



PO Box 5-626,
 166 William Street New Bedford, MA 02740
 Tel. 508-999-9920
 Fax 508-999-3728

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Child Support/Alimony Documentation Form

Name: _____ **Application #** _____

If you receive child support or alimony: please complete, sign, date and return this form to our office along with the required documentation indicating the amount(s) of the support/alimony.

I, _____, understand that I will be held liable if I have misstated or understated in any way the support/alimony I receive.

a.) _____ I have NOT received any child support/alimony since _____.

OR

b.) _____ I DO receive child support/alimony.

The amount is: \$ _____ per week/month (circle one)

From: _____.

The child support/alimony started on or around this date: _____.

If you receive child support/alimony from more than one person, please provide amount received from each person, how often received, when each began, and the name of each person providing the child support/alimony:

For each source of child support/alimony, one of the following documents is required:

- a.) Copies of canceled alimony/support checks or money orders from source;
- b.) Copy of the court order;
- c.) A letter from the attorney of record or legal agency representing the applicant;
- d.) Notarized letter from support source;
- e.) Mortgage/rent paid in lieu of, or in addition to alimony/child support 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 payment history.

Signature _____ Date _____