



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Child Support/Alimony Documentation Form Application #

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

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

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

OR

b.) _____ I have NEVER received child support/alimony.

OR

c.) _____ 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, 1) how often received, 2) when each began, and 3) 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 child support/alimony 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 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 payment history.

Signature _____ Date _____