



# WAUKEGAN HOUSING AUTHORITY

*Executive Director/CEO*  
Charles J. Chambers, Jr.

*Chairman*  
Eleanor Murkey

*Vice-Chairman*  
Michelle Obleton

*Commissioners*  
Kittie Harden  
Juan Martinez  
Jesus Gerena

## CHILD SUPPORT VERIFICATION FORM

Date: \_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_ Payee's Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Payee's SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Child(ren) \_\_\_\_\_

Applicant/Tenant Signature: \_\_\_\_\_

Applicant/Tenant Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The Waukegan Housing Authority is required to obtain all information concerning the income and expense of applicants and participants in order to determine their eligibility for our Section 8 Rental Assistance Program. The above Applicant/Tenant has informed WHA that you make regular contributions for his/her support. We would appreciate you supplying the following information.

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Case#: \_\_\_\_\_ Child Support Amount: \_\_\_\_\_

Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

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Please return the appropriate information via Fax to 847-263-7525 or 847-244-8591.  
Or Mail to Waukegan Housing Authority

Case Manager: \_\_\_\_\_

Annual Re-Cert Month \_\_\_\_\_ Adjustment \_\_\_\_\_ New Applicant \_\_\_\_\_