SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH MA 02360
FY2020
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
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 SSCAC, INC.

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 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 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 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 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, one of the following documents is required:

- Copies of canceled child support/alimony checks or money orders from source;
- Copy of the court order or divorce decree that indicates the amount paid and how often it's paid;
- Copy of an attorney of record or legal agency letter representing the Applicant that indicates the amount paid and how often it's paid;
- Notarized letter from support source;
- 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,
- Department of Revenue (1-800-332-2733) payment history.

Signature __________________________ Date __________________________