

# SPOUSAL SUPPORT INCOME DECLARATION FORM

Alimony Income Verification Statement

## 1. RECIPIENT INFORMATION (DECLARANT)

Full Name

Phone Number

Street Address

City, State, Zip Code

Email Address

## 2. PAYOR INFORMATION (SOURCE OF INCOME)

Full Name of Payor

Relationship to Declarant

Street Address

City, State, Zip Code

Contact Number (if known)

## 3. SUPPORT ORDER / AGREEMENT DETAILS

Court Jurisdiction / County & State

Case / Docket Number

Date of Order / Agreement

Ordered Spousal Support Amount (\$)

Payment Frequency (e.g., Monthly, Bi-weekly)

Duration of Support (End Date / Event)

## 4. RECORD OF SUPPORT PAYMENTS RECEIVED (MOST RECENT 6 MONTHS)

Date Received	Amount Received (\$)	Method of Payment (e.g., Check, Direct Deposit, Court Registry)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 5. SOLEMN DECLARATION AND ATTESTATION

I hereby declare and certify under penalty of perjury that the information provided in this Spousal Support Income Declaration Form is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may lead to legal consequences, including the denial or termination of services, loans, or programs for which this form is submitted.

\_\_\_\_\_  
Signature of Recipient (Declarant)

\_\_\_\_\_  
Date (MM/DD/YYYY)