

CITY OF BELLE GLADE VERIFICATION OF ALIMONY OR SEPARATION PAYMENTS



Attn: Human Resources
110 Dr. Martin Luther King Jr. Blvd. West
Belle Glade, FL 33430-3900
PHONE: 561-996-0100
FAX: 561-993-1813

<p>TO:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>AUTHORIZATION: The City of Belle Glade is required to verify Alimony and Separation Payments made to all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program, which we operate, and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>NAME OF PERSON PAYING ALIMONY OR SEPARATION PAYMENTS:</p> <p>_____</p> <p>Address of Person Paying Alimony or Separation Payments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name of person being supported:</p> <p>_____</p> <p>Amount of support:</p> <p>\$_____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>When is support likely to cease?</p> <p>_____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>DATE: _____</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>TITLE: _____</p> <p>DATE: _____</p> <p>TELEPHONE: _____</p>
<p>WARNING: 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.</p>	