Application for CSSD Arrears Management Program

I. Applicant's inform	nation: (I am the non-cu	stodial	parent MI:) Last Name	٥٠	
riist Name:			IAI T :	Last Name	ᠸ•	
Home Address:			1			
City/State/ZIP:						
Data of Binth	te of Birth: Social Se				Polotice to Child/	
bate of Birth.		Social Security Number:			Relation to Child(ren): Mother: Father:	
Home Phone:	Work Pho	hone:			Cell Phone:	
CSED Case Number:		Names and dates of birth of dependent children you are				
		suppor	rting that	are not a	ssociated with this CSED case:	
Lump sum offer you a	re able to pay on this					
case for settlement of arrears		Are these children living with you? Yes No				
e.			Are you paying child support for them? Yes No			
\$		Provide documentation of your support for these children. Attached? Yes No				
			ALLACHEO	1 08	INO	
Have you provided your n	onsiderations that we should		If no, pl	ease explain		
		IMF	PORTAN	NT.		
All the above informa	ation is true and correct				me of this intake application submittal	
Applicant/Recipient Signature			Date			
FOR OFFICE USE ONLY	Please itemize all documents that	at were obt	tained from the	ne customer:		

CSSD ARREARS MANAGEMENT PROGRAM HARDSHIP EXEMPTION FORM

Non-Custodial Parent Name:
CSSD Case Number:
Briefly describe the hardship exemption claimed by the NCP:
Did you include with this form? (Check all that apply)
Copy of NCP's Application for Arrears Management Program
Copy of all documentation submitted by NCP
Copy of Social Security/Department of Workforce Solutions earnings history
Copy of the delinquency calculation
Copy of the Arrears Management Calculator
What is the lump sum amount as determined by the lump sum calculator? \$
Submitted by: Date:
Hardship exemption is: Granted Denied
Lump sum payment offer: \$
Approved by: