS, GA 30012
PHONE: 770-483-9301
FAX NO. 770-918-8759

CHILD SUPPORT VERIFICATION

DATE: _____

Tenant/Applicant Name _____

I, _____, do hereby swear or affirm that I pay
the sum of \$ _____ a week/month to _____
Name of payee

for Child Support for the following children:

This _____ day of _____, _____.

Signature of Payor

Address

City, State, Zip Code

Phone Number

All information given will be held in strict confidence and will
not be released to anyone other than the applicant/tenant.