



Community Services Department
520 W. Lake Mary Blvd, Suite 100, Sanford, FL
cscustomerservice@seminolecountyfl.gov
407-665-2300

VERIFICATION OF NO CHILD SUPPORT INCOME

This form must be completed for any household member with minor children not residing with both biological parents and claiming no child support income.

The purpose of this form is to certify that I, _____, residing at
NAME

ADDRESS

verify I do not receive any child support income.

SIGNATURE

DATE

___By checking this box I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

