



## Child Support Statement

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

Select one of the statements listed below based on support for each child in the household.

I hereby certify that I **DO** receive child support for the following children: Proof of child support must be provided for the last 4 weeks (i.e. a written statement from absent parent, paystubs, a document from Clerk of Court, or a print out from www.myfloridacounty.com)

Child(ren) Name	Absent Parent Name
_____	_____
_____	_____
_____	_____

The last known address for the other parent(s) is:

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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I hereby certify that I **DO NOT** receive child support for the following children: **Every child included in the household must be listed.**

Child(ren) Name	Absent Parent Name
_____	_____
_____	_____
_____	_____

The last known address for the other parent(s) is:

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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I agree to notify the Early Learning Coalition of Broward County within ten (10) days if my situation changes in any way.

\_\_\_\_\_ **I declare, under the penalty of perjury** (which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year or a fine not exceeding \$1,000 pursuant to ss. 837.012, 775.082 or 775.083, F.S.), **that the information provided is true and correct.**

_____	_____	_____
Client Name	Client Signature	Date