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 ACTION.

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 Child Support Enforcement Division (1-800-332-2733) payment history.

Signature ____________________________________  Date _____________________

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**Action Inc. Main Office**  **Energy Services**  **Emergency Shelter**

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