

CSE Case Number:

Person Receiving Support:

Person Ordered to Pay Support:

Court Case Number:

Dear

Could you use some relief from your child support debt?

You may be eligible to reduce your past due child support balance!

The Compromise of Arrears Program (COAP) is a **debt reduction** program designed to reduce your child support balance.

It takes just three simple steps to take advantage of this life changing opportunity:

1. Complete the attached/enclosed COAP debt reduction application.
2. Gather and provide copies of your income, assets, and monthly expenses.
3. Make a reasonable payoff offer.

Once you complete the application packet, and submit it to your Local Child Support Agency, your child support case manager will review and verify the information you have provided. If your case meets the program requirements and the repayment offer is accepted, the case manager will call you to complete the agreement and accept the payment. Don't miss your chance to apply for this program! Complete the paperwork and contact us today!

If you have any questions, please visit Customer Connect at www.childsupport.ca.gov/customer-connect for assistance on-line or call Customer Connect at (866) 901-3212. Persons with hearing or speech impairments, please call the TTY number at (866) 399-4096.

COAP: 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.



- COAP Debt Reduction 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 letter from program or person supporting you
- Self Employed:** Provide Profit and Loss Statement



- Tax returns:** Last year's return including W2 forms, 1099 forms, and all schedules
 - If you have not filed yet, 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?



- Vehicle you own, lease, or finance
 - Latest auto loan statement(s)



- Any Personal Property Valued at \$2,500 +** (tools, 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
 - No bank accounts? A written statement on how you cash checks or pay bills

EXPENSES



- Rent:**
 - Last three (3) months rent receipts **OR** Letter from landlord showing rent



- Utilities:** (gas, electricity, water, and trash only)
 - Last three (3) months statements **OR** Letter from landlord specifying utilities costs

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

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

| | |
|---|--|
| Year taxes were last filed: | |
| 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 types of income here*)

| Common types of income: | Monthly Amount |
|---|---------------------|
| Gross Salary/Wages (<i>before taxes</i>): | \$ |
| Commission/Bonuses: | \$ |
| Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Unemployment benefits: | \$ |
| Workers' Compensation benefits: | \$ |
| Disability: <input type="checkbox"/> Social Security <input type="checkbox"/> State Disability <input type="checkbox"/> Private Insurance | \$ |
| Social Security retirement (<i>not disability</i>): | \$ |
| Cash income: | \$ |
| Do you have any other types of income? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Type of Income: | Monthly Amount: \$ |
| Other types of income: (<i>provide for all that apply</i>) | |
| Pension (retirement funds): | Rental Property: |
| Spousal Support: <input type="checkbox"/> this marriage <input type="checkbox"/> other marriage | Interest/Dividends: |
| Trust Income: | Name of Trust: |
| Monthly Trust Amount: | Other: |

| | |
|---|--|
| Do you have any of the following deductions/expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Union dues | \$ |
| Required retirement contributions | \$ |
| Medical, hospital, dental, or other health insurance premiums | \$ |
| 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: | Number of employees: |
| Income from business: | Value of business: \$ |

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

| Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

| Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
|---|-------------------------|--------|
| Bank | Type (Checking/Savings) | Amount |
| | | \$ |
| | | \$ |
| | | \$ |

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

| Do you own a home or land? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
|--|-------------------------|----------------------|---------|-----------------|-------------|
| Is this where you live now? | TYPE (residential/land) | Percent of ownership | Address | Appraised Value | Amount Owed |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |

Do you own anything worth \$2500 or more? (that has not already been listed)

| | |
|--|--|
| Do you have any assets worth over \$2,500? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Coins |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Life Insurance Policies |
| <input type="checkbox"/> Collections (stamps, dolls, comics, etc.) | |
| Estimated Value: \$ | |

What are your monthly bills/living expenses?

| Bills | Cost | Bills | Cost |
|---------------------------|------|---------------------------------------|------|
| Mortgage/Rent | \$ | Water | \$ |
| Electricity & Natural Gas | \$ | Trash | \$ |
| Propane | \$ | Child care for young children in home | \$ |

Does anyone contribute to the monthly housing expenses? Yes No

Name: _____ Relation: _____ Contribution: \$ _____

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

| Do you have minor children or legal dependents residing in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
|---|-----|-----------------|
| Name | DOB | Relation to you |
| | | |
| | | |
| | | |

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

PRINT NAME _____

SIGNATURE _____

DATE _____