



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
484 Main Street, 2nd Floor ♦ Worcester ♦ Massachusetts ♦ 01608-1810
Telephone: 508.754.1176 ♦ Fax: 508.754.0203 ♦ Website: www.wcac.net

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: _____



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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** (1-800-322-2733) payment history.

Signature _____ Date _____