



Pender County Housing Department

Post Office Box 1149
805 South Walker Street
Burgaw, North Carolina 28425

Telephone: (910) 259-1208
FAX: (910)259-1343

CHILD SUPPORT AFFIDAVIT

Head of Household Name (Print)

Use this form to disclose all amounts/kinds of child support received. If you have more than one child but your children do not have the same absent parent, then complete a separate form for each.

| Child(ren)'s Names (print) | Date of Birth |
|----------------------------|---------------|
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INDICATE **ANY TYPE** OF SUPPORT RECEIVED FOR THE CHILDREN LISTED ABOVE:

- COURT ORDERED SUPPORT:** \$ _____ PER _____ (month/week/day)
 - PAYMENTS ARE THROUGH NC CHILD SUPPORT ENFORCEMENT (A **12-month history is required**)
 - PAYMENTS COME FROM ANOTHER STATE/COUNTY, EXPLAIN WHERE/HOW PAID: _____

- ABSENT PARENT PAYS ME DIRECTLY (NO COURT ORDER):** \$ _____ PER _____.
(A notarized affidavit is required.) (month/week/day)

- ABSENT PARENT PAYS EXPENSES AND/OR BUYS GOODS. EXPLAIN:** _____
_____ (A notarized affidavit is required)

- ABSENT PARENT DOES NOT PAY: IT IS COURT ORDERED FOR** _____
(A statement from Child Support showing that you do not have an open case is required.)

- ABSENT PARENT DOES NOT PAY: IT IS NOT COURT ORDERED. ABSENT PARENT DOES NOT HELP WITH EXPENSES.** (A statement from Child Support showing that you do not have an open case is required.)

- ABSENT PARENT IS **INCARCERATED** (JAIL/PRISON). DATE OF INCARCERATION: _____

- I DID NOT PURSUE CHILD SUPPORT BECAUSE: _____

By my signature below, I certify that the information above is true and complete. I understand it is my responsibility to notify PCHD of any changes to the status of child support. **WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

Signature of Applicant/Resident

Date

