

North Shore Community Action Programs, Inc.  
119 Rear Foster Street Building #13, Peabody, MA 01960  
**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**  
**CHILD SUPPORT/ALIMONY DOCUMENTATION FORM**

Applicant Name: \_\_\_\_\_

Application #: \_\_\_\_\_

Whether your household receives child support or alimony (spousal support) or does not, please complete this form and return it with the required supporting documentation to NSCAP.

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. 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 (If necessary)**

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. 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: \_\_\_\_\_

\*\*\*Does the household receive payment for rent, mortgage or  
child care in lieu of child support or alimony?

Yes / No (Circle one) If Yes, amount received is \$\_\_\_\_\_ weekly, bi-weekly, monthly (Circle one)

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 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 payment history available by calling (1-800-332-2733).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_