



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Child Support Verification

The person listed below has applied for housing assistance under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) of the U.S. Department of Housing and Urban Development (HUD). HUD requires that we verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning the form in the self-addressed return envelop within 10 days. The applicant has consented to this release as indicated below.

Name of Requesting Organization: _____
 Street Address _____
 (including city, state, zip): _____

Phone: _____ Fax: _____

Name of Applicant: _____

Social Security #: _____
 Street Address _____
 (including city, state, zip): _____

Applicant Signature: _____ Date: _____

**Please do not write below this line – For authorized administrator to fill in the requested information.*

COURT ADMINISTRATOR
 CHILD SUPPORT
 415 EAST 12TH STREET
 KANSAS CITY, MO 64106

Please attach a child support printout and fill in the information below.

Case Number(s): _____,
 _____,

Authorized
 Representative's Name: _____

Authorized
 Representative's Title: _____

Signature: _____ Date: _____

Please return verification form to the agency listed above.