



City of Cambridge/DHSP  
Home Energy Assistance Program  
51 Inman Street, Cambridge, MA 02139  
Phone: (617) 349-6252 Fax: (617) 349-6246

## HOME ENERGY ASSISTANCE PROGRAM (HEAP)

### 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 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:**

- Copies of canceled child support/alimony **checks or money orders** from source;
- Copy of the **court order or divorce decree** that indicates the amount paid and how often it's paid;
- Copy of an attorney of record or legal agency **letter** representing the Applicant that indicates the amount paid and how often it's paid;
- A **letter** from support source;
- 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,
- Department of Revenue Child Support Services Division** (1-800-332-2733) payment history.

Signature \_\_\_\_\_ Date \_\_\_\_\_

HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.