



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: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Payee's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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: \_\_\_\_\_