

P: 919.269.6404 F: 919.269.2196 100 Shannon Drive Zebulon, NC 27597 WakeCountyHA.org

## **SELF-CERTIFICATION DO NOT RECEIVE CHILD SUPPORT**

I,, residing at do hereby certify that I do not receive child support	from any source. Lunderstand that if I hagin to rea	
support from any source I must report it within 10 b		
Full Name of Child/Children	Information on the Absent Parent	_
	Name	
	Name:	
		$\dashv$
	Name:	_
		_
	Name:	
		•
If the absent parent or another person provides good provide a statement of the goods and services provided a statement of the absent parent or person providing the how often they are provided. For example, if a grant that the grandparent pays day care, the amount paclothes, etc. you must provide a statement of the ite	vided. Your statement must include the name, addr be goods or services, the list of goods or services p adparent pays day care you must provide a statement id and how often. If the absent parent provides dia	ress and phone rovided and ent outlining
I certify that the above information is true and comp household provides goods and services that I must Authority within 10 business days.		
Signature of Parent	Date	<del></del>
County of Wake		
State of North Carolina		
The foregoing instrument was subscribed and swor	n before me this day of	, 20
hy		
(Name of person signing document)	<del>_</del>	
		<del>_</del>
	Notary Public	
	Registration #	_
	, солишовой Едриос.	_

WARNING: SECTION 1001 OF THE TITLE 18 OF THE UNITED STATES CODE MAKE IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.