#### EXHIBIT NV - 2f

# LOW-INCOME HOUSING TAX CREDIT PROGRAM

**AFFIDAVIT OF ALIMONY / CHILD SUPPORT**

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| Resident Name: |       | Unit # |       |
| --- | --- | --- | --- |

List the names of all children receiving child support:

|       |  |       |  |       |  |       |
| --- | --- | --- | --- | --- | --- | --- |

|       |  |       |  |       |  |       |
| --- | --- | --- | --- | --- | --- | --- |

I confirm to you the following information with respect to receipt of alimony and/or child support:

| [ ]  | • | I have been awarded alimony, child support or other compensation pursuant to a court order  |
| --- | --- | --- |

| court order or other agreement in the amount of  | $      | per month.  |
| --- | --- | --- |

| (Attach supporting documentation – see Chapter 7(E)(5) of the NHD Compliance Manual) |
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| • | Notwithstanding the above, I expect to receive no more than | $      | over |
| --- | --- | --- | --- |

| the next 12 months. I do not expect to receive the full amount of money due me because  |
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| (verification required): |       |
| --- | --- |

| • | I have taken the following actions in an attempt to collect the monies due me: |
| --- | --- |

|        |
| --- |

| [ ]  | • | Although I am not currently receiving any alimony, child support or other compensation  |
| --- | --- | --- |

| pursuant to a court order or other agreement, I believe that I will receive such an order within |
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| the next 12 months. I anticipate receiving  | $      | commencing on  |        |
| --- | --- | --- | --- |

| *(dd/mm/yyyy)* |
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I further confirm that I have custody (50% or more of the time) of all children listed above.

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency at these apartments and that providing false information or any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I certify the above statements are true to the best of my knowledge and belief.

| Signature of Applicant/Resident  |   | Date |
| --- | --- | --- |

| Signature of Authorized Property Representative  |  | Date |
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