



SELF-DECLARATION OF ALIMONY

Applicant Name: _____

Payer's Name: _____ Ph: _____

Payer's Physical Address: _____

City: _____ State: _____ Zip Code: _____

The following must be completed:

I declare that from _____ to _____ I have received a total of \$ _____

in alimony payments. **I certify under the penalties of perjury that this is true and accurate information.**

Applicant Signature: _____ Date: _____