## North Shore Community Action Programs, Inc. 119 Rear Foster Street Building #13, Peabody, MA 01960 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 2018 Child Support/ Alimony Documentation Form

Applicant Name:\_\_\_\_\_ Application :\_\_\_\_\_

If your household receives child support or alimony (spousal support), please complete this form and return it with the required supporting documentation to NSCAP.

\_\_\_\_\_, (Applicant) understand that I will be held liable if I have I, \_\_\_\_\_ misstated or understated in any way the child support/alimony my household receives. Please provide the following information grouped by the person providing the household child support/alimony.

Noncustodial Parent/Ex-Spouse #1

Noncustodial Parent/Ex-Spouse #2

Name of noncustodial parent or ex-spouse providing the support:
Name of child(ren):,,,,,,,,,,
The household has NOT received any child support/alimony since OR
The household has NEVER received child support/alimony OR
The household DOES receive child support /alimony. The amount is received: \$ (circle one) Weekly / bi-weekly / monthly
Is the Applicant the adult household member that receives this support?  Yes No. If no, name of other household adult receiving support:

Note: Do you receive payment for your rent/mortgage or for child care in lieu of child support or alimony? Yes / No (Circle one) If yes, amount received is \$ \_\_\_\_\_ weekly / bi-weekly / monthly (Circle one)

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 it's paid;

C)	Copy of an	attorney	of record or	legal agend	y letter	r representing	the Applicant	that i	ndicates tl	he amount	paid and ho	ow
er	n 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 court order
decree or other legal document specifying the amount and frequency of such payments if required; or,
F) Department of Revenue (1-800-332-2733) payment history.

Signature \_\_\_\_\_