

CHILD SUPPORT DEBT REDUCTION PROGRAM

What You Need to Apply

Reduce or eliminate balances owed with a partial repayment. Make a reasonable offer.

Provide copies of the following documents. Do not send original copies.

Information provided is subject to verification.



- Debt Reduction Program Application**
- Dependents:** List name(s) and date of birth for each biological or legally adopted child living with you

INCOME



- Employed:** Last three (3) paystubs
- Disability:** Proof of disability, unemployment, Workers' Compensation, retirement, etc.
 - Proof of SSA Benefits or Application
 - Proof of VA Benefits
- Public Assistance:** Current award letter
 - CalWorks
 - General Relief
- Unemployed:** Provide proof of unemployment benefit or denial letter OR letter from program or person supporting you (if ineligible for unemployment benefits)
- Self Employed:** Provide Profit and Loss Statement



- Tax returns:** Last year's return including W2 forms, 1040/1040EZ, 1099 forms, and all schedules
 - If you have not filed yet, provide copies from the previous tax year
- Proof of Other Income:** Inheritances, settlements, trust accounts, spousal support, and lottery winnings

ASSETS: Do you have or own the following?



- Vehicles you own, lease, finance or co-sign
 - Latest auto loan statement(s)



- Any Personal Property Valued at \$3,500 +** (*jewelry, collector items, etc.*)
- Stocks/Bonds**
- Home/Land/Real Property:**
 - Latest mortgage statement and assessment from the Assessor's Office



- Bank Accounts**
 - Last three (3) months statements, including joint accounts and accounts owned by your spouse
 - No bank accounts? A written statement on how you cash checks or pay bills

CHILD SUPPORT DEBT REDUCTION PROGRAM APPLICATION

What is the amount of your offer? \$

 Lump Sum Payment

 Monthly Payment Plan

Tell us about yourself

Last Name:	First Name:
Address:	SSN or ITIN:
City/State/Zip:	DOB:
Email:	Phone:

What is your employment status?

Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>IF YOU ARE SELF-EMPLOYED, MOVE TO SELF-EMPLOYMENT SECTION</small>	Date you stopped working:
Employer Name (present or most recent):	
Employer Address:	
Your Position:	Pay rate (hourly): \$
Date Started:	Date Ended:

When did you last file income taxes? What was your filing status?

Year you last filed your taxes:	
What is your tax filing status? <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately	

How do you support yourself? (list all income BEFORE TAXES OR DEDUCTIONS)

Do you ever receive any of the following types of income?	Monthly Amount
Salary/Wages (from any type of work):	\$
Commission/Bonuses:	\$
Do you work overtime?: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment benefits:	\$
Workers' Compensation benefits:	\$
Disability: <input type="checkbox"/> Social Security <input type="checkbox"/> VA Disability <input type="checkbox"/> State Disability <input type="checkbox"/> Private Insurance	\$
Social Security retirement (not disability):	\$
Cash income:	\$

Other types of income: (provide the monthly average amount you receive for all that apply)	
Pension (retirement funds): \$	Rental Property: \$
Spousal Support: <input type="checkbox"/> this marriage <input type="checkbox"/> other marriage \$	Interest/Dividends: \$
Trust Income (provide name of trust):	
Monthly Trust Amount: \$	Other: \$

Do you have any other types of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Income:	Monthly amount: \$

Do you have any of the following deductions/expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child support I pay for other children	\$
Spousal support I pay for a previous spouse	\$

Are you self-employed?

Business name:	Percent of ownership:
Services provided or business type:	Number of employees:
Income from business:	Value of business: \$

Do you own a vehicle? (list all vehicles you own)

Are any vehicles registered in your name? Yes No

Year	Make	Model	Mileage	Estimated Value	Amount Owed	Is this your primary vehicle?
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a bank account? (list all bank accounts)

Is your name on any bank account? Yes No

Name of Bank	Type of Account (Checking/or Savings)	Amount
		\$
		\$
		\$

Do you own a home or land? (list all properties you own/co-own)

Are you listed as an owner of any home, land, or commercial property? Yes No

Is this where you live now?	TYPE (residential/land)	Percent of ownership	Address	Appraised Value	Amount Owed
				\$	\$
				\$	\$
				\$	\$

Do you own anything worth \$3500 or more? (that has not already been listed)

Do you have any belongings or items worth over \$3500 Yes No

Jewelry Coins Electronics Life Insurance Policies Collections (stamps, dolls, comics, etc.)

Estimated Value: \$

Do you have extraordinary expenses?

Do you have any extraordinary health expenses? (If yes, provide a written explanation) Yes No

Do you have any major losses that were not covered by insurance? (If yes, provide a written explanation) Yes No

Who resides in your home with you?

The following people live with me:

Name	Age	Relation to you

PRINT NAME

SIGNATURE

DATE