



OKALOOSA COUNTY
AFFORDABLE HOUSING PROGRAMS
CHILD SUPPORT AFFIDAVIT

1. I hereby certify that I, _____ (print name) do **not** receive child support for my daughter(s)/son(s) (named below)

2. I hereby certify that during the next 12 months there is no change expected in my financial or employment status.

3. I understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I further understand that any willful misstatement of information will be grounds for disqualification.

Signature of Household Member

Date

STATE OF Florida
COUNTY OF Okaloosa

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (date)
by _____ (name of person acknowledging), who is personally known to me or who has produced _____ (type of identification as identification).

(Notary Signature)

(Name typed, printed or stamped)