



MARYLAND OFFICE OF HOME ENERGY PROGRAMS
VERIFICATION OF ALIMONY/CHILD SUPPORT

RETURN THIS FORM TO:

Instructions: Please have the person responsible for making alimony or child support payments (the payor) complete this form. The person receiving these payments (the payee) must also sign this form.

Payor's Name: _____

Payee's Name: _____

Street Address: _____

Street Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone Number: _____

Dear Payor:

It is necessary to verify the alimony or child support you have paid to the above-named person, whose signed authorization appears below. Please complete the section(s) that apply. Thank you for your cooperation.

_____, Intake Worker

Please list each payment given during the 30 day period from _____ to _____ .

MONTH _____

MONTH _____

Name of Child Payment is For*	Amount Paid	Date Paid

Name of Child Payment is For*	Amount Paid	Date Paid

*If payment is for alimony, please leave this field blank.

Payor's Signature: _____

Date: _____

I hereby authorize the release of alimony or child support information necessary for documentation of income to the Office of Home Energy Programs (OHEP).

Payee's Signature: _____

Date: _____