

Citizens For Citizens, Inc.
250 Griffin Street/1 Taunton Green
Fall River, MA 02724/Taunton, MA 02780

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Child Support/Alimony Documentation Form

Applicant Name: _____ **Application #:** _____

Please complete this form and return it to CFC **with the required supporting documentation** whether **or not** you receive child support or alimony (spousal support).

I, _____ (Applicant) understand that I will be held liable if I have misstated or understand in any way the child support/alimony my household receives.

****Signature _____ Date _____****

Please provide the following information grouped by the person providing the household child support/alimony.

Noncustodial Parent/Ex-Spouse #1

Name of noncustodial parent or ex-spouse providing the support: _____
Name of child(ren): _____, _____, _____
<input type="checkbox"/> The household has NEVER received child support/alimony. OR
<input type="checkbox"/> The household DOES receive child support/alimony. The amount received: \$ _____ (circle one) weekly/bi-weekly/monthly* OR
<input type="checkbox"/> The household has NOT received any child support/alimony since: _____ (If over 30 days) Is the Applicant the adult household member that receives support? <input type="radio"/> Yes <input type="radio"/> No If no, name of other household adult receiving support: _____

Noncustodial Parent/Ex-Spouse #2

Name of noncustodial parent or ex-spouse providing the support: _____
Name of child(ren): _____, _____, _____
<input type="checkbox"/> The household has NEVER received child support/alimony. OR
<input type="checkbox"/> The household DOES receive child support/alimony. The amount received: \$ _____ (circle one) weekly/bi-weekly/monthly* OR
<input type="checkbox"/> The household has NOT received any child support/alimony since: _____ (If over 30 days) Is the Applicant the adult household member that receives support? <input type="radio"/> Yes <input type="radio"/> No If no, name of other household adult receiving support: _____

*** For each source of child support/alimony, one of the following documents is required:**

- a) Copies of canceled child support/alimony **checks or money orders** from source;
- b) Copy of the **court order** or **divorce decree** that indicates the amount paid and how often;
- c) Copy of an attorney of record or legal agency **letter** representing the Applicant that indicates the amount paid and how often it's paid;
- d) **Notarized letter** from support source;
- e) **Mortgage/rent paid** in lieu of, or in addition to child support/alimony is countable income. A copy of the court order, decree or other legal document specifying the amount and frequency of such payments is required, or,
- f) **Department of Revenue (1-800-322-2733)** payment history.

____ I am paying support (court ordered or voluntarily) for _____, _____, _____.