

SPOUSAL SUPPORT PAYMENT VERIFICATION STATEMENT

Alimony Income Verification

1. RECIPIENT INFORMATION (PAYEE)

Full Name:

Phone:

Address:

City, State, Zip:

SSN (Last 4 digits):

2. PAYOR INFORMATION

Full Name:

Phone:

Address:

3. COURT ORDER / AGREEMENT DETAILS

Court Jurisdiction / County:

Case Number:

Date of Order/Agreement:

Monthly Alimony Amount:

Payment Due Date (Day of Month):

Duration / End Date:

4. RECENT PAYMENT HISTORY

Date Received	Amount Paid (\$)	Payment Method (Check/Bank Transfer/Cash/Other)

5. AFFIRMATION & SIGNATURES

I hereby certify and declare under penalty of perjury that the information provided in this statement regarding spousal support/alimony payments is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may have legal consequences.

Signature of Recipient (Payee)

Date

Signature of Payor (Optional/If Required)

Date