

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
CHILD SUPPORT AND MAINTENANCE DECLARATION (v10-14r)

*Declare below, by child, the **average** amount of child support received MONTHLY,
if received in the previous 30 days.*

LIST ALL CHILDREN'S NAMES	AMOUNT RECEIVED MONTHLY	FROM (PROVIDE NAME)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
SPOUSAL/ABSENT PARENT HOUSEHOLD PAYMENT	\$	

By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be requested to verify this statement and give my consent to the agency from where I am requesting services to make any necessary contacts to verify any statement. I understand my deliberate failure or misrepresentation of any information in this statement may result in my inability to participate in the Child Care and Development Fund (CCDF) Voucher Program.

Signature _____ Date _____

- List all your children under age 18
- Enter amount of child support physically received, or 0, for the past 30 days
- Sign and Date