GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Energy and Environment

Lead Reduction Program Child Support Verification

То:	1	From:	1
Name:		Name:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	
Fax:		Fax:	
Re:	1		
Name:		Address:	1
Last 4 of SSN:		Address.	
			I
information that is			nation obtained under this consent is limited to Il be used only for the purpose of determining
Signature of Appli	cant/Resident	Date	
SECTION BELOW TO BE COMPLETED BY ENFORCEMENT AGENCY The individual named above has applied for DOEE's Lead Reduction Program. Federal regulations require third party			
verification of the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in strict confidence . We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.			
Name of Child(ren):			State:
Non-Custodial Parent:		Custodian:	
 I certify that: Currently there is no court order directing payments through this office. There is a court order for \$ per week month year other The full amount is directed to this office and disbursed. The partial amount directed to this office and disbursed over the past 12 months is \$ This office has no record of payments received or disbursed over the past 12 months. If there is a court order with no record of payment, has the Custodian attempted to pursue enforcement? Yes, date of most recent effort: No, to date there has not been any effort pursue enforcement of payments. 			
🗆 No	, to date there has not been any effor	rt pursue enforce	ment of payments.
Signature:	Date:		
Name and Title	of Person Supplying Information:		
Phone Number:	F	Email Address:	
willingly making fals HUD or DOEE) may Use of the informat willingly requests, o misdemeanor and f action for damages, unauthorized disclos	se or fraudulent statements to any department be subject to penalties for unauthorized disclution tion collected based on this verification form obtains, or discloses any information under fa- tined not more than \$5,000. Any applicant or and seek other relief, as may be appropriate	nt of the United States losures or improper us is restricted to the p alse pretenses concer participant affected l e, against the officer of nisusing the social sec	that a person is guilty of a felony for knowingly and s Government. HUD and DOEE (or any employee of se of information collected based on the consent form. urposes cited above. Any person, who knowingly or ring an applicant or participant may be subject to a by negligent disclosure of information may bring civil or employee of HUD or the owner responsible for the curity number are contained in the Social Security Act 2,408 (a), (6), (7) and (8).

Last Revision: 7/16/2021



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★ DEPARTMENT