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:

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 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 if required; or,
f.) **Department of Revenue** (1-800-332-2733) payment history.

Signature _____ Date _____