

## Application for CSED Arrears Management Program

### I. Applicant's information: (I am the non-custodial parent )

First Name:		MI:	Last Name:	
Home Address:				
City/State/ZIP:				
Date of Birth:	Social Security Number:		Relation to Child(ren): Mother: <input type="checkbox"/> Father: <input type="checkbox"/>	
Home Phone:	Work Phone:		Cell Phone:	
CSED Case Number:		Names and dates of birth of dependent children you are supporting that are not associated with this CSED case:		
Lump sum offer you are able to pay on this case for settlement of arrears \$ _____		Are these children living with you?      Yes      No		
		Are you paying child support for them?      Yes      No		
		Provide documentation of your support for these children. Attached?      Yes      No		

2. Checklist of information needed to review your case for this program. **Please Note:** Additional information may be requested. Failure to provide the requested information may result in an automatic denial.

Have you provided your three most recent wage stubs:    Yes    No    If no, please explain:
Have you provided your most recent tax return with:    Yes    No    If no, please explain:
Have you provided your most recent W-2:    Yes    No    If no, please explain:
Do you have any other considerations that we should be aware of (documented disability, incarceration, SSI, TANF, etc.)? Please provide documentation.
_____
_____
_____

### **IMPORTANT**

All the above information is true and correct to my knowledge at the time of this intake application submittal.

\_\_\_\_\_

Applicant/Recipient Signature

\_\_\_\_\_

Date

FOR OFFICE USE ONLY	Please itemize all documents that were obtained from the customer:

## CSED ARREARS MANAGEMENT PROGRAM HARDSHIP EXEMPTION FORM

Non-Custodial Parent Name: \_\_\_\_\_

CSED Case Number: \_\_\_\_\_

Briefly describe the hardship exemption claimed by the NCP:

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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: \_\_\_\_\_

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Hardship exemption is:     Granted     Denied

Lump sum payment offer: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_