

ALIMONY INCOME DISCLOSURE STATEMENT

RECIPIENT INFORMATION (PAYEE)

Full Name

Social Security Number / Tax ID

Address

Phone Number

PAYOR INFORMATION (PAYER)

Full Name

Relationship to Recipient

Address

ALIMONY & SUPPORT DETAILS

Legal Authority / Court Case Number

Jurisdiction (State/County)

Date of Order / Agreement

Monthly Alimony Amount (\$)

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

Date of First Payment

Duration of Payments (Number of months/years)

Payment End Date (if applicable)

REQUIRED DOCUMENTATION ATTACHED

Please check the boxes corresponding to the documents submitted with this statement to verify the income:

Copy of Certified Divorce Decree, Separation Agreement, or Court Order

Bank Statements reflecting deposits for the last consecutive months

Federal Tax Returns (including Schedule 1, if applicable) for the most recent tax years

Other supporting legal documentation:

ATTESTATION & SIGNATURE

I hereby certify and declare under penalty of perjury that the information provided in this Alimony Income Disclosure Statement is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may have legal consequences and impact eligibility or processing of any associated applications.

Signature of Recipient

Date