OMMUNITY ACTION **FUEL ASSISTANCE**

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 CAPV. _, (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:
Is the Applicant the adult household member that receives this support? \Box Yes \Box No
If no, name of 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 indicates 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 payments if required; or,
- f.) Department of Revenue Child Support Enforcement Division (1-800-332-2733) payment history.

Signature _____

I, _

Date _____

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