



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

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Name of child/children for whom the support is paid:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of other parent: \_\_\_\_\_

Address of other parent: \_\_\_\_\_

Phone number of other parent: \_\_\_\_\_

**The Following Must Be Completed**

I declare from \_\_\_\_\_ to \_\_\_\_\_ I have paid a total amount of \$ \_\_\_\_\_ in child support payments. (Attach proof of the payments made)

**I certify under the penalties of perjury that this is true and accurate information.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

**Child Support Hotline Verification: 1-800-371-8844**

(Press 1 for English, Press 1 for Payee / Press 2 for Payor, Enter SSN & #, Press 3 for last 5 payments)

Client's Social Security Number: \_\_\_\_\_

<u>Date Received:</u>	<u>Amount Received:</u>	<u>Received By:</u> <u>(State/Client)</u>	<u>Amount Paid by Client</u> <u>indicate child's name</u>
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		

Verified By: \_\_\_\_\_ Verified On: \_\_\_\_\_