CHILD SUPPORT PAYMENT INCENTIVE PROGRAM

The program encourages noncustodial parents (NCP) to make consistent child support payments by:

- Reducing state-owed arrears by half if the NCP makes full child support payments for a year.
- Eliminating the balance owed if the (NCP) makes full child support payments for two years.

Credit will be given for uninterrupted court ordered payments made immediately prior to participation in the program.

Consideration will be given for periods of unemployment due to seasonal work and no-fault termination.

Note: Any arrears owed to the family will not be reduced.

Eligibility Criteria

- Applicant has a Maryland court order and there is an arrears balance owed to the State because the custodial parent received public assistance.
- Applicant has not been terminated from this program three(3) times.

To Apply

The Noncustodial Parent must:

- Submit a completed application to the local child support office; and
- Provide copies of the most recent pay stubs, if available.

You can submit your application a number of ways.

- Bring it in personally
- Take a Picture and Fmail us
- Mail it to us
- Fill it out online
- Scan and Email Us

Apply online at: www.dhs.maryland.gov/child-support-services/noncustodial-parents/payment-incentive-program





Child Support Payment Incentive Program

Make Your Payments.
Reduce Your State Owed Arrears!



MD Department of Human Services www.dhs.maryland.gov



For more info on available Child Support Services go to: www.dhs.maryland.gov/child-support-services

Application for Child Support Payment Incentive Program

If you prefer you may complete this form online at:

OR SCAN THE OR CODE BELOW

www.dhs.maryland.gov/child-support-services/ noncustodial-parents/payment-incentive-program



PLEASE PRINT

| Your Name (First, Middle, Last) | | | | |
|---|-------------------|--------------|-----------------------|--|
| Custodial Parent's Name | | Case Number | | |
| Your Address | City | State | Zipcode | |
| Your Social Security Number | Home Phone Number | Business Pho | Business Phone Number | |
| Your Employer | | | | |
| Employer Address | City | State | Zipcode | |
| Income & Frequency Househo (Hourly Weekly Ri-Weekly Monthly) (Yourself) | | Size | dren on | |

Note: Provide proof of income (e.g. last two pay stubs or most recent tax returns) if available. all court orders in addition to children living in your current household)

Signature





I OCAL CHILD SUPPORT AGENCIES

For more info go to: www.dhs.maryland.gov/child-support-services

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