



Gainesville Housing Authority  
**CHILD SUPPORT INCOME VERIFICATION**

To: Fax (954-267-4572)  
Florida Department of Revenue  
1900 W. Commercial Blvd. S-190  
Fort Lauderdale, FL 33309

From: Fax (352-872-5501)  
Gainesville Housing Authority  
1900 SE 4<sup>th</sup> Street  
Gainesville, FL 32641

To Whom It May Concern:

The following applicant has applied for housing assistance. Our agency is required to conduct a third party verification on all applicants applying for Public Housing or Section Eight Housing Choice Voucher Program.

**STATEMENT OF AUTHORIZATION**

I, \_\_\_\_\_ AUTHORIZE THE DEPARTMENT OF REVENUE TO RELEASE ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY DETERMINATION OF ELIGIBILITY FOR PARTICIPATION IN THE RENATL ASSISTANCE PROGRAM.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
SSN of Applicant

\_\_\_\_\_  
GHA Representative

\_\_\_\_\_  
Date

**DOR VERIFICATION**

- Find attached records on child support paid to the custodial family for the past (12) months (Case No: \_\_\_\_\_)
- The above mentioned person has registered with our agency and has applied for an enforcement action, but is not currently receiving support.
- The above mentioned person has not registered with our agency – and- a Records Search indicates that the above mentioned person has:
  - No Child Support Case registered with the Florida Department of Revenue in any Florida County.
  - A Child Support Case registered with the Florida Department of Revenue in County.

\_\_\_\_\_  
DOR Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date