COMMUNITY ACTION, INC.  
3 Washington Sq 2ND Fl  
Haverhill, Ma. 01830

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 ___________________________