

Middle Kentucky



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Jackson, KY 41339
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Darrell R. Shouse
Executive Director

Verification of Information: No Child Support

Client Name: _____
Last First

Mailing Address: _____

Phone Number: _____

A _____ B _____ C _____
Child's Name Child's Name Child's Name
D _____ E _____ F _____
Child's Name Child's Name Child's Name

**WARNING: ANY PERSON WHO AIDS ANOTHER PERSON IN OBTAINING ANY TYPE OF ASSISTANCE
FRAUDULENTLY IS SUBJECT TO PENALTIES BY THE STATE AND FEDERAL LAWS. THIS COULD INCLUDE PENTALTIES
AND OR FINES.**

I, _____ Hereby certify that I have received **NO CHILD SUPPORT** for my child
(Custodial Parent or Guardian)
or children in the last _____ month(s).

I receive no child support, but the child(s) father helps with living expenses.

\$ _____ rent, \$ _____ utilities, \$ _____ car expenses, \$ _____ other: _____.

Staff Signature/Notes

Date