



<b>JHA Use Only</b>	
Received By _____	
Date Received _____	
Change Effective Date _____	

The Housing Authority  
of the City of Jacksonville

**Non-Receipt of Child Support**  
**Please Print using Black Ink Only**

**Public Housing**    \_\_\_ Applicant                      **Section 8**    \_\_\_ Applicant  
                             \_\_\_ Resident    \_\_\_ Active Participant

I, \_\_\_\_\_ do not receive any child support or in-kind dollars for my children  
**Applicant/Participant Name**

\_\_\_\_\_  
**List Child/Children Name(s)**

I understand that I must report any amounts received to the Jacksonville Housing Authority in 10 business days per the Jacksonville Housing Authority policy.

\_\_\_\_\_  
**Signature of Applicant/Participant** **Date**

**This statement must be notarized and returned to the Jacksonville Housing Authority before certification/re-certification can be completed.**

Under penalties of perjury, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

The foregoing instrument was acknowledged to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ who is personally known to me or who has produced identification.  
**Name of Affiant**

\_\_\_\_\_  
**Notary Public Signature** **Notary Seal**

**WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. Also, amounts received from providing childcare and attendant care are reportable to the Internal Revenue Service (IRS).**



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