

**2022-23 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**Child Support/Alimony Documentation Form**

**Applicant Name:** \_\_\_\_\_ **Application #:** \_\_\_\_\_

Please complete this form whether your household receives or does not receive child support or alimony (spousal support). If you do receive support, please return the form **with the required supporting documentation listed below.** \*

I, \_\_\_\_\_, (Applicant) understand that I will be held liable if I have 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**

Name of noncustodial parent or ex-spouse providing / not providing 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 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: \_\_\_\_\_

**Noncustodial Parent/Ex-Spouse #2**

Name of noncustodial parent or ex-spouse providing /not providing 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 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: \_\_\_\_\_

**\* For each source of child support/alimony received, 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 attorney of record / legal agency **letter** representing the Applicant that indicates the amount and how often it's paid;
- d.) **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 if required; or,
- f.) **Department of Revenue Child Support Enforcement Division** (1-800-332-2733) payment history.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_