

CERTIFICATION OF CHILD SUPPORT/ALIMONY

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

Social Security Number: \_\_\_\_\_

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

Please list the child or children's name below that this applies:

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

( ) I currently receive child support in the amount of \$ \_\_\_\_\_ each  
( ) week ( ) month

( ) I currently receive alimony support in the amount of \$ \_\_\_\_\_ each  
( ) week ( ) month.

( ) I do not receive any child support or alimony.

Is there a court order for child support ( ) No ( ) Yes

If child support is not being received, please state why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant/Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Name of Notary

My commission expires: \_\_\_\_\_

This institution is an equal opportunity provider and employer"