

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 \_\_\_\_\_