



Verification of Child Support

Email: housingauthority@dsha.wa.gov

From: _____

Mail: DSHS Division of Child Support
PO BOX 11520
TACOMA, WA 98411-5220
1-800-468-7422

Email: _____ @wallawallaha.org

Telephone: _____

Name: _____ Case#: _____

Social Security Number: _____

To Whom It May Concern:

We are required to verify any income received by an applicant/participant/resident in our housing programs. Your verification is for the confidential use of the Walla Walla Housing Authority and the U.S. Department of Housing and Urban Development (HUD).

Please furnish the following information:

CH child support history report DH disbursement history report

If you have any questions, please contact the Walla Walla Housing Authority office at the telephone number or email address listed above.

Applicant / Participant / Resident Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Walla Walla Housing Authority | 501 Cayuse Street | Walla Walla Washington 99362 | 509-527-4542 | Fax 509-527-4574

Hearing-impaired, use statewide relay service number 1-800-833-6384 | www.wallawallaha.org | wwha@wallawallaha.org

