

HOUSING AUTHORITY OF MURRAY

CHILD SUPPORT VERIFICATION

This information must be faxed to: 270.753.2073 or mailed to:

Housing Authority of Murray  
716 Nash Drive  
Murray KY 42071

TO: \_\_\_\_\_ Division of Child Support

Date: \_\_\_\_\_

Applicant/Resident Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

I, the undersigned, request the Division of Child Support to provide a Payment History regarding the child support I have received, or not received for the past year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date