

Ability to Pay Review

RE:

Date:

ATLAS No.:

NCP Name:

Telephone:

NCP Address:

City:

State:

Zip:

1. Employment

I am working less than 40 hours per week. I work _____ hours per week.

I work at _____

I am self employed

I do not have a job. I have used up all of my unemployment benefits and have a limited income.

- When did you last receive unemployment benefits? _____
- How are you supporting yourself? _____
- What type of work have you done in the past? _____
- What type of employment barriers do you have? (check all that apply)
 - Lack of transportation
 - No driver license
 - Prior incarceration
 - Other (Please explain) _____

I am retired and living on a fixed income.

I would be willing to attend a jobs program to assist me in finding a job.

2. Incarceration/Probation

I was incarcerated. Begin date _____ End date _____

I am currently on probation.

I have criminal charges pending against me.

If yes, which county? _____

3. Education

I earned a GED or high school diploma after July 2014. If checked, please provide DCSS with a copy of your transcripts.

- Highest grade level completed: _____

4. Continuous Change in Custody

The child(ren) live with me; or

The child(ren) live with someone other than the CP or myself; or

The child(ren) live with the CP and myself in the same household.

5. Financial Information

Yes No

I have one (or more) bank account(s).

If yes, total amount in all accounts: \$_____

Yes No

I have one (or more) retirement savings account(s).

If yes, total amount in all accounts: \$_____

Yes No

I expect to receive money from a will, estate or trust.

If yes, please provide additional information: _____

Yes No

I am receiving Social Security benefits. If yes, provide a copy of your award letter or other proof with this form and complete the following:

- Date I began receiving payments: _____
- Monthly payment amount: \$_____
- Type of payments: SSD SSI Retirement

Yes No

I am receiving Veteran's benefits

If yes, please provide a copy of your award letter or other proof with this form and complete the following:

- Date I began receiving payments: _____
- Monthly payment amount: \$_____

Yes No

My children are receiving VA services on my behalf.

If yes, provide the following details:

- Date they began receiving payments: _____
- Monthly payment amount: \$_____

- Yes No I am currently receiving public assistance. (Example: TANF, AHCCCS, SNAP, etc.)
- Yes No I would be willing to take a finance or budgeting class.
- Yes No I provide non-monetary support to the child(ren) on this case. (Example: Transportation, clothing, etc.)
- Yes No I am responsible for other children.
- If yes, do you pay child support for them? Yes No
- Are these children in your custody? Yes No

6. Health Information

I am currently disabled according to the Social Security Administration (SSA). If yes, please provide proof with this form:

I have a disability or other health issue(s) that is/are preventing me from working full-time or from working at all.

If yes, provide the date and reason: _____

7. Housing (where you live)

I am currently renting or buying where I live.

If yes, how much are you paying per month? \$ _____

List everyone who lives in your household.

1. Name: _____ Date of Birth: _____ Relationship: _____
2. Name: _____ Date of Birth: _____ Relationship: _____
3. Name: _____ Date of Birth: _____ Relationship: _____
4. Name: _____ Date of Birth: _____ Relationship: _____
5. Name: _____ Date of Birth: _____ Relationship: _____

I live in a homeless shelter or I am taking part in a homelessness program.

Other (please explain): _____

8. Payment Ability

How much can you pay in current child support? \$ _____

How much can you pay toward past due support? \$ _____