



**GAINESVILLE HOUSING AUTHORITY**  
*Where Housing Matters*

1900 SE. 4<sup>th</sup> St., Gainesville, FL 32641  
Telephone (352) 872-5500 ~ Fax (352) 872-5501  
[www.gainesvillehousingauthority.org](http://www.gainesvillehousingauthority.org)

**EXECUTIVE DIRECTOR**  
Pamela Davis

## NON-RECEIPT OF COURT-ORDERED CHILD SUPPORT

I, \_\_\_\_\_, do not receive any child support or in-kind dollars for my children,

\_\_\_\_\_.

I understand that I must report any amounts received to the Gainesville Housing Authority in 10 business days per the GNV policy.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Note:** Florida Law Chapter 409.325 F.S. makes it a crime to knowingly give false information to get into housing, to get lower rent, or to receive aid or benefits under any state or federally funded assistance program.

**This statement must be notarized and returned to the Gainesville Housing Authority before certification/re-certification can be completed.**

**State of Florida, County of** \_\_\_\_\_

Under penalties of perjury I hereby declare that the above information is true and correct to the best of my knowledge and belief.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,

20\_\_ by \_\_\_\_\_ who is personally known to me or who  
(Name of Affiant)

has produced \_\_\_\_\_ as identification and who did /did  
not (**circle one**) take an oath.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Seal

