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 (Agency).

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 ____________________

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