



## Child Support Verification Form

**This form will be sent to the Cabinet for Health and Family Services to verify the receipt and non-receipt of child support when the applicant has children and the other parent is not part of the household.**

**This form will be used to acquire information from:**

Kentucky Cabinet for Health and Family Services

Child Support Enforcement

[CSE.Housing@ky.gov](mailto:CSE.Housing@ky.gov)

**This portion to be completed by applicant:**

- I do not have any children for which I receive child support*
- I have # \_\_\_\_\_ children for which I receive child support*
- I have # \_\_\_\_\_ children for which I DO NOT receive child support*

Applicant Full Name: \_\_\_\_\_

Applicant Social Security Number: \_\_\_\_\_

Applicant Full Address: \_\_\_\_\_

**\*\*\*\*Please send records for the past two years\*\*\*\***

**Authorization to Release Information:**

I am applying for homeownership with Scott/Bourbon Counties Habitat for Humanity, and hereby authorize the release of information regarding any child support cases associated with me, as requested by Scott/Bourbon Counties Habitat.

Applicant Signature: \_\_\_\_\_

