PASADENA COMMUNITY DEVELOPMENT COMMISSION RENTAL ASSISTANCE PROGRAM

649 N. FAIR OAKS AVE. SUITE 202 P.O. BOX 7115 PASADENA CA 91109 PH:(626)744-8300 FAX:(626)744-8330

CHILD SUPPORT/ALIMONY CERTIFICATIONS

To be completed by the Program Participant:				
Please check one:				
I certify that I receive the fo	llowing amount	ts for child support and	or alimony.	
I certify that I do not receiv	e any amount f	for child support and/or	alimony.	
Child Support	\$	per		
Alimony	\$	per		
Support provided by:	Name of Support	Provider		
	Street Address			
	City, State, Zip Co	ode		
	Telephone Numbe	er		
Name of Program Participant/Applicant		Signature		
Street Address		Date		
City. State. Zip Code		Telephone N	Telephone Number	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within this Jurisdiction.

PCDC Representative: