

**Child Support Documentation Form**

**\*\*\*\*FORM MUST BE SIGNED AND DATED EVEN IF YOU DO NOT RECEIVE CHILD SUPPORT\*\*\*\***

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you or a member of your household receives child support, please complete this form.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I will be held liable if I have misstated or understated in any way the child support my household receives.

Please provide the following information grouped by the person providing the household child support.

**Noncustodial Parent #1**

Name of noncustodial parent providing the support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child/children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 the household has **NOT** received any child support since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

OR

 the household has **NEVER** received child support.

OR

 the household **DOES** receive child support. 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 #2**

Name of noncustodial parent providing the support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child/children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 the household has **NOT** received any child support since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

OR

 the household has **NEVER** received child support/alimony

OR

  the household **DOES** receive child support. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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