



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 (last 30 days) \$ _____ 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)

___ No information can be found for this social security number.

___ Payment information is currently unavailable.

___ Other: _____

Client's Social Security Number: _____

<u>Date Paid:</u>	<u>Amount Paid:</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: _____