



CHILD SUPPORT VERIFICATION

PART I - REQUEST

TO: Child Support Services Div.
Attention:
550 W. 7th Avenue, Suite 310
Anchorage, AK 99501

FROM: (Name and Address of Lender):

Table with 4 columns: Applicant(s) Name, Soc. Sec. No., Address, Signature*. Rows a, b, c, d.

* Signature authorizes release of information:

Signature of Lender Date

PART II - VERIFICATION

(To be completed by Child Support Services Division)

Are applicants currently obligated to pay child support?

- a. No ___ Yes ___ Monthly Payment Amount: \$
b. No ___ Yes ___ Monthly Payment Amount: \$
c. No ___ Yes ___ Monthly Payment Amount: \$
d. No ___ Yes ___ Monthly Payment Amount: \$

Does a child support arrearage exist for any of the applicants?

- a. No ___ Yes ___
b. No ___ Yes ___
c. No ___ Yes ___
d. No ___ Yes ___

If an arrearage exists, the amount of the arrearage is: \$

Comments:

Information verified by: Name Date