



City of Cambridge/DHSP

Fuel Assistance Program

51 Inman Street, Cambridge, MA 02139

Phone: (617) 349-6252 Fax: (617) 349-6246

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 (CCDHS).

I, \_\_\_\_\_, (Applicant) understand that I will be held liable if I have misstated or understand 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 the 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 the 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 indicated 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) **A 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 payment if required; or,
- f) **Department of Revenue Child Support Enforcement Division** (1-800-332-2733) payment history.

Signature \_\_\_\_\_

Date \_\_\_\_\_