

NONCUSTODIAL TEST  
C/O NONCUSTODIAL TEST  
125 MAIN STREET  
MESA, AZ 85201

October 16, 2024

Katie Hobbs  
Governor



Angie Rodgers  
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST  
AZCARES No.: 001428730400

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

### Hardship Program Letter and Application

One of the services provided by the Division of Child Support Services (DCSS) is a debt reduction program. Under this program, the DCSS forgives eligible arrears and fees owed to the State of Arizona by a party who qualifies for the program. Only arrears and fees owed to the State of Arizona qualify for forgiveness. We reviewed your case and determined that you may be eligible for the debt reduction program.

Participants must apply for this program to be considered. If you are interested in participating, please complete the enclosed application and return to the following address:

DCSS - SOUTH MCPA  
NOHEMI A-000009923  
PO BOX 40458  
PHOENIX, AZ 85067-0458

If you need assistance, please call NOHEMI A-000009923 at (623) 925-5255, or DCSS Customer Service at (602) 252-4045 (within Maricopa County), or Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at [www.azdes.gov/dcss](http://www.azdes.gov/dcss).

Sincerely,

NOHEMI A-000009923  
Department of Economic Security  
Division of Child Support Services

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.



## DCSS Hardship Program Application

**IMPORTANT!** You can only request reduction of arrears for monies owed to the State of Arizona. Arrears owed to a Support Recipient are not eligible for reduction.

If you think you have good reasons for the Division of Child Support Services (DCSS) to reduce your state-owed debt, please complete all the information in this packet, and return it to the nearest DCSS office. You may include more pages if you need more space. You may be asked to fill out more paperwork or provide proof of any of this information. DCSS staff may schedule a follow-up meeting with you in person or by phone.

I am requesting debt reduction as a result of the following reason(s) (check all that apply):

- Continuous Change in Custody
  - The child(ren) is living with me; or
  - The child(ren) is living with someone other than the Support Recipient; or
  - I live with the Support Recipient and the child(ren) in the same household.
  
- Determination of Disability by a Medical Provider
  - I have a permanent disability and/or;
  - I receive Social Security Disability (SSD), Social Security Income (SSI) or Veteran's Benefits.
  
- Extraordinary Medical Expenses
  - I owe a large amount for medical expenses for myself and/or a family member.
  
- Homeless
  - I am homeless or have been living in a homeless shelter for more than thirty (30) days.
  
- Incarceration
  - I am currently incarcerated (Begin Date: \_\_\_\_\_ Release Date: \_\_\_\_\_)
  - I was incarcerated (Begin Date: \_\_\_\_\_ Release Date: \_\_\_\_\_)
  
- Unemployment/Retired
  - I am jobless, have used up all of my unemployment benefits and have a limited income.
  - I am retired and living on a fixed income.

Your debt forgiveness request must include this DCSS Debt Reduction Application and a completed Affidavit of Financial Information. In addition, copies of your two (2) most recent pay stubs and copies of your federal income tax returns for the last three (3) years are required, if available.



**YOUR PERSONAL INFORMATION**

|   |               |                        |                                     |
|---|---------------|------------------------|-------------------------------------|
| Name                                      | Date of Birth | Social Security Number | Driver's License or State ID Number |
| Address                                   |               |                        |                                     |
| Email                                     | Home Phone    | Cell Phone             |                                     |
| AZCARES Number(s) and/or Docket Number(s) |               |                        |                                     |
| What is the best way to contact you?      |               |                        |                                     |

By signing this request for debt reduction, you give DCSS authorization to request your full consumer credit report. You agree that DCSS may use your credit report for collection and enforcement of your child support order. This authorization does not expire, and any revocation of this authorization must be made in writing to DCSS.

I certify that the information provided is true and accurate to the best of my knowledge and belief. I understand that if I fail to provide complete information or provide false information, my request for debt reduction will be denied. I also understand that DCSS may continue enforcement actions while this request for debt reduction is under consideration.

Please note that if any of your state-owed debt is discharged based on incorrect, incomplete, misleading or false information you provided, DCSS may reinstate the debt (add it back to the total owed in support).

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Applicant's Signature

Date



**YOUR CURRENT FINANCIAL SITUATION**

|   |
|---|
| Do you have a savings, checking, or other non-retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, total amount in all accounts: \$ _____ As of Date: _____  |
| Do you have retirement savings such as a 401(k)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, total amount in all retirement accounts: \$ _____ Date: _____  |
| Do you have a disability or other health issue(s) that may prevent you from working full-time, or from working at all? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide proof with this form.   |
| Are you receiving Social Security payments? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide a copy of your award letter or other proof with this form and complete the following:<br>Date you began receiving payments: _____ Payment Amount \$ _____<br><br>Type of Payments:      SSD      SSI      Retirement<br><br>Are you currently disabled according to the Social Security Administration (SSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide proof with this form. |
| Are you receiving Veteran's Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide a copy of your award letter or other proof with this form and complete the following:<br>Date you began receiving payments: _____ Payment Amount \$ _____  |
| Do you currently receive public assistance (TANF, AHCCCS or Food Stamps, etc.)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what kind of assistance? _____   |
| Do you expect to receive money from a will, estate, or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are you currently living in a homeless shelter or taking part in a homelessness program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, length of time: _____   |
| Would you be willing to take a finance or budget class? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Would you be willing to attend a jobs program? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Do you provide non-money support (examples: transportation, clothing, etc.) to your children?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| How much can you pay in current child support? \$ _____/month   |
| How much can you pay toward past-due support? \$ _____/month  |

