**NEW ENGLAND FARM WORKERS’ COUNCIL**

**1666 Main Street**

**Springfield, MA 01103**

**(413)272-2209**

**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 **(NEFWC).**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_