

## Verification of Support (Payor)

Head of Household Name:

Address:

**Payor Instructions:** Please use this form to verify regular support you provide to the recipient directly or by paying a bill on their behalf on a regular basis.

Please complete the information below and return the form to Home Forward.

I, \_\_\_\_\_, do hereby affirm that I contribute the sum of  
\$ \_\_\_\_\_ per week per month to: \_\_\_\_\_ for:  
*Recipient's Full Legal Name*

Spousal Support

Child Support for the following children:

Other:

**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.

Payor Signature:

Date:

Payor Full Legal Name (please print):

Address:

Phone:

**Please return completed form Attention to:** \_\_\_\_\_

**In the envelope provided or fax to: 503.802.8589**