

Case # _____

FAP Form 7B

Attn: _____

Community Action Program
Belknap-Merrimack Counties, Inc.
Child Support Verification Form

I, _____, declare that between _____ and _____
(Start date) (end date)

For: _____
Name of child/children

Other parent's name, last known address and phone number are: _____
Other parent's name (for child/children listed above)

Address, City, State and Zip Phone number

1. _____ I have NOT received any child support. Date of last payment was: _____

REASON:

- _____ Absent Parent's address is unknown
- _____ Father is unknown. There is no name on birth certificate
- _____ Absent parent is incarcerated
- _____ Receive TANF/Family Assistance Program. Child support retained by State
- _____ Absent parent is deceased. Receiving survivors benefits _____ Yes _____ No
- _____ Other, please explain in comments section.

2. _____ I have received child support in the amount of \$ _____ per _____

3. _____ I pay out child support in the amount of \$ _____ per _____

(Documentation required (payroll deduction, letter from custodial parent or bank statement))

Comments: _____

I attest under the penalty of perjury that the above information is true and accurate.

Signature _____ Clients SS # _____

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 and #, Press 3 for last 5 payments)

Date Received	Amount Received	Received by (State/Client)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Verified By: _____ Verified On: _____